Report of Congress 2010

Publication code: 004 104

RCN Congress 2010

The forty-third meeting of RCN Congress was held on 25 to 29 April 2010 at Bournemouth International Centre (BIC).

Present:
Jason Warriner (Chair), Rod Thomson (Vice Chair), the Agenda Committee, Council and representatives of the RCN Branches, RCN National Forums, the Association of Nursing Students, the UK Stewards, Safety and Learning Representatives' Committees.

1. **Welcome and introduction from the Chair**
   The Chair welcomed delegates to Congress.

2. **Reports of the Agenda Committee**
   Congress received reports from the Agenda Committee meetings held since the last Congress. During the course of the meeting, verbal reports of the Agenda Committee were received. The emergency resolutions recommended to and agreed by the meeting for incorporation into the agenda is included in this report.

3. **Report of 2009 Congress**
   Congress formally received and adopted the report of the meeting held on 10-14 May 2009.

4. **Resolutions and matters for discussion**
   Resolutions and matters for discussion are listed in the order in which they were published in the agenda. Emergency items are in the order in which they were placed on the agenda.

1. Caring to the end

That this meeting of RCN Congress calls on RCN Council to lobby for fully funded palliative care services.

For	411	98.33 %	**Passed**
Against	7	1.67 %	
Abstain	2		

2. **Heroin on the NHS?**

That this meeting of RCN Congress discusses whether heroin should be provided on the NHS as an alternative to current drug misuse treatments.

Matter for discussion

3. **Fair care for trans people**

That this meeting of RCN Congress asks Council to lobby for consistent and equitable care for trans patients.

For	355	86.59 %	**Passed**
Against	55	13.41 %	
Abstain	58		

4. **Busting the myth on NHS pensions**

That this meeting of RCN Congress urges Council to publicly defend NHS pensions and challenge the illusion of the gold-plated pension scheme for public sector workers.

For	436	99.32 %	**Passed**
Against	3	0.68 %	
Abstain	2		

5. **Sick day – no pay?**

That this meeting of RCN Congress discusses the advantages and disadvantages of withholding pay for the first five days of any period of sickness absence.

Matter for discussion

6. **A learning disability nurse in every hospital?**

That this meeting of RCN Congress asks Council to lobby for a learning disability liaison nurse in all hospitals.

For	425	92.39 %	**Passed**
Against	35	7.61 %	
Abstain	16		

7. **First aid training for children?**

That this meeting of RCN Congress calls on governments to mandate the teaching of first aid to school children.

For	460	99.14 %	**Passed**
Against	4	0.86 %	
Abstain	4		

8. **Too scared to care**

That this meeting of RCN Congress discusses whether or not the fear of litigation overrides our commitment to care.

Matter for discussion

9. **Room for one?**

That this meeting of RCN Congress discuss whether single rooms in hospitals are an aspiration too far.

Matter for discussion

10. **Personality disorder – resource source**

That this meeting of RCN Congress asks Council to lobby for adequate funding and training for staff treating people with a diagnosed personality disorder.

For	390	96.06 %	**Passed**
Against	16	3.94 %	
Abstain	14		

11. **Children – ward or walk in?**
That this meeting of RCN Congress discusses the implications of reducing the status of children's wards in district general hospitals to 18 hour ambulatory care units.

Matter for discussion

12. **Putting it right for agency workers**
That this meeting of RCN Congress welcomes the adoption of the Temporary Agency Workers Directive and urges Council to press the Government to fully implement the directive to ensure that health care workers have their employment rights secured in legislation.

For	262	64.69 %	**Passed**
Against	143	35.31 %	
Abstain	50		

13. **0% drink driving**
That this meeting of RCN Congress urges Council to lobby for legislation which reduces to zero the permissible level of alcohol intake before driving.

Congress voted to send the item directly to Council for further consideration, rather than vote on the issue there and then.

14. **Too much, too young**
That this meeting of RCN Congress discusses the impact that early sexualisation has on young girls.

Matter for discussion

15. **Who best to be boss?**
That this meeting of RCN Congress believes that directors of nursing rather than general managers should be responsible for line managing nurses.

For	444	97.58 %	**Passed**
Against	11	2.42 %	
Abstain	8		

16. **Priority care for front-line?**
That this meeting of RCN Congress believes that health care professionals should be given priority access to health care services.

For	346	79 %	**Passed**
Against	92	21 %	
Abstain	0		

17. **Mandatory medication training?**
That this meeting of RCN Congress urges Council to lobby for comprehensive validated medication training to be made mandatory to all health care support workers/health care assistants working in the independent sector.

For	256	59.95 %	**Passed**
Against	171	40.05 %	
Abstain	15		

18. **Does watching work?**
That this meeting of RCN Congress discusses whether prescriptive observation of patients at risk of self harm and suicide is fundamentally flawed.

Matter for discussion

19. **STIs – age no barrier**
That this meeting of RCN Congress requests Council to lobby for a campaign aimed at older adults (45-64) to highlight their increasing risk of sexually transmitted infections.

For	398	98.03 %	**Passed**
Against	8	1.97 %	
Abstain	2		

20. **Advance regulation for advanced nursing**
That this meeting of RCN Congress asks RCN Council to lobby the NMC to resolve the lack of regulation of advanced nursing practice.

For	323	80.95 %	**Passed**
Against	76	19.05 %	
Abstain	11		

21. **Working in a blame culture?**
That this meeting of RCN Congress discusses the difficulties that nursing staff encounter from the increasing blame culture in our society.

Matter for discussion

22. **Acute to community – can we do it?**
That this meeting of RCN Congress discusses whether nursing staff have sufficient training and support to make the transition from an acute to a community setting.

Matter for discussion

23. **Following leaders or leading followers?**
That this meeting of RCN Congress discusses whether today's nurses are leaders or followers.

Matter for discussion

24E. **Understanding the person**
That this meeting of the RCN Congress urges Council to take action to ensure nurse education is fit for purpose in meeting the needs of people living with dementia.

For	427	99.3 %	**Passed**
Against	3	0.7 %	
Abstain	1		

25E. **Hard times**
That this meeting of Congress calls on governments and health care organisations across the UK to guarantee that safe staffing levels and nursing expertise will not be sacrificed to make ends meet in tough financial times.

