



RCN
ACTIVATE

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FOR RCN ACTIVE MEMBERS ACROSS THE UK

WINTER 2021



**LEADING
POSITIVE CHANGE**

**PATRICK'S HELPING KEEP MEMBERS AND PATIENTS SAFE
BY SECURING PROTECTED TIME FOR MANDATORY TRAINING**

Worried about the current financial outlook?

COVID has changed the way we live. Lighthouse Financial Advice – the RCN’s preferred partners for professional financial advice – runs regular online webinars for RCN members.

These are just some of the issues we help members consider:

- What to do if the family income has dropped
- Are you paying too much for your mortgage?
- Boosting their NHS or private pension provision
- Preparing financially for retirement
- Whether to retire in the next few years
- Drawing their pensions, including NHS and private pensions
- Paying for long-term care

Whatever your financial situation, an adviser from Lighthouse Financial Advice can help.

Members are entitled to a complimentary initial financial review, and the good news is that we understand how your pension works.

Contact us to arrange a webinar for your members, or to find out more about arranging telephone consultations, call **Alan Riches** on **07943 018191** or email **alan.riches@lighthousegroup.plc.uk**

The initial consultation is designed to discover whether or not you would benefit from financial advice and there is no obligation on either side to proceed further. Any advice related fees will be clarified with you before any commitment to proceed.

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As I write this I am acutely aware that across all four countries of the UK and in all health and care settings, nursing staff are working under intolerable pressure; by the time you get to read this, I genuinely worry where we could be. The RCN is working harder than ever for members, and I urge you to make use of the advice and resources available.

As the current wave of COVID-19 is showing all too clearly, the major limitation to expanding capacity in hospitals and maintaining services in the community is the shortage of nursing staff. The extreme pressure on services means care becomes compromised, and those receiving and delivering it are at risk. The RCN's campaign for staffing for safe and effective care has never been so vital.

The global pandemic has brought to crisis point a chronic under-investment in nursing. The shortage of nursing staff is not new, and we know the impact it can have. It has been

a theme in too many investigations into poor care and significant adverse events. Research has shown that the number of registered nurses on duty has an impact on patient outcomes including mortality; 'care left undone', closely related to low levels of nurse staffing, is further associated with increased mortality. Research demonstrates the importance of nursing skill mix in our safety critical profession.

At RCN Congress 2017, Council received a mandate from members to lobby for safe nurse staffing levels in every country of the UK. In Wales and Scotland, nurse staffing laws are now in place and members are campaigning to have those laws extended and strengthened. In England and Northern Ireland, members continue to campaign for legislation and for accountability at the highest level.

The UK needs a comprehensive long-term strategy for the nursing workforce, and that is what we're calling for. We need accountability for that workforce to be transparent from national government to the corporate board of any organisation providing nursing care; we need nurses to be central to decision making on nurse staffing levels in all settings. The RCN's nursing workforce standards, to be published this year, will make this very clear.

Rachel Hollis FRCN

RCN Professional Nursing Committee Chair

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Don't forget, this is your magazine. If you've got a story to share, tell us at the email above.

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4 UPDATE

Pay petition

**FAIR PAY
FOR NURSING**

Have you signed and shared our pay petition? It only takes a minute to add your name to our online petition and tell the prime minister why you demand fair pay for nursing. Visit rcn.org.uk/fairpay

For an update on our Fair Pay For Nursing campaign and how to get involved, turn to page 16 and for tips on how to campaign on social media, see page 18.

RCN Awards

Nominations are now open for the RCN Awards, which celebrate the hard work and dedication of members, and those who've made a significant contribution to the nursing profession. Awards available include the three Rep of the Year awards, Student Ambassador of the Year, the Award of Merit and the RCN Fellowship.

RCN President Professor Dame Anne Marie Rafferty CBE FRCN said: "With nursing staff continuing to go above and beyond during this pandemic, this is your opportunity to give them the recognition they deserve." Visit rcn.org.uk/rcnawards

Supporting members during the pandemic

We've launched an online learning tool to support nursing staff who are new to critical care. It highlights what it will be like for members deployed to this area, providing knowledge and key principles to help build confidence and skills in delivering care to critically ill patients. It also offers advice about looking after your own health and wellbeing.

Members can access Introducing Critical Care at rcn.org.uk/intro-critical-care and students can access it through Starting Out at startingout.rcn.org.uk

Don't forget, you can find a range of advice and guidance



on our website including employment advice, clinical guidance, information about mental health and wellbeing and financial support. Visit rcn.org.uk/covid-19

We recognise that nursing students are also helping the pandemic efforts. Student members can find tailored advice and support at rcn.org.uk/covid-19-students

RCN Congress 2021

As *Activate* went to press the Agenda Committee and RCN Council were continuing to explore moving RCN Congress 2021 to September to give members the best chance of meeting in person.

The change, which is yet to be finalised, means deadlines for agenda and fringe submissions have been extended and the new deadlines will be confirmed as soon as there is more news.

