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FOR RCN ACTIVE MEMBERS ACROSS THE UK

WINTER 2020



SNOW WORRIES

RCN REP YVONNE IS MAKING SURE MEMBERS ARE
PROTECTED WHEN WORKING IN EXTREME WEATHER



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Welcome to your new *Activate* magazine. As well as celebrating the work you do and offering advice to support you in your RCN role, each issue will take a closer look at an active group, starting with RCN safety reps. Every day, safety reps across the UK are working hard to keep members safe, often thinking of innovative ways to improve working conditions. For example, Yvonne, a safety rep from Wales, recently negotiated with her employer to secure special equipment so her district nursing team are better protected when working in extreme weather. See page 6.

Safety reps also have a critical role to play in the RCN's safe staffing campaign. That's why we've developed a new resource to give them the tools to use health and safety law to address local issues related to unsafe staffing, while working in partnership with other reps. See page 16.

If you're interested in becoming a safety rep and want to learn more about the role, feel free to approach your country or region's representative on our UK committee. We'd love to hear from you. Find out who your representative is at rcn.org.uk/safety-reps-committee

Denise McLaughlin

Chair of the RCN UK Safety Reps Committee

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Story to tell?

Don't forget, this is your magazine.

If you've got a story to share, or there's a topic you'd like to see covered in a future issue, get in touch. Send an email to activate@rcn.org.uk

You can catch up on all the latest stories, advice and guidance for active members online at rcn.org.uk/activate

You've got mail

Active members can receive the latest news from the RCN in our monthly email *eActivate*. Make sure you're signed up to receive emails from the RCN by logging into rcn.org.uk/MyRCN and checking your preferences.

Editor: Zara Davies

Production: Mark Kalaher

Design: Debbie Roberts

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

W: rcn.org.uk/activate

E: activate@rcn.org.uk

Publication code: 009 049

Cover image: Stuart Fisher

4 UPDATE

New year, new *Activate*



As you can see, we've made some changes to *Activate*. Our new magazine is quarterly and includes more in-depth features to celebrate and share the great work you do for the College, your fellow members and nursing as a profession. As this is the first issue, we've sent a copy to every active member in the post. You can confirm how you want to receive future copies by logging into rcn.org.uk/MyRCN and updating your preferences.

As an active member, you should also be receiving the latest news and information from the RCN in our monthly email. If you don't think you're receiving this, log into the website address above to check your preferences. You'll need to specify you're happy for the RCN to contact you by email and tick the option to receive *Activate* by email.

Don't forget you can also find the latest *Activate* content online at rcn.org.uk/activate. If you have any questions, email activate@rcn.org.uk

Meet your new Chair of RCN Council

Dee Sissons has been elected to lead the RCN's governing Council with Richard Jones re-elected as Vice Chair.

Dee has nursing experience spanning four decades and has recently taken up the position of Chief Executive Officer at Rainbows Hospice for Children and Young People.

Dee, whose two-year term as Chair began on 1 January, said: "I'm determined that the

voice of nursing is heard at the very highest level.

"As we celebrate International Year of the Nurse and Midwife, we'll keep up the pressure as we campaign to ensure nursing staff, wherever they work, are able to provide safe and effective care for all their patients."

Turn to page 20 to find out who represents you on RCN Council.



Safe staffing: we need you

Was your last shift short-staffed? If so, how did this have an impact on you and your patients?

Complete our quick and anonymous survey to help ensure governments and policymakers across the UK know how important safe and effective nurse staffing is in every health care setting.

The survey, which is a repeat of the one we did in 2017, closes at 11pm on 16 February. Visit <https://surveys.rcn.org.uk/s/F8PE0/>

Northern Ireland strike action



As *Activate* went to press, members in Northern Ireland were joining picket lines again after their December strike action didn't result in a pay offer that would see them paid the same as nursing staff in the rest of the UK. Though leaders of the five main political parties in Northern Ireland have said they'll restore pay parity for nursing staff once a new government is formed, talks were ongoing to do that as we went to press.