For	404	99.26 %	**Passed**
Against	3	0.74 %	
Abstain	2		

26E. **Enabling not disabling**
In the light of the political speakers' presentations at Congress this week RCN Congress asks Council to mount a campaign to combat the unilateral and piecemeal dismantling of NHS pay and terms and conditions of services.

For	444	97.58 %	**Passed**
Against	11	2.42 %	
Abstain	8		

27E. **Reducing the impact of disability on nursing careers**
That this meeting of RCN Congress discuss the impact of disability on nursing careers and discuss how the College can better support this strand of diversity so as not to lose the experience and empathy that disabled nurses bring.

Matter for discussion

28E. **Health screening for over 40s**
That this meeting of RCN Congress discusses whether offering universal access to health screening for the over 40s is the best way to spend NHS budgets when money is tight.

Matter for discussion

5. Report of Council
The Chair of Council presented the report of Council on action arising from 2009 Congress. The written report detailed action that had taken place in the course of the year in relation to resolutions and matters for discussion and the work of the Council committees during that time. In her presentation the Chair of Council also highlighted the work of the Council committees during this time. Following questions and detailed discussion, the report was received by Congress.

6. Date of next meeting
Delegates noted that the next meeting of the RCN Congress would take place on 10-14 April 2011 in Liverpoo

Progress reports on 2010 agenda items

The RCN's work to support its members on the issues arising from the debates at Congress 2010 has continued throughout the year. Each RCN Council committee leads the work which develops from each resolution or matter for discussion. This document summarises the work which has taken place on each item.

At Congress 2011, there is an opportunity to ask Council questions and find out more about developments on Tuesday 12 April from 9am to 10am in the main auditorium. To submit a question in advance, please email jane.clarke@rcn.org.uk, text 07825 924665 or take it to the Governance office, room 15 in the Upper Galleria of the ACC.

1. Caring to the end (resolution)

RCN Inner South East London Branch

That this meeting of RCN Congress calls on RCN Council to lobby for fully funded palliative care services.

Council committee: NPPC
Committee decision: Integrate project into ongoing workstream

Outcomes for this work include:

- keeping end of life care high on the health ambitions of the four countries
- ensuring that end of life care is included in the new Modernising Nursing Careers programmes across the UK
- making sure the RCN is engaged with all other relevant stakeholders
- making sure commissioners and planners of services include end of life care service level agreements, or equivalent
- ensuring the RCN continues to support events which promote the best of end of life care.

In England, the development of improved end of life care services continues within a landscape of radical reorganisation within NHS England. The demand to save money is another pressure on all services. The RCN is responding with its Frontline First campaign and other lobbying activities.

The Transforming Community Services project has evolved as a result of the recent White Paper (*Liberating the NHS*) to encompass a whole scale review of primary care and community based health care services, including new commissioning arrangements in the form of GP Consortia. The review of palliative care funding demanded by the Rt Hon Andrew Lansley informed the Comprehensive Spending Review (Oct 2010). The RCN fully engaged members in both the funding review and the subsequent comprehensive spending review as part of the work on 'Liberating the NHS'.

The DH (England) led programme, Transforming Community Services ended in March 2011. However, end of life care services continue to have a high profile and are highlighted in a number of the white papers. The RCN responded to the papers and in our response to the

‘outcomes framework’ and ‘commissioning for patients’ consultation documents we have urged the government to focus on the quality of care received by patients – regardless of setting – at the end of their lives. It is widely acknowledged that people continue to express their preference to die at home, if they can be assured that the services will be available to them and their carers.

The Kings Fund released its report, *Implementing the end of life care strategy*, on the 28 October 2010. This report highlights the progress achieved in this domain of care, but warns of loss of momentum during a time of financial savings needing to be made. The RCN circulated the report to various members and continues to monitor the situation via its Frontline First campaign.

The Palliative Care (Scotland) Bill, a Private Members Bill, was laid before the Scottish Parliament on 1 June 2010. The Bill aimed to give legislative effect to the key intentions of the Scottish Government's Living and Dying Well strategy by placing Scottish Ministers under a statutory obligation to provide palliative care for those with life-limiting conditions. The RCN in Scotland was concerned that this statutory obligation would set an expensive and impractical precedent within the wider health and social care sector and was not convinced that it would lead to rapid improvements in palliative care.

The bill was withdrawn on 2 December 2010 following lack of support by the lead Parliamentary Committee in their stage 1 report (which the RCN provided written and oral evidence to). The Living and Dying Well strategy is seen to be the most appropriate vehicle for progressing improvements in palliative care. The RCN continues to be engaged with and supportive of the strategy, which has recently been updated to further embed palliative care throughout Scotland.

NHS Scotland Healthcare Quality Strategy was officially launched in May 2010. This has a proposed six quality outcomes, two of which focus on the quality of care received by patients at the end of their lives. The RCN continues to engage and influence the development of this strategy.

The RCN in Scotland also responded in support of the Supporting Bereavement Care strategy by the Scottish Government.

The RCN in Wales responded to the Welsh Assembly consultation on palliative care standards and will continue to be closely involved with the Welsh Assembly activities on end of life care.

The RCN in Northern Ireland welcomed the new Palliative and End of Life Care Strategy published by the DHSSPS in 2010. The strategy emphasises the need to ensure that resources follow the patient and that there should be a strong nursing input to the commissioning process to ensure that commissioning decisions appropriately reflect the complexities and sensitivities of palliative and end of life care.

Through the Frontline First campaign and the RCN’s response to the Northern Ireland Executive draft budget 2011–2015 the RCN highlighted the impact of budget cuts on the voluntary sector, including the Northern Ireland Hospice.

The RCN and RCGP manifesto on what patients and carers should expect in terms of end of life care services has now been published and the RCN continues to engage with other work streams relating to end of life care and endorsed the Gold Standard Framework toolkit for nurses.

Most recently the RCN has contributed to a new DH document on nursing and end of life care (not yet published).