Branch and forum committees should continue with the selection process for their voting members but bear in mind the potential new dates and watch out for future guidance. For the latest information, visit rcn.org.uk/congress

RCN responds to expansion of temporary register and seeks higher level of PPE



On 5 January, the Nursing and Midwifery Council (NMC) announced it would be inviting two new groups of overseas-trained nurses to join the COVID-19 temporary register.

They are nurses trained overseas who are ready to take the final stage of their permanent registration application process, and those from whom the NMC has received

a registration application and relevant supporting declarations.

RCN Chief Executive & General Secretary Dame Donna Kinnair said: “With many of the expected overseas nurses coming from black, Asian and minority ethnic (BAME) backgrounds, our concerns about appropriate personal protective equipment (PPE) in light of the new variant of COVID-19 take on a renewed importance.

“We urge government ministers and scientists to recommend higher level PPE as a precaution immediately. This is for all nursing staff working in COVID-19 settings, whether permanent or temporary members of the NMC register.”

As *Activate* went to press on 14 January, the RCN was still awaiting a response from the government after raising concerns about the need for increased levels of PPE.

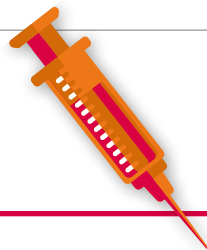
We are also pressing the government to review the effectiveness of ventilation in hospitals and other buildings where health care is delivered as a matter of urgency. Read more at rcn.org.uk/news

To find out about the expansion of the COVID-19 temporary register, visit tinyurl.com/nmc-temp-overseas and find our PPE advice at rcn.org.uk/covid-19-ppe

Did you know?

The NMC has recently reviewed its fitness to practise strategy to make improvements to the way it investigates concerns about nursing staff on the NMC register. Changes include an increased emphasis on the importance of considering context, something that is particularly relevant during the pandemic. To find out more and how the changes will support nursing staff, read our *RCN Bulletin* article at tinyurl.com/nmc-context-bulletin

6 ASK AN ADVISER



COVID-19 vaccination

For our latest advice visit [rcn.org.uk/covid-19-advice](https://www.rcn.org.uk/covid-19-advice)

With the vaccination programme now underway, here's an overview of frequently asked questions from members and our answers at the point we went to press on 14 January

How do I get the vaccine, and can agency workers and students get it?

The Joint Committee on Vaccination and Immunisation published information on priority groups for COVID-19 vaccination in December 2020. Priority groups include frontline health and social care workers who provide care to vulnerable people, including those working in hospice care and those working temporarily in the COVID-19 vaccination programme who provide face-to-face clinical care.

The green book chapter for COVID-19 vaccination provides more detail and recommends that temporary staff such as bank or agency workers, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients in the NHS or in an independent or voluntary setting, must also be

included. To read the green book chapter, visit [tinyurl.com/green-book-14a](https://www.tinyurl.com/green-book-14a)

The vaccination programme for health and care staff is being rolled out through organisations. Those staff at high risk of acquiring infection, at high individual risk of developing serious disease, or at risk of transmitting infection to multiple vulnerable persons or other staff in a health care environment, are considered of higher priority for vaccination than those at lower risk. This prioritisation should be considered during vaccine deployment.

What should I do if I have not been included in the list to be vaccinated?

The green book advises that staff working in care homes for older adults should be included in the first priority group for receiving a COVID-19 vaccination. This includes temporary and agency workers as well as permanent employees working in these settings.

All other frontline health and social care workers should then be included in priority group two. This group should include students, temporary

staff such as agency or bank workers, and those working for independent or voluntary health care providers.

The order that the NHS will vaccinate everyone in each priority group may vary, so you may need to wait for details of when and where you will receive your vaccination. NHS trusts have compiled details of how many of their workers are eligible to receive vaccination, as have many independent workplaces such as care homes, hospices and independent hospitals and clinics.

We expect that most members will have their vaccination arranged through their workplace or employer in this way, but it is possible that some members may be given a letter by their employer or agency to take to a GP.

If you believe that you have not been included in the list of workers to be vaccinated as part of priority group one or two then you should raise this issue with your employer in the first instance. If this



doesn't resolve the issue, you should contact our advice team on **0345 772 6100**.

If I've had the vaccine, do I still need to wear PPE at work?

Yes; any vaccine will take at least 10 to 14 days to develop an individual's immunity and no vaccine will give 100% protection. We also still don't know if the vaccine will have an impact on the rates of transmission.

It's really important that all vaccinated staff still follow current COVID-19 guidelines on personal protective equipment (PPE) and shielding where appropriate. Staff should also advise patients to maintain current advice on social distancing and not going out. Read our guidance on PPE at: rcn.org.uk/covid-19-PPE

Where do I stand if I refuse to have the vaccine?

The NMC Code requires nurses to take measures to protect their patients and the public as well as to protect themselves against serious illness. The RCN actively encourages members to have the COVID-19 vaccine, but it is not mandatory for health and social care workers. There may be consequences for you at work, however, if you have not been vaccinated and your employer can show that you present a risk

to patients or clients as a result.

