

RCN COUNCIL'S REPORT TO MEMBERS ON CONGRESS 2015



Royal College of Nursing
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This report gives Council the opportunity to detail the work carried out on your behalf in response to the debates at Congress in 2015.

Topics discussed in Bournemouth last year ranged from the way we operate as an organisation through to issues affecting global health care.

Some debates at Congress lead to work spanning several years, and I would draw your attention to the reports from page 58 which up-date you on some of the work ongoing from Liverpool 2014 and before.

There are no quick fixes or immediate solutions to some of the biggest issues facing nursing staff across the UK, and as Congress returns to Scotland for the first time in 30 years, we'll be discussing issues such as pay, unsocial hours and safe staffing again.

However, the reports in this document set out in detail just how much has been achieved, and the influence that sustained RCN campaigning has had on governments around the UK. We have had some significant wins in the past 12 months.

Occasionally we're asked to concentrate on subjects which reach beyond our own shores and in response to the debate on climate change and the implications on global health last year, I'm pleased to say that the RCN became a founding member of the Health Professionals' Alliance to Combat Climate Change, and has a seat on its governing council. You can read more about this work on page 32.

A handwritten signature in black ink that reads "Michael Brown". The signature is written in a cursive, flowing style.

Michael Brown
RCN Chair of Council

RCN CONGRESS 2015

The forty-eighth meeting of RCN Congress was held on 20 to 25 June 2015 at the Bournemouth International Centre.

Present:

Stuart McKenzie (Chair), BJ Waltho (Vice Chair), the Agenda Committee, Council and representatives of the RCN Branches, RCN Forums, the Health Practitioner Committee, the UK Stewards, Safety and Learning Representatives' Committees and the RCN Students Committee.

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 are included in this report.

3. Report of 2014 Congress

Congress formally received and adopted the report of the meeting held on 16 to 19 June 2014.

4. Resolutions and matters for discussion

Resolutions (R) and matters for discussion (MFD) are listed in the order in which they were discussed, as are the emergency items (E).

1. Covert Filming (R)

That this meeting of RCN Congress urges Council to oppose the use of covert video and audio surveillance and recording in nursing and residential homes.

Electronic vote:

For	299	79.52%	Passed
Against	77	20.48%	
Abstain	21		

2. Child Health Inequalities (R)

This item was amended by Congress as follows:

That this meeting of RCN Congress calls on Council to lobby all UK governments to invest in our young people and end child health inequalities.

Electronic vote:

For	414	99.52%	Passed
Against	2	0.48%	
Abstain	3		

3. Non-emergency

Ambulances (MFD)

That this meeting of RCN Congress urges Council to seek ways to educate staff in all health and social care settings about the effect of noise at night on patients and to promote nurse-led measures to reduce noise when patients are sleeping.

4. Lone Working (R)

This item was amended by Congress as follows:

That this meeting of RCN Congress asks Council to take action against organisations failing to provide sufficiently robust lone working systems to protect all staff.

Electronic vote:

For	427	98.84%	Passed
Against	5	1.16%	
Abstain	2		

5. Non EU Nurses (R)

This item was amended by Congress as follows:

That this meeting of RCN Congress calls on the UK Government to withdraw plans for the enforced removal of non-EU nurses if their salary after five years is less than £35,000

Electronic vote:

For	480	99.17%	Passed
Against	4	0.83%	
Abstain	6		

24E. Emergency resolution – Mental Health crisis (R)

That this meeting of RCN Congress lobbies to hold commissioning bodies to account for commissioning robust crisis care for those in mental health crisis.

Electronic vote:

For	507	99.8%	Passed
Against	1	0.20%	
Abstain	3		

6. Workforce Planning (R)

That this meeting of RCN Congress calls on governments within the UK to change their lackadaisical approach to nursing workforce planning.

Electronic vote:

For	483	98.57%	Passed
Against	7	1.43%	
Abstain	6		

7. LGBT Mental Health (R)

That this meeting of RCN Congress lobbies for improved mental health services for LGBT patients.

Electronic vote:

For	422	94.83%	Passed
Against	23	5.17%	
Abstain	16		

8. A&E Crisis (R)

That this meeting of RCN Congress requests Council to put pressure on the governments within the UK to address the crisis in the A&E service.

Electronic vote:

For	391	99.49%	Passed
Against	2	0.51%	
Abstain	3		

9. Custody Nursing (R)

That this meeting of RCN Congress urges Council to lobby governments within the UK to enhance the role of nurses providing services to people in custody in police stations and courts.

Representative vote of all those in the hall. Vote passed by show of hands with 1 against.