2. Heroin on the NHS? (matter for discussion)

RCN Cambridgeshire Branch

That this meeting of RCN Congress discusses whether heroin should be provided on the NHS as an alternative to current drug misuse treatments.

Council Committee: NPPC
Committee decision: No work required

The discussion at Congress covered a wide range of views. This is replicated in the public debate on the same issue. There are however some indications that for a very select few clients prescription heroin is the most effective means of reducing harm and ensuring compliance. The evidence is complex and subject to several long term research studies. Despite the media interest, policy changes in this area are a long way off.

3. Fair care for trans people (resolution)

RCN Cumbria Branch

That this meeting of RCN Congress asks Council to lobby for consistent and equitable care for trans patients.

Council Committee: Diversity
Council decision: New work

The new Diversity Committee met for the first time on 1 October 2010 and this piece of work is one of its first priorities. It was agreed that a communications strategy was needed to support joint working with a wide-range of stakeholders working in this area, to use case studies to raise awareness of the difference consistent and equitable care can make, and to ensure that current legislation is complied with.

A task and finish group is in the process of being set up, and the deadline for applications to join the group is 9 May 2011. The task and finish group will:

- carry out a scoping exercise to identify current practices that impact on trans patients' treatment and care
- define what best practice in service provision is and the implications for nursing more widely
- identify what the gaps in service provision are

- make recommendations about what the RCN should be lobbying for
- work up case studies to support lobbying
- develop a communications strategy to lobby for changes in conjunction with other key stakeholders

The Government's White Paper on the NHS is likely to have a significant impact on the consistent and equitable care of trans patients, and this will be monitored as the situation progresses.

4. Busting the myth on NHS pensions (resolution)

RCN Greater Liverpool and Knowsley Branch

That this meeting of RCN Congress urges Council to publicly defend NHS pensions and challenge the illusion of the gold-plated pension scheme for public sector workers.

Council Committee: MRC
Committee decision: Covered by existing work

This issue was covered as part of the RCN's work to respond to the Hutton Review of public sector pensions, both in its own right and as part of the national staff side. The College also holds the deputy chair position on the Pensions Sub Group of the NHS Staff Council.

The RCN attended a Unions 21 meeting with Lord Hutton in September 2010 and RCN staff have attended meetings with Lord Hutton in Northern Ireland (pre-report) and Wales (post-report). Lord Hutton's interim report was published on 7 October 2010.

The RCN issued a press release on the interim report and made it clear that Lord Hutton's proposals – that everyone has to pay more, work longer, and receive a career average rather than a final salary pension – could not have come at a worse time. Our concerns over the risk to services of the loss of staff good will, a reduction in morale and the impact on recruitment and retention was picked up by the national media

However, Lord Hutton did affirm that public sector pensions are not excessive or "gold plated" (a key part of the RCN evidence to his review and of the debate at Congress 2010) and he appeared committed to retaining a "defined benefit" element in public sector pension provision.

The RCN also submitted evidence to Lord Hutton's second call for evidence. An RCN press release was issued on 7 December 2010 to coincide with our response. The RCN has argued that the changes already agreed by pension scheme members in the NHS scheme should be allowed to "work through". In 2008 members agreed to tiered contributions (resulting in increased member contributions) and a risk sharing model ("cap and share") where any future increased liabilities are resolved within the scheme and where the employer contribution is capped at a maximum 14%.

Lord Hutton's final report was published on 10 March 2011, and the 2011 Budget of 23 March included a statement to take forward the report's recommendations. The report still recommended a move to career average pensions, but, importantly, it stated that all existing contributions should be safeguarded. Changes to pensions are still up for negotiation, however, and the RCN will continue to push for protection.

The RCN was the only trade union present at a parliamentary breakfast launch of the Ignis Asset Management research "2010 Sharing the Pensions Challenge". At this meeting we argued that employers should continue to be part of the risk sharing arrangements within pension schemes.

RCN Director for Nursing and Service Delivery, Janet Davies, has been involved in EPSU discussions on a response to the EU Green paper

The Comprehensive Spending Review (CSR) seeks savings to be achieved from the public sector pension schemes. The Department of Health wrote to the NHS Pension Scheme Governance Group on 14 January outlining the savings required. These savings are to be released by increases in member contributions of 3% on average over the period 2012/13 to 2014/15. NHS Trade unions are considering this letter.

Public consultation has commenced on the Government's intention to change the method of pension indexation (the rate at which pension benefits increase) from RPI to CPI. This consultation closes on April 1 2011. Consultation is also underway on the "discount rate" to be used in public sector pensions. The NHS Governance Group (employers and unions) will be responding to this consultation before the closing date of March 3.

5. Sick day - no pay? (matter for discussion)

RCN Leeds Branch

That this meeting of RCN Congress discusses the advantages and disadvantages of withholding pay for the first five days of any period of sickness absence.

Council Committee: MRC
Committee decision: No work required

The item was a discussion item which did not generate any action. Most of the employers with whom the RCN has a relationship have occupational sick pay schemes that cover sickness absence from the first day of absence.

6. A learning disability nurse in every hospital? (resolution)

RCN Essex Branch

That this meeting of RCN Congress asks Council to lobby for a learning disability liaison nurse in all hospitals.

Council Committee: NPPC
Committee decision: Covered by existing work

The RCN Learning Disability Forum and a network of LD consultant nurses are already discussing this issue with the RCN Nursing Department Adviser as part of a wider project highlighting the value of LD nurses and the current challenges posed by declining numbers of nurses in this specialty.

The RCN Learning Disability Forum took the work forward in June 2010 by hosting an RCN LD nursing summit between the LD consultant nurses UK group and other expert contributors (including the resolution's proposer).

This followed further debate at an RCN Congress 2010 fringe event and RCN members will be updated on progress and activities at RCN Congress 2011.

The resulting consensus focused upon three RCN priorities: workforce, leadership and education.

An RCN position paper was launched in January 2011 which sets out the background, key issues, evidence and action plan for 2011 and beyond. 'Learning from the past – setting out the future' has gained support and respect from all DH LD country leads. An announcement in February 2011 by Scotland's CNO, Ros Moore, set out the commitment of all four DH leads and funding in 2011/12 to support LD nursing profile, education, and career pathways to support people who have a learning disability whether in acute hospital settings or elsewhere in the community.