In some circumstances, they may be able to dismiss you. For this to be fair, the employer would have to act reasonably and consult with you before making a final decision. They would need to consider other alternatives, such as redeployment to a place where you did not present an unacceptable risk and consider whether risks could be reasonably mitigated through testing and PPE.

Read more advice about vaccination and refusal, including advice relating to refusing vaccination because of a medical reason or religion and belief, at rcn.org.uk/covid-19-advice

If you feel your employer is acting unreasonably, contact

us on **0345 772 6100** for advice.

I declined the vaccine and I've fallen ill with COVID-19. My employer says I won't receive full sick pay. What can I do?

You will be paid statutory sick pay, but your employer may try to argue that the discretionary element of sick pay could be withheld.

The RCN's position is that uptake of the vaccine is voluntary and should not be connected with any sick pay. You should check your employment contract to determine what sick pay is owed to you contractually.

If you are unable to resolve the issue, you should contact us for assistance and a claim for unlawful deduction of wages may be considered. Call our advice team on **0345 772 6100**.

More information

- Read our full advice for members about vaccination, including the RCN's position relating to changes in the COVID-19 vaccination schedule, at rcn.org.uk/covid-19-advice
- Find resources and guidance on COVID-19 vaccination delivery and how to get involved at rcn.org.uk/covid-19-vaccination
- Turn to page 8 for information about indemnity arrangements for nursing staff administering COVID-19 vaccinations.



COVID-19 indemnity: what you need to know

RCN Head of Legal (Regulatory) Roz Hooper explains the clinical negligence schemes providing protection for members throughout the pandemic and the practice areas they need extra cover for

Members have been asking us about their indemnity cover during the pandemic, as some have found themselves redeployed into new areas, and new challenges like COVID-19 vaccination have entered the discussion.

Since 2014, all registered nurses have to have indemnity cover appropriate for their scope of practice to meet the costs of any clinical negligence compensation claim against them. They must confirm that they have such cover when they apply for admission to the Nursing and Midwifery Council register and every time they revalidate.

For the vast majority of our members, there is reassuring news.

Anyone working in the NHS has always had automatic indemnity cover supplied by their employer, whatever their role, temporary or permanent. This is supplied by the state-backed Clinical Negligence Scheme for Trusts (CNST).



Stock image

Since April 2019, the government has provided a very similar scheme for everyone working in GP practices, called the Clinical Negligence Scheme for General Practice (CNSGP). This includes locums and bank staff, and covers organisations privately providing GP services, like

walk-in centres and out-of-hours services.

Employers in the independent sector hold indemnity cover for their employees. However, if an employer is refusing to provide cover, members should contact us on **0345 772 6100** for further support.

Special pandemic provisions

In early 2020, the government passed the Coronavirus Act 2020 which contains emergency powers in response to the pandemic. One section introduced a new indemnity scheme called Clinical Negligence Scheme for Coronavirus (CNSC) for any pandemic-related claims that did not fall under any other scheme. Whilst other schemes should cover all situations, it was added to give peace of mind to those taking up new posts at short notice at the start of the emergency.

Now the focus is upon the vaccine. All staff delivering the vaccine will need indemnity cover as they do for any clinical task. Those working with state-supplied vaccines will be covered under the schemes mentioned, including all students on placements.

Peer-to-peer vaccination in general practice

Members working in GP practices might be aware that the CNSGP does not cover members of staff administering the flu vaccine to other members of staff. However, staff will be deemed a patient cohort for the purposes of COVID-19 vaccines, and practice nurses will be covered by CNSGP for administering the vaccine to their colleagues.

Testing or vaccinating people paying privately

In the future, it is possible that some nursing staff will administer COVID-19 vaccinations on a

private basis to people who perhaps don't yet qualify for a state-provided vaccine.

Due to the uncertainty of the risks, the RCN is unable to secure cover from its underwriters and COVID-19 testing and vaccination are excluded from the RCN scheme.

If members undertake this work, it is very important that they ensure their contract with the business offering the private service is absolutely clear. The business must have adequate indemnity cover for members' work, even if they're self-employed.

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All staff delivering the vaccine will need indemnity cover as they do for any clinical task



Roz

More information

If members have concerns, they should contact us for advice, including guidance on the type of contract term to be included. Call our advice team on **0345 772 6100**

Read more at rcn.org.uk/covid-19-advice

10 WORKING TOGETHER

Leading positive change

RCN steward Patrick Simbule helped secure protected time for mandatory training enabling staff to develop their skills and improving patient care



When charge nurse Patrick Simbule first started working at BMI Healthcare's Blackheath Hospital in south east London in 2017, there were no RCN reps in place.

"One of the other nurses told me that many of the issues staff were reporting could change if there was a workplace rep," says Patrick. "They suggested that I take on the role, so I did. Having

been a member of the RCN since 2001, it became apparent to me that I could really make a difference and make sure staff were getting fair treatment."