The government in Northern Ireland collapsed in January 2017 and has been unproductive since. It's meant health authorities have been unable to break the deadlock over the pay dispute as senior civil servants say they don't have the authority to promise a pay rise.

For the latest updates, including our FAQs on strike action, visit rcn.org.uk/northernireland

RCN member Edel Coulter explains why members are striking

“The first – and for most nurses the most important – reason is the need to promote safe nurse staffing. We have around 2,800 unfilled nursing posts in our health and social care system, with many more in our nursing homes. Most nurses feel that the single most demotivating factor is the inability to provide the level of care that they are trained to provide, want to provide, and that they know patients are entitled to receive.

“The other key factor is pay. No nurse enters the profession for financial reasons. But we're entitled to be paid fairly and in

line with our responsibilities. Yet a newly qualified nurse in Northern Ireland currently earns around £2,000 less each year than in Scotland, and around £1,500 less than in England and Wales. Not only is this unfair but it's having a devastating impact on recruitment and retention. We need our politicians to realise that the crisis in the health and social care system is the greatest challenge facing the people of Northern Ireland and take decisive action to address it.”

You can show your support for nursing staff in Northern Ireland by signing our petition at tinyurl.com/rcn-ni-petition and read more from Edel and other members at tinyurl.com/torn-but-determined

6 IMPROVING SAFETY

Snow worries

RCN rep Yvonne negotiated with her employer to secure special equipment so nursing staff are better protected in extreme weather



Yvonne (right) with her colleague Rhian

For RCN safety rep Yvonne Thomas, snow and ice can make travelling treacherous, especially as she sometimes drives up to 100 miles in a working day, visiting as many as 20 patients to provide care in their homes.

“We work in some very rural areas, where I might have to walk across three fields to get to a patient,” explains Yvonne, who is a district nurse team leader based in Aberystwyth in mid Wales.

Faced with increasingly harsh winters, Yvonne decided to try wearing special snow shoes over her own footwear to see if they provided better grip in icy conditions.

“The last thing I want is to break a leg falling over,” says Yvonne, who is also an RCN steward. “We’ve had a few years now when we’ve had a lot of snow and it’s tended to stay for a while on the roads and pavements.”

The special snow shoes proved such a success that she lobbied her employer to provide them for every member of her team of five full-time and five part-time district nurses, as part of their uniforms.

Yvonne says: “They go over your own shoes and are very good at stopping you slipping in the snow, but they’re also really easy to take off, once you reach your patient’s home.”

“

Everyone feels much safer so they're happier at work



To strengthen her case, Yvonne carried out a thorough risk assessment, showing what might happen in bad weather, including potential injuries caused by falling on snow while working. “If you’ve identified a risk, but your employer doesn’t do anything about it, this can cause problems for them,” she says.

Making a strong case

For others wishing to achieve similar results for their members, she advises clearly detailing the need, alongside what the outcomes might be if the advice on equipment isn’t followed. Point out that any failure to supply what is needed presents a possible health and safety risk for staff, Yvonne suggests.

As full-time staff are often working until at least 6pm, when they may still be out and about visiting patients, she also persuaded her employer to supply hi-vis jackets and vests as part of the nurses’ uniforms.

“These changes have made a big difference for our nursing staff,” says Yvonne. “Everyone feels much safer when they go out and see patients, so they’re happier at work. Our employer has also rolled this out more widely to all community staff, which is great.”

RCN National Officer Kim Sunley says: “This is fantastic work by Yvonne, holding her employer to account and making sure members are safe.

“But it shouldn’t be a battle. Employers have a legal duty to assess the risk of harm to employees, including to nursing staff working in the community in poor weather conditions. Employers should take all reasonable measures to reduce those risks.”

If you’re an RCN safety rep and your employer isn’t taking action, call RCN Direct on 0345 772 6100 for advice, or speak to your RCN officer.

