



Royal College of Nursing
Shaping nursing since 1916

Council

Date of meeting:	21 July 2016
Title of Paper:	Report from Membership and Representation Committee
Appendices:	N/A
Presented by:	Gordon Lees, Chair of MRC
Is a decision required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

1. We met on 6 July 2016 and our next meeting is on 2 November 2016.

Equality and Inclusion Sub Group

2. This group met for the first time on 5 July. The group will be working to tight deadlines to produce a draft RCN Equality and Inclusion Strategy and Implementation plan for Council to consider in December 2016.
3. The work will focus on the way we interact with and support our members and reps and will include all those from the protected characteristics (*Equality Act 2010*). Emergent themes are:
 - Connect and Communicate
 - Identity and inter-sectionality
 - Equip and inform
 - Inspire and activate

4. The work will be informed by an External Reference Group drawn from a wide range of expertise and knowledge from across the UK.

Impact of the EU Referendum

5. The Committee is very concerned about the reports of distressed members and have asked for our reps to be provided with key messages to enable them to provide support to members affected by the impact of the EU Referendum result.
6. We have also asked that reps feed-in details of the questions they are being asked so we can make the information we provide as useful and informative as possible.

Pay terms and conditions

7. We heard that discussions in the NHS Staff Council about the future of the Agenda for Change have been destabilised by the outcome of the EU referendum.
8. The Committee re-affirmed our negotiating strategy and approach and that the RCN would continue to resist any attempt to erode the Agenda for Change package.
9. We agreed to continue with our long term approach to national campaigning on pay through the *Nursing Counts* campaign and **recommend to Council there should be a parallel focus on locally led campaigning activity.**
10. We went on to discuss what needed to be done to build the RCN's capacity as a campaigning organisation and agreed **to recommend to Council:**
 - 10.1. **a proposal from the UK Learning Representative Committee that we develop a role for members who want to be active in campaigning or organising but do not want to take on the full representative role at this point.**
 - 10.2. We need to engage more effectively with our Branches on local issues.
 - 10.3. We need to continue work to equip our reps with tools to support them in raising awareness of key issues, nationally and locally.
 - 10.4. We need to take on board the learning about effective communication with members during the Northern Ireland campaign, including the use of social media to put out clear and concise information.
11. The Committee also reviewed the successes and challenges of the Junior Doctors dispute and the key lessons for our campaign are reflected in the recommendations above. We feel it is particularly important to secure public

support by placing an emphasis on patient care, and to achieve public support from Executive Nurse Directors.

12. We received an update on the Student Bursary proposals and asked for pressure to be applied to the Department of Health to brief us on the position in the light of recent political changes.
13. We also have agreed the process for signing off the RCN submission to the Pay Review Body.

Trade Union Act

14. We reviewed the RCN's lobbying activities during the passage of the bill through parliament and noted the successes relating to our focus on facilities time.
15. The RCN will now work to support our reps in recording the content and impact of their facilities time and this will be discussed at the Joint Reps meeting in September.
16. We asked for the RCN to remain closely involved in discussions on aspects of the Act, including the definition of '*important public services*', use of electronic ballots and thresholds for industrial action.

Congress 2016

17. We discussed the Congress work-streams and allocated Council leads or delegated the work to the relevant UK representative committee where we felt that was more appropriate. The Chair of the Committee will make sure MRC is well-briefed on the work.
18. We have also asked to be involved in some of the work-streams currently falling under the remit of NPPC as we recognise that they will lead to future work which will be the responsibility of MRC.

Membership and Recruitment

19. We received the regular report on membership recruitment and retention and we were thrilled to hear that we have broken the barrier of 18,000 HCA members. The current figure to quote externally for membership is 435,000.
20. We discussed the growing digital recruitment campaign which had been refined following research and a pilot programme. Further research is underway on the membership offer for HCA members.
21. We heard about some of the retention strategies in place to support student nurse members to progress to full nurse membership. A strategy is in development to draw together the work being done in countries and regions

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to increase engagement with students, increase membership and add value to that category of membership.

22. Following work to scope the practice of nursing associates it was confirmed that they would fall into the current definition for HCA and AP membership. Further work will take place regarding the apprenticeship model and this will be reported to our next meeting.

Reports from MRSPB and TUGG

23. We discussed the report from MRSPB and the Case Management data and noted that work continues on the paper-lite project.
24. We received the report from TUGG, highlighting the main activities and feedback from the UK reps committees. The Committee noted in particular that work was ongoing to increase the understanding of the breadth of the role of representatives.