One of the things that needed to be addressed was mandatory training. Staff were finding it hard to complete this due to a lack of time. Not only did it have an impact upon patient and staff safety, it

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Staff seem happier and more compassionate too

READ MORE ONLINE
rcn.org.uk/activate

👉 Read more about our Rest, Rehydrate and Refuel initiative at rcn.org.uk/rest-rehydrate-refuel

Words by Susan Embley. Picture by Jonathan Perugia

also meant that some staff weren't able to receive their annual pay rise, as completion of mandatory training is a requirement for this.

"It was affecting staff morale, which can lead to more staff absence and compromising care, so this was something I knew had to change," says Patrick.

Starting the conversation

Another area of concern was that staff felt unable to take their breaks. Taking action to address this, Patrick hosted a Rest, Rehydrate and Refuel event as part of the RCN's Healthy Workplace, Healthy You campaign. He invited all staff and managers and used it as an opportunity to address both issues.

"One of the most important things for me is to be able to connect with people," says Patrick. "I knew that speaking to the management was important to get things changed and having an event within the hospital meant that it was easier to open up a conversation with them."

The event highlighted the importance of breaks for staff and Patrick was also able to reiterate the importance of time out for staff to complete training.

Patrick says: "Following the event, managers agreed that we should give protected learning time for staff. This meant they could take time out on a shift to complete training or access learning at home. It was put on the

rota for all to see, so it was clear that staff were doing training. If it wasn't on the rota, it wouldn't get done, so it was important to have it scheduled in as part of work. Staff can also claim time back if they complete training outside of their working hours."

Since the changes, Patrick has noticed that staff morale has improved and patient complaints have gone down.

"Nursing staff were very stressed before," says Patrick. "And although this past year has been tough with COVID-19 meaning fewer opportunities to speak personally with staff, I now see improved skills, which means better care. Staff seem happier and more compassionate too."

Patrick's top tips for making a difference in your workplace

- **Connect with members.** "I make sure staff know I am contactable and there for them. I used to walk around the wards before COVID-19, but staff can still contact me on the phone."
- **Hold regular surgeries.** "Once a month I hold a walk-in surgery, so that staff can just come and talk to me and air any concerns. It's a regular thing, so if staff feel they need to share something they can."
- **Share learning.** "The Rest, Rehydrate and Refuel event was useful for me to get a conversation started. There are a lot of materials to use from the RCN so that staff feel they are being encouraged and valued."
- **Build relationships.** "Building relationships with management has led to improvements. It can be as simple as saying hello to someone, but then that opens up the communication so that issues can be resolved more quickly."
- **Build your confidence.** "Becoming a rep has increased my confidence. It's about developing yourself, learning how to handle cases, and how to represent, collaborate with and signpost people to the right support. It's about creating a positive change."

PULL OUT THIS
POSTER AND
DISPLAY IN YOUR
WORKPLACE



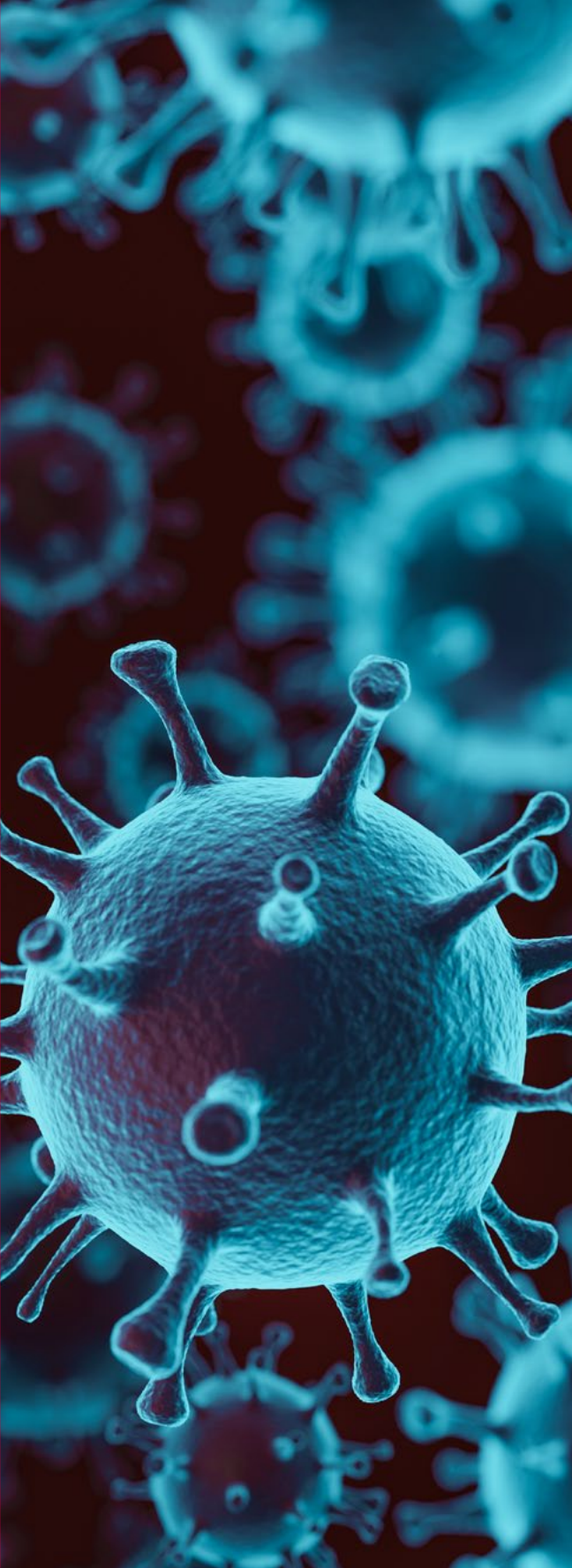
Royal College
of Nursing

Got a question about COVID-19 and how it affects you?