READ
MORE
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[rcn.org.uk/
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🕒 Read more advice at tinyurl.com/rcn-travel-disruption

Words by
Lynne Pearce.
Pictures by
Stuart Fisher

Advice on working in extreme weather conditions

- If you’re having trouble getting to work, contact your manager as soon as possible and check your local policy for advice.
- If you’re travelling, let someone know what time your journey starts and when you expect to arrive. Make sure you confirm your safe arrival.
- There’s no legal requirement to pay staff who can’t get to work, but your employer’s policy may make allowances. Employers should discuss the situation first before making any deductions.
- If your workplace is closed, but you’re ready and willing to work, generally speaking your employer should still pay you. Find out more at tinyurl.com/rcn-cancelled-work
- Employers can ask nursing staff to take annual leave, but they must give the correct notice. Check your contract.
- In emergency situations involving dependents, such as a school closure, all employees have the right to take unpaid time off. But check contracts and local policies first, as there could be entitlements or options to take annual leave, use time flexing or make up the time on your return.



Risk assessments

RCN safety rep Neil Thompson explains why risk assessments are so important and what members should do if they think one is needed



When should risk assessments be carried out?

Pretty much everything in the workplace requires a risk assessment. From using a computer to handling hazardous goods, it's essential that a risk assessment is completed and counter measures are put in place to ensure the safety and wellbeing of everyone.

Employers are required to carry out risk assessments of the work environment and work activities. These should be reviewed regularly, especially if there have been any changes or incidents.

How are risk assessments linked to the safety rep role?

Safety reps work in partnership with employers to ensure that risk assessments are not only carried out but acted upon. We can also

identify areas where risk assessments are required, escalate concerns if adequate measures aren't put in place, and act as a voice for members.

Do you have any advice on effectively carrying out risk assessments?

It's an employer's responsibility to make sure risk assessments are carried out but sometimes safety reps may want to use one to highlight what action needs to be taken to protect members.

Make sure they are methodical, consistent and that you use an official form. I'd also advise taking photos if possible – of things, never patients or people – to build up a strong body of evidence should any further action be required.

What should members do if they think a risk assessment is required?

The first thing they should do is submit an incident report. Then they should talk to their manager or their local safety rep to let them know and to make sure it's followed up. If for any reason, someone feels their concern isn't being taken seriously, they can talk to the next level of management or, if they work in the NHS in England, a Freedom to Speak Up Guardian.

“

Safety reps ensure that risk assessments are not only carried out but acted upon

🔗 Find more information about risk assessments and download templates at hse.gov.uk/risk/casestudies



Incident reporting

We asked members what they think stops nursing staff from reporting incidents and what needs to be done to tackle this

Staff don't report incidents, firstly because of staffing – they don't have the time. Then they worry about the consequences as there is still a blame culture within the NHS. We need to truly learn from mistakes. We're humans, not robots and everyone makes mistakes.

Ali, RCN steward

A lack of feedback or no response when staff do report an incident often makes people think it's not worth reporting it as nothing will be done. We need to create a culture that values staff taking the time to report an incident, ensuring that they receive feedback on the actions taken and what lessons have been learnt to reduce the risk of the incident reoccurring.

Jason, RCN international committee member

I think some people are worried about repercussions and may have experienced this previously. The time it takes to complete

incident forms is another factor, particularly if there's a shortage of staff or limited access to computers.

Mary, RCN professional nursing committee member

Nurses are working in a culture of blame and this is counter-productive to improvement and learning. We need to encourage a culture of ownership whereby staff can contribute to solutions, identify shortfalls and feel safe in speaking out.

Andrea, RCN branch president

Sometimes the abnormal becomes the normal. The increased frequency of an incident can become accepted and incident forms are not always completed due to the time factor involved. Perhaps shorter forms would be a solution.

Francis, RCN learning rep

Denise McLaughlin, who chairs our UK safety reps committee, explains one of the reasons why reporting incidents is so important

Safety reps have additional legal rights that mean we can ask for access to certain information from employers. For example, information related to incidents, sickness absence and bank and agency use. We use this to identify patterns, raise concerns and to put forward a strong case for any changes that are needed to make workplaces safer.

It's really important that members report incidents – especially those related to short staffing – through the proper channels, using their employer's incident reporting system, so that we have a record of what has happened.

We know there's a whole host of reasons why members don't report incidents or feel like they can't. If you or the members you represent are worried about reporting something, please speak to your local safety rep as they can help. You can also contact RCN Direct on **0345 772 6100**.