19. Four branches of nursing (MFD)

That this meeting of RCN Congress discussed whether the four 'branches' of nursing lead to nurses working in silos, or meet the needs of vulnerable patients?

10. Cost of Nursing (R)

This item was amended by Congress as follows:

That this meeting of Congress asks Council to lobby employers to assist relieving the financial burden on nursing staff in light of sub-inflationary pay awards, including payment of professional fees.

Card Vote: For 537, Against 16, Abstention 4

Electronic vote:

For	467	97.29%	Passed
Against	12	2.72%	
Abstain	4		

25E. Emergency resolution – Safe Staffing (R)

That this meeting of RCN Congress deplores the decision to halt the current work by NICE on safe staffing and calls for the RCN Council to lobby for the reversal of this decision that puts patients' lives at risk.

Electronic vote:

For	360	99.45%	Passed
Against	2	0.55%	
Abstain	1		

11. Integrating Care

That this meeting of RCN Congress discusses whether policies for the integration of health and social care services introduced by successive governments within the UK are helping or compounding the current pressures in the health services.

12. Cost of Care

That this meeting of RCN Congress calls on Council to lobby governments within the UK to recognise the true cost of care, and make adjustments in the payments made to care home providers.

Vote by a show of hands - Motion carried: 2 Against, 1 Abstention.

Electronic vote:

For	436	99.54%	Passed
Against	2	0.46%	
Abstain	4		

13. Climate Change and Health

That this meeting of RCN Congress urges Council to lobby governments within the UK to take all actions to prepare the UK health services for the effects of long term climate change.

Vote by a show of hands - Motion carried: 16
Against, 6 Abstentions.

Electronic vote:

For	448	93.53%	Passed
Against	31	6.47%	
Abstain	3		

14. RCN Local Branches (MFD)

That this meeting of RCN Congress discusses whether there is still a need to maintain a local branch based structure in the RCN.

15. Health and Music (MFD)

That this meeting of RCN Congress discusses the health benefits of music.

16. Strike Action (MFD)

Should nurses in the RCN strike to protect not only ourselves but our patients and the services that they rely on?

17. Carer's Champions (R)

That this meeting of RCN Congress urges Council to lobby for the establishment of an appropriately resourced carers champion in each GP practice and community health centre.

Vote by a show of hands - Motion carried: 72
Against, 19 Abstentions.

Electronic vote:

For	336	82.35%	Passed
Against	72	17.65%	
Abstain	21		

18. EU and Nursing (MFD)

That this meeting of RCN Congress discusses the impact of membership of the European Union on nursing and health care provision in the UK.

26E. Emergency resolution – UK Stewards Committee (R)

That this meeting of RCN Congress urges Council to oppose the proposed legislative changes outlined in the Queens Speech to inhibit and prevent trade union members from exercising their democratic right to take industrial action

Card Vote: For 485, Against 14, Abstention 10.

Electronic vote:

For	404	97.12%	Passed
Against	12	2.88%	
Abstain	7		

20. Unsocial Hours Payments(R)

This item was amended by Congress as follows:

That this meeting of RCN Congress should urge Council to challenge any proposal by the UK Government to scrap or undermine unsocial hours payments.

Electronic vote:

For	476	99.5%	Passed
Against	2	0.42%	
Abstain	2		

27E. Emergency item – Student recruitment (MFD)

That this meeting of RCN Congress believes that if this government is to reduce agency expenditure they must consider how they will attract and retain student nurses.

21. Shortfall in NHS funding (R)

That this meeting of RCN Congress believes that if this government is to reduce agency expenditure they must consider how they will attract and retain student nurses.

22. Using Data for Health (MFD)

That this meeting of RCN Congress discusses whether nurses have the willingness and ability to harness the power of data to ensure patient and population health needs are met.

23. Stress at Work (R)

That this meeting of RCN Congress calls on Council to ensure employers take measures to reduce work-related stress by adhering to HSE guidance.

Card Vote: For 443, Against 1, Abstention 1

Electronic vote:

For	408	99.27	Passed
Against	3	0.73	
Abstain	1		

5. Report of Council

The Chair of Council presented the report of Council on action arising from 2014 Congress. He reported the 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. 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 Saturday 18 June - Wednesday 22 June 2016 at the Scottish Exhibition and Conference Centre (SECC) in Glasgow.

1

Covert filming

Submitted by RCN Suffolk Branch

That this meeting of RCN Congress urges Council to oppose the use of covert video and audio surveillance and recording in nursing and residential homes (Resolution)

Proposer/submitter: Tracey Risebrow

Council member lead/Council committee: Sue Warner, NPPC

The RCN Ethics Committee has taken the lead on this resolution.