See our online advice guide for all our latest information on issues related to the pandemic. It includes frequently asked questions on topics including:

- redeployment
- PPE
- vaccination
- sick pay
- COVID-19 testing
- self-isolation
- pregnancy
- underlying health conditions
- mental health and self-care
- furlough.

Visit rcn.org.uk/covid-19-advice



Always here for you

Staff in our RCND advice team can help provide the information you need at this crucial time. Our online advice guide is being continually updated in response to your queries and concerns. If you can't find what you're looking for, contact us online at rcn.org.uk/get-help or call **0345 772 6100**

14 GETTING ACTIVE

Beyond the picket line

One year on from Northern Ireland's nursing strikes, new RCN board members Conor, Edna and Andrew reflect on what happened and how their involvement inspired them to stand for election

Historic industrial action in Northern Ireland last year paved the way for pay parity and safe staffing measures, but it also encouraged many members to pursue a more active role in the RCN, including leadership roles on the RCN Northern Ireland Board.

Conor McDowell (pictured), a clinical nurse specialist in infectious diseases at Belfast Health and Social Care Trust, braced the winter cold when he took to the picket line outside Royal Victoria Hospital alongside his fellow RCN members in December 2019.

One year later, and he was elected onto the RCN Northern Ireland Board for a four-year term which started on 1 January 2021. "I'm absolutely delighted," says Conor. "It was as a result of the strikes, that's what made me become a bit more involved.

"Certainly, for the first time in my career, I felt nursing had comradeship—a feeling of togetherness—so it definitely gave me fire in my belly to apply for the board."



Pushed to the limit

At the time of the industrial action, nursing pay in Northern Ireland had fallen behind the rest of the UK, and chronic short staffing had left nurses struggling with excessive caseloads.

RCN and other union members successfully

undertook three days of strike action on 18 December 2019, and 8 and 10 January 2020, which resulted in the restoration of pay parity with nurses in England and a promise of new safe staffing measures.

"We advocate for patients first and foremost," says Conor. "If we don't have the

staff and the resources to look after people going forwards, then we don't have a workforce, we don't have nurses, and we need to be able to attract a diverse range of people into nursing."

Having positive role models was a great motivator, and Conor affectionately describes Pat Cullen, RCN Northern Ireland Director, as a mentor.

Conor says: "I think Pat was outstanding in her leadership, in how she held herself, also how she advocated for me as a nurse and more importantly for patients."

He adds: "I'm very passionate about nursing but I think unfortunately nurses often struggle to speak up, and it is difficult. I think I'm able to advocate for members, and I'm looking forward to doing it."

Nursing perspectives

Conor's fellow new board member Edna Grant, a district nursing sister at Southern Health and Social Care Trust, says she felt both "terrified" but at the same time "proud to be a part" of the strike action.

Edna says: "When it came to the day before the strike, I think that was when it really did hit home that there would be one derogated nurse covering a caseload for urgent calls only and everything else would have to be delayed.

"Because I had contacts [within the RCN], we were able to do everything safely. We were

supported in what we did, and the networking was amazing."

Edna's goal as a board member is to bring the voice of district nursing to the table and encourage nursing staff from across all sectors to share their knowledge, learn from each other and network.

Representing members

Andrew Hamill, a site manager at Southern Health and Social Care Trust, has also been elected to the board for a four-year term.

Andrew worked in theatres and outpatient wards for several years, which he thinks sheltered him from the bigger picture. He says: "I took a job as site manager at one of the local hospitals, and I couldn't believe how much everything had changed in the 10 years from when I was a student. I was seeing staff nurses in tears, the chaos in the emergency department and I thought this isn't right."

Andrew adds: "I think the RCN has shown its teeth with the strike action. I think some deemed the RCN to just be there to support management and now we're making it clear we're here to support members."

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For the first time in my career, I felt nursing had comradery – a feeling of togetherness

Words by Becky Gilroy. Picture by Aaron McCracken

What's happened since the strikes?

Since the industrial action took place, pay has increased and the number of nursing students in Northern Ireland has risen, but legislation ensuring safe nurse staffing levels is yet to progress. Read more at tinyurl.com/Nl-strikes-one-year

16 CAMPAIGNING

Fair pay for nursing: where are we now?

With nursing staff working in more challenging circumstances than ever before, our campaign to ensure fair pay has never been more crucial. Find out how you can help

What are the latest developments on NHS pay?