Third-party harassment

RCN Head of Legal (Employment) Joanne Galbraith-Marten explains why the law needs to be strengthened to protect members from third-party harassment

What is third-party harassment?

It's a form of harassment related to a protected characteristic, for example, race, gender or sexual orientation, that is carried out by someone who isn't employed by your employer but who you come into contact with at work. This could include patients, visitors or suppliers.

Is there legal protection against third-party harassment?

Employees have very limited legal protection if they're harassed at work by a third party. Generally, employers are not liable for the harassment of an employee by a third party unless the employer has failed to take action, and this failure also relates to the employee's protected characteristic.

This has been the case since third-party harassment provisions (section 40 of the Equality Act 2010) were repealed in October 2013. The government's rationale was that section 40 was under-used and an unnecessary form of protection.

If you're harassed at work, and this relates to a protected characteristic, by someone who is also employed by your employer, such as your boss or a colleague, you can sue both your employer and colleague for harassment in the Employment Tribunal. But there is no such liability for third parties, meaning there is a gap in the legal protection available to employees.

What needs to change?

To address the gap that exists, the RCN believes that section 40 of the Equality Act 2010 relating to third-party harassment should be reinstated so that protection is available again. This reintroduction would also give employers a greater incentive to ensure their policies and procedures for dealing with harassment in the workplace are up to date and monitored more robustly.

Why is it so important?

Protection against third-party harassment is important for members in all settings, but it is especially important for those working in high-risk areas or lone workers. They need to be

assured their employers will be liable if they are harassed in the course of their employment. We are currently updating our guidance on all types of harassment and progressing the Congress resolution in relation to providing better protection in the workplace against bullying and third-party sexual harassment.

To read about a current case in which the RCN is trying to use case law to clarify there is still some form of legal protection available for third-party harassment, visit tinyurl.com/legal-update-harassment

To read our advice guide on bullying and harassment, visit tinyurl.com/rcn-harassment





Violence at work

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MORE
ONLINE
[rcn.org.uk/
activate](https://rcn.org.uk/activate)

Everyone has the right to be safe at work no matter what type of service or setting they work in. Here are the steps members should follow if they are assaulted at work

Report it to the police

All assaults and threatening behaviour should be reported to the police as soon as possible, even if the person's behaviour may be due to a health condition or a result of treatment. Managers should never discourage staff from reporting incidents to the police.

Identify the attacker

Members can disclose identity information for the attacker, such as name and address. While each case is different, the NMC code states that it's acceptable to breach confidentiality if doing so can be justified as being in the public interest. For example, if it's needed to investigate people who have assaulted staff.

Write down what happened

If the police don't take a statement at the time, they may return later to take one. It's helpful to have a record of what happened. Advise members to write a detailed description of the incident and to take photos of any injuries.

Members don't have to give an official statement to the police but if they don't, it's unlikely that the incident will go to court.

Report it at work

Members should read relevant policies to check for any processes they need to follow and report the incident to their manager, and in their local incident reporting system. It's a good idea for members to let their local safety rep know too. Safety reps can look into the incident and see what measures the employer is taking to prevent further incidents.

Seek support

Some organisations offer staff a debrief and emotional support services following an incident. All members can also access the RCN's counselling service by calling RCN Direct.

What should employers do?

Employers should support staff if they need time off work. They should also carry out an assessment of the risks

to health and safety and put protective measures in place to help prevent further incidents.

Employers should also provide information and training to employees, such as what measures need to be taken if nursing staff are caring for someone who has previously been violent towards staff.

Read more in our online advice guide at tinyurl.com/rcn-violence-advice

Did you know?

In 2017, the RCN UK Safety Reps Committee led a Congress debate on violence in the workplace. It was decided the RCN would lobby for tougher criminal sanctions for people who assault nursing staff. Last year, thanks to tireless campaigning from RCN members, the law in England and Wales was strengthened. Read more at tinyurl.com/congress-constitution

12 SHARING BEST PRACTICE

Creating expert guidance

RCN forums play a key role in sharing members' expertise by producing professional guidance. Alison and Sharon explain how the College's catheter care publication came about



With a reputation as a prestigious source of information, it's vital that any guidelines produced by the RCN are as accurate and reliable as possible, reflecting current best practice.