Whether to use surveillance is a decision for care providers to make in consultation with the people who use their services, and with families, carers, trade unions and staff. Surveillance in care services must be lawful, fair and proportionate, and it must be used for purposes that support the delivery of safe, effective, compassionate and high-quality care.

The RCN Ethics Committee will be hosting a seminar on 15 July 2016 with the West Midlands Board and the Health Practitioners Committee. It will be run with the Institute on Aging and the National Council for Women and there will be speakers from the nursing profession and from nursing and care homes, as well as contributions from the perspective of patients and their families.

The Care Quality Commission guidance sets out some of the key issues care providers need to take into account to help ensure decisions about the potential use of surveillance are informed, appropriate and lawful. It also describes some of the alternative steps providers can consider before deciding to use surveillance and signposts relevant legislation. The seminar will address all of these issues and the outcomes of this seminar will be written up into a paper to inform the RCN's position on this controversial issue.

Child health inequalities

Submitted by RCN Children and Young People's Specialist Care Forum

Following the debate at Congress 2015, a project group was assembled, consisting of the following staff:

- Peta Clark, RCN Northern Region
- Lorna Greene, RCN Nursing Department (Nursing Team)
- Rachel Hollis, Chair of the RCN Children and Young People's Specialist Care Forum
- John Knappe, RCN Northern Ireland
- Rachael Labourne, RCN Wales
- Helen Malo, RCN Scotland
- Stephanie McMeeken, RCN Parliamentary Team
- Rod Thomson, RCN Deputy President
- Kate Vine, RCN Media Team
- Mandy Watson, RCN Nursing Department (Standards, Knowledge and Innovation Team)

A teleconference was held on 2 October 2015 and it was agreed to form a coalition with other key stakeholders to influence and raise awareness of the issues above;

That this meeting of RCN Congress calls on Council to lobby all UK governments to invest in our young people and end child health inequalities (Resolution)

Proposer/submitter: Rachel Hollis

Council member lead/Council committee: Rod Thomson, NPPC

lobby key ministers/government departments; and to produce a short briefing paper about these issues. Two further teleconferences have taken place – on 29 October 2015 and 11 January 2016. It was agreed that the focus of activity should reflect a review of key messages, priorities from across the UK, and perspectives of an International/European level. In summary, it was agreed to focus on the following aspects in recognition that young people are the future parents of tomorrow.

- The school-aged children and adolescents reflecting issues and mortality statistics across the UK and internationally. To include potential postcode lottery in terms of comparisons between the four countries and differences across countries i.e. regions/areas/urban/rural.
- Access to specific services and facilities, in particular Child and Adolescent Mental Health Services (CAMHS); children and young

people's (CYP) mental health is the top issue for the four children's commissioners across the UK.

- Access to a workforce with the right knowledge and skills to meet children and young people's needs – such as school nurses, CYP mental health nurses and children's nurses in primary and community care. Evidence across a range of conditions suggests a failure to recognise symptoms and intervene early, for example, childhood cancers.
- The need for cross-departmental national strategies for child health services across all four countries of the UK.

Activities completed:

- Messages in respect of child health inequalities have been included in relevant policy consultations and via social media on Universal Children's Day International on the 20 November 2015.
- Key statistics across the four countries/international comparisons and key reports have been gathered to inform the work plan.
- Lists compiled of potential ministers/government departments across the four countries that we may wish to write to.
- Lists compiled of groups/organisations/associations and stakeholders across the four countries.

Work underway includes:

- Preparation of a draft briefing on the above issues for members which will include international, European, UK, England, NI, Scotland, and Wales perspectives.
- Submission of fringe event proposal for RCN Congress 2016 in Glasgow.
- Preparation of draft media/communications strategy encompassing RCN Congress activity around National Children's Day (15 May 2016) and International Children's Day (1 June 2016). Letters to ministers/government departments

and engagement of stakeholders in highlighting key messages.

A further teleconference has been arranged for 8 March 2016 to review progress against agreed plan of action.

In addition to the above, RCN Wales has specifically highlighted the need to increase numbers of childrens' nurses working in the community as part of its Time To Care campaign. Tackling increasing health inequalities is high on the Welsh political agenda (Healthy Future 2009-2020, 2011) and The National Service Framework (NSF) for Children, Young People and Maternity Services sets out the quality of services that children, young people and their families have a right to expect and receive in Wales. Its scope includes all children and young people from pre-conception to 18th birthday, for whom NHS Wales and local social services authorities have a responsibility.

The RCN in Scotland has continued its lobbying to ensure the health visitor workforce has the capacity and resources required to deliver the Named Person role under the Children and Young People (Scotland) Act. In particular RCN Scotland is influencing the wording of the statutory guidance to try to ensure that NHS boards cannot use long-term and unresolved workforce

gaps as an ongoing rationale not to appoint a health visitor as the Named Person for under fives.