The UK government's Health Secretary Matt Hancock wrote to the NHS Pay Review Body (PRB) on 18 December to formally begin the pay setting process for 2021-22 for NHS staff in England. He said this had been "unfortunately delayed" due to the timing of the spending review at the end of November.

He asked the PRB to make recommendations by early May, which would mean NHS staff in England would be unlikely to receive a pay rise before summer so any increase would be backdated to April 2021. The letter emphasised that "affordability" must determine the size of health care workers' wage increases.

How did the RCN respond?

RCN Chief Executive & General Secretary Dame Donna Kinnair blasted the UK government's approach.



Members Grace Milner and Kafeelat Adekunle outside the Houses of Parliament last November

"Nursing staff should not have to wait for a pay rise," she stressed. "This is no way to treat NHS staff still working through a pandemic. At a time when many experienced nurses are burnt out, exhausted and considering leaving the career they love, the link between unfair pay, staffing levels and patient safety is stark. A pay increase is vital so that existing staff stay in post and the health

service is able to begin to fill the tens of thousands of nursing vacancies."

What's happening now?

We're ramping up our fight for fair pay. As *Activate* went to press, we were about to hold our first online pay event of the year and we continue to gather signatures to our pay petition.

We were also preparing to submit our evidence to

the NHS Pay Review Body for England. This outlines our pay claim and how we reached it. We want a 12.5% pay increase for all Agenda for Change staff, a figure that our Trade Union Committee set following extensive engagement with members. This included a survey, which received the RCN's highest ever response, asking about members' experiences of working during the pandemic and their pay expectations.

What else will the evidence say?

It will make the economic case for a pay rise while stressing the link between fair pay, recruitment, retention and ultimately safe staffing. We will argue that chronic staff shortages have further impacted on the system's ability to cope with the pandemic as well as ongoing service demands. Members' experiences of

working during the COVID-19 crisis reinforce what was already known about the nursing workforce; that it is suffering from severe staff shortages, low morale and operating in an environment deprived of investment and resources.

Alongside this evidence, we have economic analysis, which we have submitted to the UK Treasury alongside all NHS unions, that sets out the affordability of a significant pay rise and the broader benefits for local communities and economies.

Does the PRB make recommendations for the whole of the UK?

It is for the government in each UK country to decide whether to ask the PRB to advise on pay for NHS staff in that country. The Scottish government has confirmed that it does not plan to ask the PRB to

make recommendations for 2021/22. The governments in Northern Ireland and Wales are yet to make an announcement.

What about members working in the independent sector?

We believe that nursing staff in all health and care settings should be awarded improved pay, terms and conditions of employment. We've recently launched a new strategy setting out how we'll better engage, empower and represent members working in the independent health and social care sector, and improving pay, terms and working conditions is a key part of this. We're looking at how we can work to better influence and lobby on behalf of members working in these settings and RCN Council is committed to delivering this by listening and engaging with members.

What can I do?


- **Sign our pay petition** and ask your friends, family and colleagues to do the same.
- **Support our campaign on social media** by using our campaign downloads to share posts or follow our guide to record a campaign video.
- **Share our new film** explaining the aims and need for our campaign.
- **Display and distribute campaign materials in your workplace** by downloading the posters and leaflets from our website.
- **Engage with your MP** by sending and responding to their emails using our templates.
- **Become an e-campaigner** by signing up to receive a regular email with a quick and easy online action you can take to support the campaign.


Find all of the above and more at rcn.org.uk/fairpay


18 SPREAD THE WORD

Using social media to campaign

Social media can help you engage members, politicians and the public in RCN campaigns and on nursing issues that matter to you. Read our advice to help you get started and stay safe online


 Follow influential people and accounts from the RCN and wider nursing community, such as health sector organisations and the nursing media. Useful RCN accounts to follow could include your country or region's account, RCN Council members, other RCN activists and staff – don't be shy about sharing their posts.


 Look for interesting content to share. Follow the RCN on Facebook ([@RoyalCollegeofNursing](#)), and on Instagram and Twitter ([@theRCN](#)) to share our magazine articles, news stories and blogs. For more nursing-related news, follow other nursing publications or profiles like *Nursing Standard*, *Nursing Times* and [@WeNurses](#).

 On Twitter, you can use lists to help you save time and keep up to date. Twitter lists let you create a column of people you want to see on one page. You could create




a list of RCN people to help you digest what's going on with our campaigns.

 Make sure you use campaign hashtags and any available resources in your posts. Resources could include campaign images for your social media profile or posts for you to share on different platforms. Find information and resources for our current campaigns at [rcn.org.uk/campaigns](#)

 If you're at online or in-person events, consider posting about them using the relevant hashtags. Always discuss the

issues in an accessible way so if people are following the hashtag but are new to the issue, they understand what you're talking about.

 Expand your network. Social media is a great way to connect with and talk to other nursing staff and professionals in your specialty and to expand your professional network.

 If you're new to social media, why not start by becoming an RCN e-campaigner? You'll be sent a monthly email with quick actions to take. Visit [rcn.org.uk/become-an-e-campaigner](#)

Look after yourself online



Many of us use social media every day and sometimes it can feel overwhelming. Take a break from social media if you need to. It's also helpful to familiarise yourself with different privacy settings for your accounts and how to use them.