7. First aid training for children? (resolution)

RCN Northern Region Board

That this meeting of RCN Congress calls on governments to mandate the teaching of first aid to school children.

Council Committee: NPPC
Committee decision: Covered by existing work

The importance and impact of inclusion of such aspects for children and young people has been highlighted as appropriate in relevant government consultation responses and in communication with ministers about the future school curriculum, PSHE and citizenship.

8. Too scared to care (matter for discussion)

RCN Cambridgeshire Branch

That this meeting of RCN Congress discusses whether or not the fear of litigation overrides our commitment to care.

Action on this item is combined with item 21 - Working in a blame culture.

Council Committee: NPPC
Committee decision: Covered by existing work

The RCN has carried out a significant amount of work around the issue of litigation and indemnity schemes since the debate.

In England, the College was represented on, and contributed to, the Department of Health's independent review of the requirement to have insurance or indemnity as a condition of registration as a health care professional. The review made its report in June 2010. Particular emphasis was put on improving the education of health care professionals around personal accountability and indemnity.

The RCN lodged a request for a judicial review of the Independent Safeguarding Authority, in which the College challenged the nature and scope of the scheme. The RCN is also looking at the implications regarding indemnity of the recent White Paper on the NHS, as well as Lord Jackson's review of legal costs in clinical negligence claims.

The RCN is also reviewing its response to the proposal to introduce a statutory duty of candour on health care organisations/professionals when errors arise in health care delivery.

The RCN in Scotland is involved in the government's review of no-fault compensation schemes for clinical negligence claims. In Wales, the RCN is evaluating the introduction of the NHS redress measure for handling complaints/claims.

Ongoing work includes regular user group meetings with the NMC on improving processes for handling allegations of professional misconduct/unfitness to practice, which are growing in numbers each year. The RCN's own indemnity scheme is to be reviewed in 2011, including a tender in the autumn for clinical negligence solicitors to defend members.

The RCN is holding a series of workshops, which started in autumn 2010, on the legal aspects of nursing care, including accountability, standards of care and litigation, as well as contributing to workshops, seminars and conferences across UK throughout the year.

9. Room for one? (matter for discussion)

RCN Emergency Care Association

That this meeting of RCN Congress discusses whether single rooms in hospitals are an aspiration too far.

Council Committee: NPPC
Committee decision: Covered by existing work

Following the discussion at Congress it was recognised that the Department of Health mixed sex accommodation initiative and ongoing work regarding quality indicators and patient safety (with full RCN engagement), would ensure that patient dignity and privacy remained a key priority.

10. Personality disorder - resource source (resolution)

RCN North of Tyne Branch

That this meeting of RCN Congress asks Council to lobby for adequate funding and training for staff treating people with a diagnosed personality disorder.

Council Committee: NPPC
Committee decision: New work

This issue had not previously been covered by the RCN Nursing Department or forum activity. There are existing established training resources available on caring for people labelled as having a personality disorder. The role of the RCN may be to help members access existing resources.

A task and finish group has been established for this work. The members are:

- Ian Hulatt, RCN Mental Health Adviser – staff lead
- William Corulla – sponsoring entity
- David Miller – Council member
- Kevin Bell – Council member

Further members may be added as work progresses.

Members of the group met by teleconference on 1 September and decided on the future direction of travel. Since the teleconference meeting:

- William Corulla has had a preliminary meeting with his Director of Nursing Services to discuss a business case for a non secure service for PD clients. The business case was warmly received and William is awaiting further developments
- the PD Management Steering Group, which William Corulla is a member of, decided to bring three proposals together for the Directors and Senior Management Team of his trust. These are for a non-forensic in-patient service for women, a day hospital, and a multidimensional psycho-diagnostic centre. A decision is awaited on these proposals
- the decisions on trust business cases will be influential in determining how the RCN promotes the care of people with personality disorder, and will provide potential case examples of innovations in practice
- Ian Hulatt met with the RCN Emergency Care Association on the 20 September 2010 to discuss potential joint work on caring for people with challenging behaviour in emergency settings. This matter is now being considered by the committee as they plan their work for the year ahead
- the issue was discussed at the Forensic Nursing Forum development day on 15 of September.
- A fringe meeting is being held on Monday 11 April (12.45pm, room 13 Upper Galleria ACC) at Congress 2011 to raise awareness of the issue of personality disorder and direct members to appropriate resources.

11. Children - ward or walk-in? (matter for discussion)

RCN London Board

That this meeting of RCN Congress discusses the implications of reducing the status of children's wards in district general hospitals to 18 hour ambulatory care units.

Council Committee: NPPC
Committee decision: Already covered by existing work

This work already features within joint work with the Royal College of Paediatrics and Child Health about the future design of services for children and young people.

12. Putting it right for agency workers (resolution)

RCN Greater Liverpool and Knowsley Branch

That this meeting of RCN Congress welcomes the adoption of the Temporary Agency Workers Directive and urges Council to press the Government to fully implement the directive to ensure that health care workers have their employment rights secured in legislation.

Council Committee: MRC
Committee decision: Covered by existing work

The RCN is affiliated to the European Federation of Public Service Unions (EPSU) which lobbied at EU level for the introduction of this legislation. In the UK, the TUC has taken a high profile campaigning lead to get the UK Government to implement the directive in full. There are economies of scale for the RCN in joining/backing the TUC's campaign and lobbying rather than initiating a separate RCN campaign.

13. 0% drink driving (resolution)

RCN Cambridgeshire Branch

That this meeting of RCN Congress urges Council to lobby for legislation which reduces to zero the permissible level of alcohol intake before driving.

Council Committee: NPPC
Committee decision: Covered by existing work

This work has been referred to Council, who received a background paper from NPPC in October. Council agreed to support NPPC's recommendation, and moved the RCN's position to a limit of 50mg blood alcohol content (BAC).

14. Too much, too young (matter for discussion)

RCN South Staffordshire Branch

That this meeting of RCN Congress discusses the impact that early sexualisation has on young girls.