"Many of our documents are used nationally," says Alison Wileman, Chair of the RCN Bladder and Bowel Forum.

"Trusts and other organisations tend to use our guidance to create their own policies, procedures and training packages to develop staff."

As the RCN's original catheter care guidance had not been updated since 2012, the forum committee decided this should be a priority and began drawing up an action plan.

Getting started

"We started by looking at what members need to deliver quality patient care," explains Alison. "Our aim was to support those who work in a variety of settings, including the NHS, the independent sector, acute settings and in the community. We also

considered members who might be working in isolation."

The work was led by Sharon Holroyd, forum committee member and a lead clinical nurse specialist with a background in urology. At the outset the forum members identified any obvious changes in practice, before looking at guidance produced by other national or international organisations. They also drew in as much professional help from the RCN as possible, including support on seeking financial sponsorship for the publication.

“As nurses, we wouldn’t have a clue how to go about finding a sponsor,” admits Sharon. “It was invaluable having that kind of back-up from the RCN.”

Sharing the load

Crucially, they tried to involve as many forum members as possible, inviting people to take part through the forum’s Facebook page, attracting three or four members who wrote different chapters.

“Taking on a whole set of guidelines is a big responsibility, but this enabled members to have a taste of something they may not have had the opportunity to do before,” says Sharon. “It was also lovely for members to see their name in print, with something they could tell their employer about.”

Time was among the key challenges. “Everyone always under-estimates how long something will take,” says Sharon. “It’s difficult but you do get a great sense of achievement when it’s finished.” She also suggests not taking any criticism personally.

“You will get negative feedback and you have to recognise it’s not about you. Welcome all comments, whether good, bad or indifferent,” she says.

Making a difference

Published last year, the guidance has proved extremely popular, becoming one of the 10 most-viewed publications on the RCN’s website.

“A lot of people are telling us it’s their go-to advice, giving them

basic information about what they should be trying to achieve,” says Sharon. “It’s also started a lot of conversations and made people think about their own practice.”

Alison agrees, saying: “We’ve had a great reaction. It’s also good to see it being referenced in articles and guidance produced by other organisations.

“We’ve promoted it at RCN Congress and also on social media to raise the profile. The activity on Twitter has been really exciting. We think it’s a gamechanger and feel really proud of what we’ve achieved.”

Alison and Sharon also recognise the wider benefits of taking part in projects like this. “Personally, I feel it really helped me to develop my own skills,” added Alison. “I think it also helped to bring us closer together as a committee.”

“

It’s started a lot of conversations and made people think about their own practice

📄 Download
Catheter Care
at [rcn.org.uk/
publications](http://rcn.org.uk/publications)
(code: 007 313)

Words by
Lynne Pearce.
Picture by
James Newell

Top tips

- Spread the load, encouraging others to play a part, particularly forum members.
- Seek expert help from the RCN, including those who deal with sponsorship, nursing advisers and the RCN library.
- Remember that you need to cover all four countries of the UK – unless you’re writing about one specific nation.
- Give contributors clear and realistic deadlines and chase them up.
- Ask for feedback from a variety of different sources, including forum members, other related forums and RCN learning reps.
- If guidance is likely to need regular updating, consider staying digital rather than printing copies.

14 CONGRESS DEBATES

‘Be brave’

Taking the stand at Congress is not only exhilarating, it can lead to meaningful change. Read our guide to submitting emergency agenda items and what to expect if you plan to speak in a debate in June

The deadline for submitting agenda items for RCN Congress 2020 has passed but there's still time to consider submitting an emergency item, and it's never too early to start thinking about next year.

“Taking an issue to Congress can really be the start of something,” says BJ Waltho, Chair of RCN Congress. “It can raise awareness nationally, lead to new guidance and could even result in a change in the law.”

What is an emergency agenda item?