Talk about issues that are important to you, but don't use social media to officially raise concerns – follow your local policy and find guidance at rcn.org.uk/raisingconcerns



Think before you post. Sharing your own experiences of nursing on social media can be extremely powerful, especially on issues like unfair pay and short staffing. As a general rule, don't share anything you wouldn't want your family, colleagues or employer to see. Posting "views are my own and not that of my employer" in your bio will not protect you if you share inappropriate or confidential information. Read the NMC's social media guidance at tinyurl.com/NMC-social-media



You can find information to support members using social media, including on dealing with unacceptable behaviour, in the RCN social media policy. Visit tinyurl.com/rcn-social-media and scroll down to find the guidance.

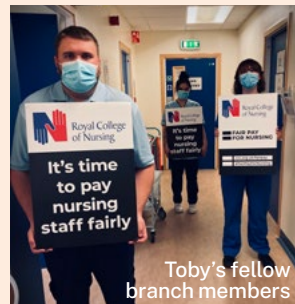
#FairPayForNursing

Your stories can make our Fair Pay For Nursing campaign stand out, help secure fair pay and get the recognition the profession deserves.

Even if you've never done anything like this before, you can promote our pay campaign to your networks to spread the word.

Have you thought about recording a short video of yourself explaining why nursing staff deserve fair pay that you can share from your social media accounts?

Get tips on how to do this at rcn.org.uk/fairpaysocial. Here, you can also download images to update your Twitter profile header, Facebook cover photo or to post on these accounts or your Instagram grid or story.



Toby's fellow branch members

RCN rep Toby Kunkel shares his advice on using Twitter to raise awareness about our pay campaign

My Twitter account is for professional use only – my posts are related to nursing and my RCN roles.

I regularly share relevant news stories, calls to action and posts about the pay campaign and I've also organised local photoshoots to help spread the word. The photos show members holding #FairPayForNursing placards (see above), and myself and other RCN Lothian and Borders branch members have shared these widely on Twitter.

I want other members to follow me and to find my account useful and interesting, so I also signpost followers to important professional information and RCN guidance and support.

My advice is to be genuine and always have a positive message. Twitter can be a very negative place so be polite and professional, and above all, be kind.

Vote for nursing

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

Members in Wales are calling on the next Welsh government to commit to valuing nursing. Board member Denise Llewellyn MBE FRCN says extending safe staffing legislation is a crucial part of this



Denise

In September 2020, RCN Wales launched its Vote for Nursing campaign and manifesto ahead of the 2021 Senedd election which is taking place in May.

The manifesto sets out five key policy areas and calls on all political parties to show commitment to these to ensure nursing staff are able to deliver safe and effective care to people across Wales. Alongside investment in nursing, the manifesto says the next Welsh government must extend existing safe nurse staffing legislation.

“Our surveys consistently show the top two issues affecting members are safe staffing and pay,” says Denise Llewellyn MBE FRCN, member of the RCN Wales

Board and RCN Professional Nursing Committee. “Obviously pay is important, especially for recruitment and retention. But we need to lay these issues side by side. Fair pay is crucial and without it there is a real risk of not having enough nurses to do the job, which means nursing staff will still leave because they don’t feel satisfied with the level and quality of care they can give.”

Clear evidence

In March 2016, following almost 10 years of campaigning by members, Wales became the first country in Europe to introduce a safe nurse staffing law. The Nurse Staffing Levels (Wales) Act 2016 means all health boards and NHS trusts

in Wales have a legal duty to maintain and report on having sufficient nurses to care for patients using their services and their compliance with the appropriate staffing levels in adult acute medical and surgical inpatient settings.

“Our manifesto calls for section 25B of the act to be extended to cover children’s and mental health inpatient wards, and community nursing,” says Denise. “The argument to extend this duty in the act, like the initial campaign for it, is built on evidence which makes it hard to ignore.”

Research shows that poor nurse staffing levels increase mortality rates by up to 26% compared to better-staffed areas, and that having safe and effective nurse staffing levels can reduce readmissions and errors, as well as help nursing staff to deliver compassionate care. In 2019, RCN Wales also published a report which found the act had changed NHS culture for the better and that there were extra nursing staff on every hospital ward covered by section 25B.

Denise, previously an executive nursing director, says: “I’ve seen the difference appropriate staffing levels can make. Not only can staff give the high-quality care they want to, but they can access CPD more easily, you have enough staff to release people for study leave, staff sickness reduces – all those conditions improve because there are enough people in the team.”

Campaigning during COVID-19

The pandemic has meant a lot of the manifesto campaigning has had to take place online with members spreading the word on social media and attending online events to share their experiences with politicians. “Members are speaking with huge passion about what it’s like to be on the frontline at the moment,” says Denise.

Denise’s role on the Professional Nursing Committee (PNC) means she’s involved in the RCN’s safe staffing work from a UK-wide perspective too, with the committee now overseeing this work.