Council Committee: NPPC
Committee decision: Covered by existing work

The RCN public health work stream is covering a breadth of issues related to sexual health and wider community health. Issues such as the role of the media in shaping sexual behaviours are part of that work.

15. Who best to be boss? (resolution)

RCN London Region Board

That this meeting of RCN Congress believes that directors of nursing rather than general managers should be responsible for line managing nurses.

Council Committee: NPPC
Committee decision: Integrate project into current workstream

The RCN Nurses in Management and Leadership Forum will embrace the work of the Congress item. They will be working to establish the risks and benefits of being accountable for workforce management and resources and how this could compromise the impartiality of the nurse director when assessing quality and patient safety issues.

Nurse directors accept managerial and professional accountability for the quality of nursing care, championing care from the point of care to the board room. Nurse directors also have lead responsibility for many, if not all, aspects of the clinical governance agenda and as such nurse directors have the ability to bring to the board an unparalleled understanding of the standards of clinical care that are being delivered, leading the development of clinical assurance systems and processes. Nurse directors have the potential to examine all board decisions and describe to the board the impact of those decisions on patient experience, patient safety and clinical quality. They also have the insight to embed clinical quality at all levels of the organisation.

In high functioning boards, nurse directors are able to champion the patient/user experience and to help the board to integrate financial and commercial acumen with the human experience that patients and users experience on a day to day basis. The RCN Inspire program has led a series of events throughout the UK during 2010 to explore the expanding remit of directors of nursing and how the RCN can support them in maximising their effectiveness at board level and increasing their visibility with staff.

16. Priority care for front-line? (resolution)

RCN Inner North East London Branch

That this meeting of RCN Congress believes that health care professionals should be given priority access to health care services.

Council Committee: MRC
Committee decision: Covered by existing work

This work is being taken forward through the NHS staff council sub-group the Partnership for Occupational Safety and Health in Healthcare (POSHH) of which the RCN is co-chair. A sub-group has been set up to develop the recommendations of the Boorman review around reducing and managing absence, fast tracking and rehabilitation.

The RCN is currently representing the staff side of the social partnership forum on a DH convened task and finish group on wellbeing. The group will make recommendations on NHS occupational health provision in England and we are using this opportunity to promote fast tracking. The recommendations will form a stakeholder engagement process on OH provision during December.

Guidelines on the prevention of ill health, support and rehabilitation of sick employees are also being developed with RCN input via the NHS staff council. The guidelines continue to promote fast tracking and will give examples of good practice. Subject to agreement the guidelines will be published in early 2011.

The RCN in Scotland published its manifesto, *Nursing Scotland's Future*, which has called for the implementation of the Boorman review's recommendations in Scotland including the recommendation for fast tracking.

The RCN is also working with activists to promote fast tracking and Boorman recommendations, holding masterclasses and workshops.

17. Mandatory medication training? (resolution)

RCN Management and Leadership Forum

That this meeting of RCN Congress urges Council to lobby for comprehensive validated medication training to be made mandatory to all health care support workers/health care assistants working in the independent sector.

Council Committee: NPPC
Committee decision: New work

Although there is already a project to establish induction resources for HCAs, the issue of mandatory medication training has not been covered. Views will be sought on the best way to take this forward.

The following task and finish group has been established:

- Ann Marie O'Neill, Vice Chair of RCN Council (chair)
- Steve Watson, RCN Learning and Development Facilitator
- Iain McGregor, Chair of RCN Older People's Forum
- Tanis Hand, RCN HCA Adviser
- Ruth Bury, Inspector – Health, Regional Office North Wales, Care and Social Services Inspectorate Wales (CSSIW)
- Susan Went, Senior Expert in Healthcare Quality Improvement RCP/RCGP/RCPsych
- Ann Close, Head of Quality CQC
- Margaret McCambridge (MMC) Learning Representative, Northern Ireland

Regulation of HCSWs will assist in setting mandatory training standards for HCSWs. Until then, there is a need for clear standards for medication administration by support workers. The task and finish group has met and agreed to collate relevant standards and lobby for medication training for HCSWs to become mandatory in the independent sector.

Key milestones:

- Literature review
- Collation of existing standards
- Lobby relevant bodies to agree that training becomes mandatory

The following action plan to achieve the milestones has been agreed:

- Perform a literature review to define the extent of the problem associated with medication management in the independent sector, in particular with regard to HCAs
- Collate the guidance available on the provision of training and supervision of support workers in the safe administration of medication in the care home setting.
- Task and finish group to advise on best way forward for project (end October 2010)

Progress made so far:

- Task and finish group met.
- The literature review is complete.

In addition, Tanis Hand has joined the clinical reference group for a piece of work being undertaken by Susan Went (senior expert in healthcare quality improvement) on behalf of the joint Colleges (RCP/RCGP/RCPsych) on medicines management in care homes. This is commissioned by the Department of Health and covers the whole medicines management pathway. The preparatory work is due to be complete by the end of March 2011. The role of the clinical reference group is to assist in producing tools that will help staff on the ground improve the quality of medicines management in the care home setting.

Tanis Hand has responded to an email conversation between members of the reference group reviewing a list of ideas. These are being collated by Susan Went. Susan has had a copy of the literature review and has requested further information on examples of good practice across all care settings prior to the first meeting of the clinical reference group. She would like to know:

1. Are there any medicines management tools being used in acute and other settings that make management of medicines safer/easier and that could be transferable to the care setting?
2. Are there elements of red flag/early warning of deterioration that would also be relevant to residents in the care setting? She is looking for practical examples where systems enable staff to identify deteriorating health in the elderly patient.

A request has gone out to RCN nursing advisers and disseminated to their networks for information on the above questions.