“Emergency agenda items give people the opportunity to talk about things that happen after the closing date for submissions which was 6 January,” says BJ. “It could be about something that was developing but the related paper or policy wasn't published until after the closing date, or it could be an issue that receives a lot of media coverage between now and Congress.”

Members can also submit emergency items during the event. “The majority of



emergency items come from Congress itself,” says BJ. “For example, a proposed resolution that arises from a different debate.”

Tips for submitting emergency agenda items

“Keep the title simple and to the point,” says BJ. “Be specific about what you want Congress to discuss.”

BJ emphasises that although you should give it careful consideration, the wording doesn't need to be perfect. “If you submit an

emergency item, you'll still get support from the agenda committee and staff to refine the wording.”

BJ adds: “If you're thinking about submitting something, test it out with your colleagues or on social media and see what response you get.”

What happens at Congress?

If your agenda item is accepted, you'll have five minutes to introduce it at Congress and someone will need to second it if it's a resolution.

“Speak from the heart and know your topic well,” says BJ. “If you’re feeling nervous, speak to the agenda committee beforehand as we’ve all been in your position. We can give you tips and put you in touch with someone who’s been up there before.”

What if my item isn’t accepted?

BJ urges members not to be disappointed. “We get many more submissions than we have space for,” says BJ. “And remember, it doesn’t mean you can’t speak in a debate on a related topic. It’s just as worthwhile as presenting one.”

BJ adds: “Please remember, at Congress you’re among friends and colleagues. I’m always amazed by the support. If you’ve got something you want to raise, then don’t be afraid – be brave.

“By coming to Congress, you really get a flavour of what’s required and if you can’t attend in person, I’d recommend watching some of the debates online. All audience members are invited to get up and speak during debates so it’s great practice if you want to lead a debate in the future.”

To submit an emergency agenda item, find out more about how Congress works or book your place, visit rcn.org.uk/congress

RCN steward and learning rep David Boyle shares his experience of presenting a matter for discussion at RCN Congress for the first time

In May 2018, I introduced an item which asked members to debate how the RCN supports and works with members in the independent sector. I had been to Congress before and knew a number of reps who had submitted items. I made sure I spoke to them and they gave me lots of guidance.

My advice to others is to be confident, be comfortable in what you’re saying and be well prepared. It’s really important to practise as you only have five minutes to introduce your item and say everything you want to.

At the end of a debate, the proposer takes the stand again to give a closing remark. I hadn’t prepared anything for this because I wanted to give a response that recognised what people had said. It’s hard because your emotions are all over the place but I took notes so I could respond. Some people might find it helpful to have some prepared phrasing, just in case nerves get the better of them.

Looking back, I really enjoyed the experience. Since the debate, a lot has happened. The RCN is looking to review its activity across the independent sector and earlier this year, we had our first national meeting for RCN reps in the independent sector. It was a great opportunity to bring everyone together to share learning.



Picture of David
by John Houlihan

16 SAFE STAFFING

‘It will be my go-to guide’

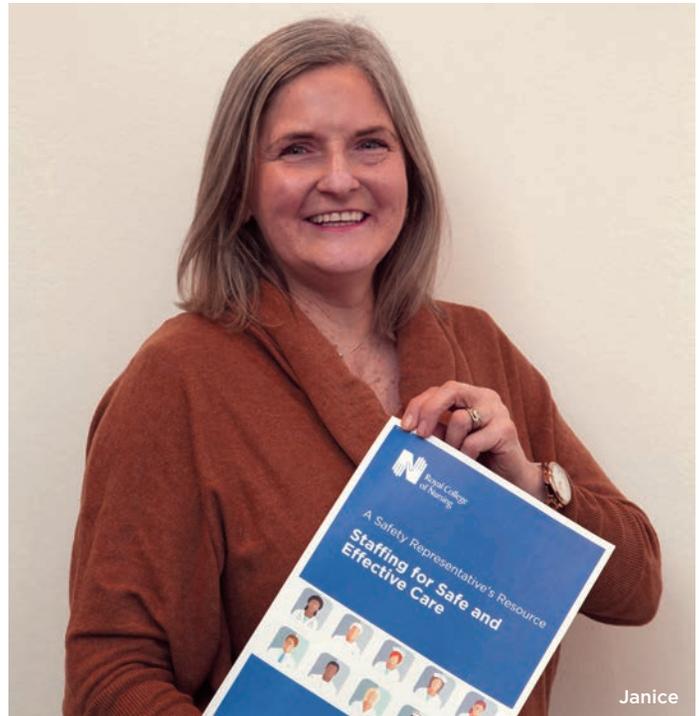
Safety rep Janice explains how she’s helped create a new resource that supports reps to address workplace health and safety issues linked to nursing shortages