Denise says: “As a committee, we’re looking at how we can amplify the safe staffing message as it really does go hand-in-hand with pay.” Denise adds: “What I’m really pleased about is that members of the PNC work so closely with the Trade Union Committee. As a trade union and professional body, we’re not only looking after our members, but we’re also giving them the knowledge and support they need to deliver safe and effective care, which is the reason why many people go into nursing in the first place; to look after patients.”

Our manifesto asks the Welsh government to:



- ensure safe and effective nursing care – with enough nurses to deliver this
- invest in nurses working in community nursing and care homes
- support the mental health and wellbeing of the nursing workforce
- improve public health and fight to end health inequalities
- value nursing – fair pay and access to continuing professional development (CPD).

Read more and get involved at voteornursing.cymru

What’s happening elsewhere?

RCN members in Scotland made a huge contribution to shaping the Health and Care (Staffing) (Scotland) Act which was given Royal Assent in June 2016.

Work to implement the act has been paused, but we’re pressing the Scottish government to commit to implementation by the end of 2021.

RCN Scotland Board Chair Julie Lamberth said: “It was understandable that implementing the legislation was paused as staff across our health and care services threw everything into responding to the pandemic.

“But the need for safe staffing has been made even clearer by this ongoing crisis. We’re calling for implementation by the end of 2021 and for the principles of safe staffing to be applied from now.

“Supporting members to raise concerns is key and I would encourage all reps to make use of RCN resources.”

Read our guidance on raising and escalating concerns at rcn.org.uk/raising-concerns-guide.

The RCN is calling for staffing for safe and effective care to be enshrined in law across all health care settings in each UK country.

Read more at rcn.org.uk/safe-staffing



The RCN Professional Nursing Committee

We take a closer look at the committee responsible for leading the College's professional agenda and ensuring members' views inform this work

Who sits on the committee?

The Professional Nursing Committee (PNC) has 14 members. This includes one member each from Northern Ireland, Scotland and Wales, and one from each of the nine English regions. The other two members represent the RCN's student and nursing support worker membership categories. Members are elected by the members they represent and sit on the committee for four years.

What does the committee do?

The committee, which is accountable to RCN Council, oversees and provides leadership on the work undertaken by the RCN as a professional body and a royal college. Committee members act as a conduit of expertise for nursing staff across all specialties, and across all parts of the UK. They ensure members' views are sought and taken into account when making

decisions on professional issues and influencing policy and practice in nursing.

How often does the committee meet?

The committee has six formal meetings a year, plus some additional sessions for in-depth discussions on key pieces of work or for development work.

What is the committee working on?

The committee is overseeing the RCN's staffing for safe and effective care campaign. A critical piece of work within this has been the development of a set of nursing workforce standards. The standards, which have been widely consulted on across many expert groups, are due to be published early this year and will be applicable to all health and care settings across the UK.

One of the key principles underpinning the safe staffing campaign is the

recognition that safe staffing is not just about numbers, but also about skill mix, education and training. The RCN's education, learning and development strategy is a key priority for the committee. As well as providing governance to the development of the strategy for 2021-2024, committee members will go on to oversee its implementation, continuing to engage members throughout the process.

The committee will also be leading work to develop a UK-wide RCN professional career framework for registered nurses and nursing support workers across all settings and levels of practice. A member of the PNC will be co-chairing the expert reference group taking this forward with participation from across the RCN's wider membership, including forums and fellows.

This year, the committee will also work with the RCN Research Society to look at developing a research

strategy for the College. The committee works closely with all the RCN's professional forums and networks, and is leading a review to look at the criteria by which they are established, and the resources and support available to ensure their work continues to contribute to and influence the College's professional agenda. The committee is also responsible for ensuring that the work and contribution of RCN fellows is recognised and integrated into the RCN's work.

How does the PNC work with the RCN Trade Union Committee?

Although each committee is independent and responsible for different aspects of the RCN's work, the PNC works closely with the RCN's Trade Union Committee.

Chair of the Trade Union Committee Graham Revie attends part of the PNC's formal meetings to update on the pay campaign and Chair of the PNC Rachel Hollis will in future provide regular updates to trade union committee members on work related to the staffing for safe and effective care campaign.

Find out more or get in touch

You can find contact details for your relevant representative on our website. If you're logged in as an RCN member, you can also take a look at agendas and key messages from PNC meetings. Visit rcn.org.uk/professional-nursing-committee

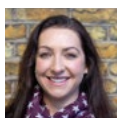
Your committee members



Rachel Hollis FRCN (Chair)
Yorkshire & the Humber



Siobhan Donald (Vice Chair)
Northern Ireland



Fiona Sommerville
Eastern



Sue Haines
East Midlands



Professor Alison Leary MBE FRCN
London



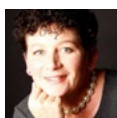
Tim Grace
Northern



Sally Young
North West



Theresa Connor
Scotland



Mary Codling
South East



Carly Boyce
South West



Denise Llewellyn MBE FRCN
Wales



Professor Julie Green
West Midlands



Tracie Culpitt
Nursing Support
Worker Member



Kendal Moran
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