Next steps:

- Tanis Hand to continue to keep the task and finish group and MRC updated on the work of the clinical reference group
- Ask Council to lobby for support of the finished document when complete
- Susan Went will establish task and finish groups, one for each of the main clinical groups – medical, pharmacy and nursing. Each group may be led by the relevant profession but we should aim to keep each group multidisciplinary in membership. Once we have identified the priorities, these groups will be charged with sourcing/designing/developing prototype tools.
- The joint colleges' project "An integrated approach to medication safety in care homes: Working together to develop practical solutions**"** was launched formally on 17 March, and the RCN was represented at this meeting by Tanis Hand and Matthew Griffiths. The aim of the project is to jointly develop a set of practical tools to reduce the incidence of medication errors and near misses in care homes.
- Tanis Hand is on the Training and Education of HCSW Group which will be meeting over the next few months. The project is due for completion in September 2011 and Council will be asked to support the outcomes and, in particular, the mandatory medication training on completion of the project.

18. Does watching work? (matter for discussion)

RCN Forensic Nursing Forum

That this meeting of RCN Congress discusses whether prescriptive observation of patients at risk of self harm and suicide is fundamentally flawed.

Council Committee: NPPC
Committee decision: Covered by existing work

The discussion at Congress revealed variations in practice and opinion. A resource for members is already available which addresses some of the issues raised in the debate.
A fringe event is being held on Thursday 14 April (12.45pm, room 9 Upper Galleria ACC) at Congress 2011 which will update members on the results of a research project funded by the Health Foundation which is led by RCN Mental Health Forum committee members, and which specifically addresses the issue of in-patient safety in mental health settings.

19. STIs – age no barrier (resolution)

RCN Public Health Forum

That this meeting of RCN Congress requests Council to lobby for a campaign aimed at older adults (45-64) to highlight their increasing risk of sexually transmitted infections.

Council Committee: NPPC
Committee decision: New work

This item had 98% voting for the resolution and required a new task and finish group to discuss how to raise the profile of the issue and consider lobbying activities to ensure the sexual health needs of older people are addressed. Members of the task and finish group are:

- Jan Maw, RCN Public Health Adviser
- Linda Bailey, Vice Chair RCN Public Health Forum
- Sue Everett, RCN Public Health Forum
- Prunella Neale, RCN Practice Nurses' Association
- Lors Allford, RCN Council member for South West
- Susan Fern, RCN Council member for West Midlands

The group has agreed the following objectives for the work:

1. raise the profile of this issue through articles in the media
2. lobby key stakeholders for a campaign aimed at older adults to highlight their increasing risk of sexually transmitted infections.

Progress on the first objective includes an article *Never too old for a sexual infection* by Linda Bailey, published on 23 July 2010 by BBC News Health.

Progress on the second objective was paused until after the public health White Paper *Healthy lives, healthy people - the strategy for public health England* was published on 30 November 2010, as this has a big impact on sexual health provision. During 2011, the Department of Health will also publish documents that build on the proposed new approaches to public health set out in the White Paper, including a more detailed paper on sexual health and teenage pregnancy (Spring 2011).

While the proposed changes set out in the White Paper relate to England, the Secretary of State is committed to working with Scotland, Wales and Northern Ireland.

It is clear that the new coalition Government has recognised that sexually transmitted diseases (STIs) continue to rise, and highlights chlamydia in the 15-24 year old group as the most affected. Also acknowledged is the link between alcohol misuse and sexual health risk-taking behaviour. The White Paper also aspires to work toward an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (including for sexually transmitted infections, contraception, abortion, health promotion and prevention).

Sexual health issues are raised throughout the public health White Paper, with the inclusion of sexual health in the *Healthy lives, healthy people - transparency in outcomes* outcomes framework for public health (specifically Domain 4 and chlamydia diagnosis rates and late stage presentation of HIV infection), and in the *Healthy lives, healthy people* consultation on the funding and commissioning routes for public health section 3.16.

However, there is no specific reference to the rising rates of STIs amongst the older population, or the role that international travel plays in the STI increase in the older age group, where older single travellers deliberately visit countries to engage in sexual activity and in places where STI rates are high. The Family Planning Association recently put out its first campaign specifically targeting those over 50 years old.

The RCN will be responding to the consultation on the White Paper and its supplementary consultation documents during 2011 and beyond. A public health White Paper sub-group has been set up to respond to the consultations. The need to target specifically rising STIs in the older population will be specifically included in the RCN responses as an area that needs consideration/action for the new commissioning boards under the umbrella of the HWW Boards.

In February 2011, a sexual and reproductive health clinical expert was appointed to the RCN Public Health Forum to lead and steer work relating to the sexual and reproductive health activities undertaken by the forum.

20. Advance regulation for advanced nursing (resolution)

RCN Emergency Care Association

That this meeting of RCN Congress asks RCN Council to lobby the NMC to resolve the lack of regulation of advanced nursing practice.

Council Committee: NPPC
Committee decision: Covered by existing work

The RCN already has a clear position on the regulation of advanced practice. The views expressed during the Congress debate will feed into work being led by the Nursing Department.

21. Working in a blame culture? (matter for discussion)

RCN Essex Branch

That this meeting of RCN Congress discusses the difficulties that nursing staff encounter from the increasing blame culture in our society.

Council Committee: NPPC
Committee decision: Covered by existing work

Action on this item has been combined with item 8 – Too scared to care. For details of the work which has been done see the entry for that item.

22. Acute to community – can we do it? (matter for discussion)

RCN Cumbria Branch

That this meeting of RCN Congress discusses whether nursing staff have sufficient training and support to make the transition from an acute to a community setting.

Council Committee: NPPC
Committee decision: Integrate into current workstream

This matter for discussion was incorporated into Future Nurse, Future Workforce. The RCN Nursing Department Education Adviser was already working with colleagues and external stakeholders to address this issue and this work continues.

Over 40 stakeholders attended a meeting at RCN HQ on 6 September 2010 to address all aspects of community care, including this issue. Attendees included commissioners, educators (including Council of Deans), managers, members, Council members and RCN officers, and the discussion was wide ranging. A paper reflecting the meeting was shared with people who attended the event and was used to help inform the RCN response to the White Paper (England), *Liberating the NHS – developing the workforce*.

In August 2010 the RCN published its document, 'Pillars of the community' which describes a framework for developing community nursing practice and the workforce which applies to the four countries. Since then an RCN paper on health visiting has also been developed and a further paper is being discussed.

In Northern Ireland, Scotland, Wales and England the administrations have workstreams which relate to the future provision of nursing in the community.