As any safety rep knows, risks multiply when nursing teams – hospital or community-based – are understaffed. Care quality is threatened, patients and relatives can become frustrated, staff get stressed and working relationships are strained.

A new RCN publication, shaped and informed by safety reps, highlights the connections between staff numbers and health and safety, and offers safety reps advice on how to tackle the issues that can arise.

Safety rep Janice Aspinall contributed to the publication and describes it as a “fantastic” practical resource. “There’s lots out there about patient safety but not a great deal about staff safety,” says Janice. “This is an excellent tool for signposting – but it makes you think as well.”

About, for example, the link between staffing levels and bullying, says Janice. Workplace relationships can deteriorate when shortages mean that nursing staff are under excessive stress. Or when managers, feeling



pressure to meet targets, make unreasonable demands of staff.

The publication expands on these associations and says that when bullying cultures take hold, staff can find it difficult to report issues relating to safe staffing. The cycle then repeats and intensifies. But the resource goes on to explain how reps

can use the law to bring about change, detailing specific actions they can take to ensure bullying behaviour is tackled.

Working together

The idea for the publication grew out of a discussion at the RCN joint reps conference in March last year, Janice says. From the outset, the aim was

to develop a toolkit built on the lived experiences of members and reps.

In an introduction to the document, Denise McLaughlin, Chair of the RCN UK Safety Reps Committee, says safety reps are “uniquely placed to hold organisations to account for having unsafe working conditions.”

Denise also acknowledges that safety reps can’t tackle the health and safety problems associated with unsafe staffing on their own. “This resource recognises the role that learning reps and stewards can take and how we can work together as a team of reps,” says Denise.

Keeping staff safe

One example of how that kind of team approach can prove effective is in issues relating to violence and aggression.

If lack of staff leads to longer waiting times, the risk of anger and violence among patients may rise. But staff shortages can also affect attendance at training related to de-escalating violence and aggression. So, the publication urges safety reps to work with learning reps on access to mandatory training in that area.

It also suggests teaming up with stewards to review cases where an assault at work has caused injury to see if there are patterns to these.

Staffing levels came under close scrutiny in the recent general election, with both main parties pledging to increase nurse numbers. But until more are trained, “we have to work with what we’ve got,” Janice says. “Other nursing staff have to

be kept safe and managers have to acknowledge what’s happening.”

She adds: “This document helps you to do that. In acknowledging the issue, managers are taking ownership of it and you’re pushing them to do something about it.”

That said, taking steps to achieve a safe working environment is not about “them and us” – staff versus managers – Janice insists. “It’s nice to have something clear that you can show a manager but this isn’t something to beat somebody up with. It’s so we can all work together to keep everybody safe.”

A safety rep for two years and a steward for nine before that, Janice says the appeal of the safety rep role is that “you can be proactive in changing the environment for nursing staff” – and she believes the new resource is another tool to help her do that. “It will be my go-to guide for workplace safety, definitely,” she says.



You can be proactive in changing the environment for nursing staff

📄 Download a copy of this resource at rcn.org.uk/publications (code: 007722)

Words by
Daniel Allen.
Picture by
Stuart Fisher

What do I need to know?

- Safety reps can use this resource to identify clear links between unsafe staffing levels and health and safety risks.
- Using the resource, safety reps can take proactive or reactive action to address these issues locally, often working in partnership with stewards and learning reps.
- Information and intelligence gathered can also be used to inform the RCN’s wider safe staffing campaign.
- Every new RCN safety rep will be given a hard copy of *A Safety Representative’s Resource: Staffing for Safe and Effective Care* and current safety reps will receive a copy at their supervision meeting.