The NMC has announced that it intends to undertake a review of the specialist community nursing programmes.

In England the RCN is working closely with the DH on its new Health Visiting Programme which aims to develop a further 4,200 health visitors.

23. Following leaders or leading followers? (matter for discussion)

RCN East Dorset Branch

That this meeting of RCN Congress discusses whether today's nurses are leaders or followers.

Council Committee: NPPC
Committee decision: Covered by exisiting work

Nursing is about providing care that is safe and effective and that also meets the needs of the individual. It is also about ensuring that care systems sustain quality and safety and enable innovation, ensuring continuity of care across pathways, boundaries and sectors and working in partnership with patients and their families and other stakeholders to do so.

Nurses and nursing are pivotal to the ability of the NHS to assure the public on all aspects of clinical quality, including patient safety and the patients' experience, as nurses deliver up to 70% of direct patient care.

Nurses are absolutely best placed to lead clinical teams in a variety of settings. RCN programs such as the Clinical Leadership Programme and Inspire are aimed at developing nurses to be more effective in leadership. Whilst there are challenges for nursing, developing nurse leadership remains a key objective of the RCN.

24. Understanding the person (emergency resolution)

RCN Older People's Forum

That this meeting of the RCN Congress urges Council to take action to ensure nurse education is fit for purpose in meeting the needs of people living with dementia.

Council Committee: NPPC
Committee decision: Covered by existing work

The Nursing Department has secured substantial funding from the Department of Health (England) to develop practice in the area of dementia care. A project manager has already been appointed to lead this work. Since then the project has developed to raise awareness of dementia and gather best practice to inform and develop resources and guidance. A plan has been developed to develop these resources.

In addition, cognitive impairment has been included in the NMC Educational Standards for pre-registration nursing.

The RCN has also been involved with and input into the DH Dementia workforce development strategy and is a member of the Dementia Action Alliance which works to raise the awareness of dementia and improve understanding.

25. Hard Times (emergency resolution)

RCN West Midlands Board

That this meeting of Congress calls on governments and health care organisations across the UK to guarantee that safe staffing levels and nursing expertise will not be sacrificed to make ends meet in tough financial times.

Council Committee: MRC/NPPC
Committee decision: Incorporate into existing workstream

This item relates directly to two main areas of work which were already underway.

- The Policy Unit's new guidance on determining safe staffing levels, which had been in progress since the end of 2009. This sets out the context in which staffing level decisions are taken before detailing the impact that nurse staffing has on patient outcomes – the reasons why getting nurse staffing levels right is crucial. It outlines what is known about current staffing levels across the UK in different sectors before presenting an overview of the approaches to workforce planning used at local level, giving examples of different models and systems.
- The Frontline First campaign launched in July 2010, which allows the RCN to monitor the reality of changes being made in the health service, and to detect the impact of financial pressures on staffing levels on the ground.

The staffing levels work was supported by:

- literature search and review and web search
- interviews with RCN members, RCN Council members, RCN staff, health service staff, patient safety advisers and nursing workforce experts
- discussion groups with clinical nurse managers
- establishing links with relevant national initiatives (e.g. Energising for Excellence).

Following sign off by NPPC and at Council, the two papers were published on 8 December 2010: new guidance and a policy position statement on safe nurse staffing levels and a shorter paper that summarises the RCN policy position in relation to safe staffing levels was also published. The papers were launched at a roundtable event with stakeholders to discuss staffing level issues and gauge reaction to RCN policy and guidance.

The guidance document (with executive summary) covers:

- the context
- evidence as to why nurse staffing is key
- data on current staffing levels
- a summary of approaches to planning nurse staffing (and brief review of a selection of tools)
- conclusion.

The Nursing and Midwifery Council and the Care Quality Commission have produced a joint memorandum of understanding. The NMC now has a role in flagging organisations where the context care is delivered in is of concern.

The RCN responded to the Department of Health England's consultation on the NHS constitution and whistle blowing in January 2011.

Staffing levels will continue to be an issue so work is ongoing to disseminate RCN resources and policy position (e.g. through conferences, an article in Nursing Management and a forthcoming article in HSJ). The RCN is also collaborating with the Royal College Psychiatry

(who are undertaking a national audit of dementia care) to look at staffing in relation to dementia care.

The work on this issue culminated in the RCN taking part in the TUC's March for the Alternative on 26 March, which marked the beginning of a new phase of campaigning against cuts to jobs and services.

26. Enabling not disabling (emergency resolution)

RCN Liverpool and Knowsley Branch

In the light of the political speakers' presentations at Congress this week RCN Congress asks Council to mount a campaign to combat the unilateral and piecemeal dismantling of NHS pay and terms and conditions of services.

Council Committee: MRC
Committee decision: Integrate into existing workstream

This has been incorporated into the Frontline First campaign. Campaign actions include identifying potential attacks on national pay terms and conditions and sharing the information to help both the RCN and NHS trade unions collectively, and responding to attempts to dismantle national pay terms and conditions at national and local levels.

Effective information gathering systems developed to support the Frontline First campaign are proving useful in providing early warning of local attacks on terms and conditions which have the potential to undermine the national system; in turn ensuring that the RCN is both able to respond itself and together with other NHS trade unions. Data from the RCN's own biennial Employment Survey is also being used.

The campaign has found that pressure from Foundation Trusts for changes to national pay, terms and conditions continues to increase. In particular they asked the Government to freeze incremental pay progression (see article in the Health Service Journal on 28 October 2010). This is against the background of a requirement to deliver 4% productivity gains and 5% cost savings each year to meet QIPP targets and £20 billion savings by 2014. The Spending Review (SR) "real terms increase" is stated as 0.1% above projected inflation. In real terms it is likely to be less than inflation and certainly less than the NHS needs to meet demand.

Notwithstanding the pay freeze introduced by the new Coalition Government in the emergency budget in June, the RCN submitted evidence to the NHS Pay Review Body in its own right and has coordinated the staff side evidence. Both make a strong case for retaining the national pay system. The evidence was submitted on 10 November 2010. Parties had the opportunity to comment on each other's evidence submissions until 9 December 2010. Some parties were asked to respond to questions or provide specific information in writing by 5 January 2011. Oral evidence took take place on 25 January and 1 February 2011 and subsequent follow up was to be completed after that.

An example is the spread of "mutually agreed resignation schemes", which when they first appeared principally in the North West Region appear to undermine the national

arrangements for redundancy set out in Section 16 of the Agenda for Change (AfC) terms and conditions handbook. The RCN used its information systems to share this development internally and with other trade unions enabling the NHS trade unions to respond strongly, collectively and locally to resist these schemes. This also allowed negotiators to seize the initiative nationally and propose that the NHS Staff Council develop national principles. These have been agreed and incorporated in a national scheme for England.

The NHS trade unions meet monthly and have a regular slot on staff side meeting agendas. In these they can share and review information about developments at the levels of devolved administration, region and employer – including about pay and terms and conditions. This enables the staff side to raise any issues of concern in the NHS Staff Council.

National staff side has discussed concerns about the potential for fragmentation of terms and conditions – "the thin end of the wedge" – and for the erosion of both national pay and terms and conditions. Staff side proposed that confidential, "without prejudice" discussions take place in the NHS Staff Council Executive involving all four UK countries to try to find a national solution.

The first of these meetings took place on 1 November. Following this, employers developed a proposal for a national enabling agreement which would allow negotiations at a local level in England to deliver a two year freeze on incremental pay progression in return for guarantees on job security for AfC pay bands 1–6. In all other respects the AfC national collective agreement would remain intact. These proposals were tabled at the meeting of the NHS Staff Council Executive on 10 December. Staff side sought clarity on a number of points including the size of the financial problem underlying the proposal and the extent to which employers would deliver their part of the bargain (i.e. no compulsory redundancies).

RCN Council considered the proposal at a special meeting on 16 December 2010. At that meeting Council expressed great concern both about the impact and implications of the proposal and questioned whether employers could actually deliver on their proposed deal. Council agreed to consult widely among RCN members and to discuss the proposal with sister trade unions in order to inform a formal decision on the proposal in 2011. Feedback from members was overwhelmingly negative about the proposal, angry, frustrated and exasperated. After an email consultation with Council, the RCN issued a full rejection of the proposal on 13 January 2011. Council ratified this decision formally and considered the next steps at its meeting on 20 January 2011.

All the NHS trade unions rejected the proposal. A risk is that employers could respond with renewed local incursions on AfC terms and conditions including seeking a freeze on increments; some may be prepared to dismiss and re-engage staff on new contracts in spite of the potential for and cost of responding to a legal challenge from trade unions. Nationally, there is the potential for the Department of Health to seek to reduce AfC redundancy provisions (currently at a maximum of two years' pay). There is the possibility of fragmentation, the emergence of local bargaining, and the erosion of national conditions and weaker national bargaining structures. Internal considerations for the RCN are the capacity of the RCN to respond to an increasingly fragmented bargaining system and satisfying the varied needs of the diverse membership, as well as meeting, competing and possibly conflicting demands for action on issues from a professional perspective and trade union standpoint.

The staff side (co-ordinated by the RCN) has also commissioned Incomes Data Services (IDS) to undertake a survey of workload, morale and motivation, pay and grading, workplace restructuring and training as part of evidence to the NHS Pay Review Body, which will provide essential baseline data to assist in the campaign.

The Membership Representation Committee has established a task and finish group on pay negotiating and collective bargaining strategy chaired by Council Member Anne Wells which had its first meeting on 13 January 2011. The group reaffirmed the task defined by MRC in June 2010:

- develop key principles
- agree preferred outcomes/redlines
- develop a "risk management" strategy/approach in respect of preferred outcomes
- ensure that the strategy is sympathetic to and complements the key goals of branches, forums and boards
- develop a communications strategy that aligns the pay negotiating strategy with the RCN's goal of ensuring safe and high quality health care
- identify ways to engage members widely.

A full and detailed risk assessment will be undertaken.

Internally, work is also already underway to identify ways to support RCN officers, particularly accredited representatives.

27. Reducing the impact of disability on nursing careers (emergency matter for discussion)

RCN Emergency Care Association

That this meeting of RCN Congress discusses the impact of disability on nursing careers and discuss how the College can better support this strand of diversity so as not to lose the experience and empathy that disabled nurses bring.

Council Committee: Diversity
Committee decision: New work

This will be a core outcome of the new Diversity Committee. The committee met on 1 October 2010 and approved a project to examine the impact disability has on RCN members and the way they use RCN services. The project will also consider the evidence available on the impact disability has on nursing careers and will make recommendations to reduce any negative impacts found.

Outputs may include guidance for members, guidance for representatives and officers and disability-related measures to be used in equality impact assessments. The intended outcome is to seek to ensure that mechanisms are in place to make sure there is no detrimental impact on disabled members in the provision of services and ensure that disabled members are satisfied with RCN services.

The project has three distinct phases:

1. a scoping exercise to identify current work and practices that impact on disabled members
2. identify best practice in service provision and for nursing more widely and make recommendations. This stage will include consideration of the results from the Equality and Diversity Unit's "getting it right" stakeholder event focussing held on 6 March 2011
3. to identify gaps in service provision and seek to establish working partnerships with relevant organisations and bodies.

A task and finish group is being set up to support the project which will be led by Nicola Lee, Adviser in Member Support Services. The deadline for applications to join the group is 9 May 2011.

A meeting will also be held after Congress 2011 to review the accessibility of the event. Members and stakeholders will be invited to take part.

28. Health screening for over 40s (emergency matter for discussion)

RCN Fife Branch

That this meeting of RCN Congress discusses whether offering universal access to health screening for the over 40s is the best way to spend NHS budgets when money is tight.

Council Committee: NPPC
Committee decision: Covered by existing work

The discussion at Congress highlighted the range of views and opinions. The evidence for some interventions is mixed. As part of a radical overhaul of the NHS, the recent White Paper for NHS England (*Liberating the NHS*) proposed shifting commissioning to GP consortia. They will be required to make decisions on how best to spend limited resources to target the health needs of local populations. Part of that response might be to establish effective screening programs