18 EMPOWERING MEMBERS

Unleash your campaigning potential

Laura and Julie explain how they've used their campaigning experience to develop a new resource to help reps plan campaign action and harness the support of members



Members campaigning in London

“The idea behind the resource is to empower reps and their members to speak up,” says Laura Duffell. “And to give them the support and knowledge to campaign for things they care about in the right way.”

Laura, who is Chair of the RCN’s Inner South East London Branch, was keen for the resource pack to be practical. “We wanted it to get reps thinking about the small things they can encourage members to do,” says Laura.

“Things that won’t make life harder or take too much time.”

Giving reps the right tools

The pack, which includes a booklet, a fold-out poster and online guidance, outlines practical steps on how to plan and carry out campaign action.

“The key thing is that it gives reps the tools to come up with their own ideas,” says RCN steward and safety rep Julie Lamberth, who was also part of the project group. “It helps

them decide what will work in their own workplace and how to get members involved locally.”

The project group, which included reps and members from all four UK countries and RCN staff, held regular virtual meetings to discuss and develop the resource materials.

“I found it quite challenging at first,” says Laura. “But I feel our input made a real difference and the final product is something nursing staff can use.”

Getting started

Reflecting on her recent involvement in the RCN's safe staffing campaign in England, Laura, who describes herself as relatively new to activism, says that she wasn't sure how to get going at first.

"Staffing is such a huge issue in my workplace," she says. "I wanted to do something about it but I didn't know where to start. Since then a lot has changed. Our branch has been out and about with placards, chanting on Westminster bridge and handing out flyers asking people to sign the RCN's safe staffing petition. We've also been using social media to highlight the issue. We've realised there is so much we can do.

"One of the key benefits of this resource pack is that it offers reps a starting point – not just in campaigning for safe staffing but on any other issues in their workplace too."

Laura and Julie believe that although the resource is for reps, it also has wider appeal. "So many members feel powerless," says Laura. "They want to speak up about issues but they think they might get in trouble. This resource allows members to take some power back. It gives them guidance on what they're allowed to do and how they can campaign for change."

The power of campaigning

Julie, who is also Vice Chair of the RCN Scotland Board, was heavily involved in RCN's Scotland's *Ask For More* campaign and saw first-hand how campaigning can result in real change for nursing staff.

As a result of the campaign, members successfully lobbied the Scottish parliament to make sure the country's new safe staffing legislation included what members wanted to see. The Health and Care (Staffing) (Scotland) Act became law in May 2019, after a similar law was introduced in Wales in 2016.

Julie says: "After months of campaigning, we went to the Scottish parliament on the day the new law was passed. I never thought for a moment that getting into nursing would lead to me doing something like that. I think the *Ask for More* campaign was a true example of how well members, reps and RCN staff can work together to make things happen. I think members don't always realise how much influence they can have."

Julie adds: "You have to know what you're fighting for, be able to answer questions about it, and have the passion and drive to make things happen. If you've got that, then this resource can help you bring your campaign to life."



This resource allows members to take some power back



Download the resource booklet at rcn.org.uk/publications (code: 007 937). Reps can access the full resource pack at rcn.org.uk/repscampaigning

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The fight for safe staffing

The RCN is campaigning for staffing for safe and effective care to be enshrined in law across all health care settings in each UK country. Find out what's happening in your country or region, and how you can get involved, at rcn.org.uk/safestaffing

Laura and her fellow branch members have been asking colleagues, family members, friends and the public to sign our petition calling on the government to fix the nursing workforce crisis in England. To add your name, visit rcn.org.uk/peoplespeople-magazines

If undelivered please return to: RCN Direct, Copse Walk, Cardiff Gate Business Park, Cardiff, CF23 8XG

RCN Council

To contact your Council member email
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RCN Council provides leadership and direction for the College. It ensures that the RCN always has a clear vision and strategic plan, acts as a guardian of the RCN's assets and holds management to account. Find out more at rcn.org.uk/rencouncil

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