3

Non-emergency ambulances

Submitted by RCN Suffolk branch

This matter for discussion saw a debate on the provisions on non-emergency ambulance transport for patients to clinic appointments in hospitals and in the community.

The eligibility criteria for non-emergency transport date back to 2007. While these have not changed, members said that transport booking eligibility enforcement has been tightened up in recent years, and Congress was informed that this potentially has an impact on the elderly and those in rural areas. Where public transport is poor and where patients have to book non-emergency transport themselves via call centres, Health Watch and Age UK are concerned that the vulnerable will be unable to access health care. The Suffolk branch raised a specific concern regarding the operating model of the transport booking call centres, which rigorously question patients trying to making a transport booking.

That this meeting of RCN Congress discusses the provision of non-emergency ambulance services to NHS hospital and community clinic appointments (Matter for Discussion)

Proposer/submitter: Tracey Risebrow

Council member lead/Council committee: Lors Allford, NPPC

The Humber branch paid tribute to ambulance service staff; however, it was highlighted that some patients have complex needs that are not being adequately catered to. Examples were given of patients with sensory problems and those suffering from dementia. The member explained the importance of these patients arriving at their appointments to receive the care they need. While the expense of transport services was acknowledged, members were asked to ensure the human cost takes priority over the economic. The next speaker gave an example of the particular needs of those experiencing a mental health crisis. Examples were also given of geographical areas such as the Forth Valley, where patients with cancer diagnoses are facing journeys on two or more buses to reach their appointments.

The counter points focused on that fact that we should also aim to move diagnostics and decision making closer to patients, instead of moving patient

themselves. The proposer accepted this is an aspiration but reasserted that while these journeys are required they need to be supported.

In the RCN Northern region, St John Ambulance is contracted to provide additional support services to the North East Ambulance Service (NEAS). However, having consulted with hospitals that also use their own in-house providers, it has been found that trusts in the North East make use of a variety of providers depending on the individual needs of the patient. In particular, a small number of local taxi firms are also contracted directly to the trusts to provide additional services to patients who are unable to make use of public transport alternatives, and who do not have the financial means or family support to attend appointments.

In Wales, the RCN supports the recommendation of separating non-emergency patient transport from emergency

ambulance provision. However, there appears to be no appetite from the health boards to take on the provision of non-emergency transport. The Welsh Ambulance Services NHS Trust is currently working up a business case to retain the Non-Emergency Patient Transport Services; however, this service would be disaggregated from EMS Operations and have robust and separate line management and leadership. It would be helpful to all in the NHS to have a clear policy statement from the Welsh Government on its intentions for this service.

Lone working

Submitted by UK Safety
Reps Committee

That this meeting of RCN Congress asks Council to take action against organisations failing to provide sufficiently robust lone working systems to protect all staff (Resolution)

Proposer/submitter: Neil Thompson

Council member lead/Council committee: Chris Thomas, MRC

A discussion took place at the UK Safety Representatives' committee meeting on 28 September 2015 to discuss the most appropriate means to progress this work. The RCN staff lead will develop a work programme, with time frames, and engage with other colleagues to implement the following actions as agreed by the group:

- to develop the RCN's guidance for safety representatives and members on lone working, including the definition of a robust risk assessment, what to expect from employers (including legal duties), case studies and 'myth busting' around issues such as tracking. We aim to work with the Suzy Lamplugh Trust to get endorsement of this publication
- to continue to work closely with NHS Protect England to influence its policy and practice in relation to protecting lone workers and to support them in getting key messages out to the frontline (including participation

in a newly established lone working steering group and influencing the development of e-learning resource for senior managers on their responsibilities to protect lone workers)

- to update NHS Staff Council's Health Safety and Wellbeing Partnership Group's guidance for employers and employees on lone working
- to explore ways to influence better uptake of lone worker devices and systems across all parts of the UK (including NHS and independent sector)
- to participate in the Institution of Occupational Health and Safety and University of East Anglia research on leadership/line management behaviours for remote workers – Out of sight, out of mind? – and promote the use of tools/resources which evolve from research findings to explore the possibility of qualitative research on members' perceptions of the risks of lone working

- to work with the RCN Communications team and use events such as national patient safety day to disseminate key messages around lone worker safety.

Following the meeting in September, a draft outline of the contents of guidance on lone working was presented to the UK safety representatives committee for approval in January and plans are in place to launch final guidance to coincide with National Personal Safety Day in October. The guidance will include sections for members, nurses who are line managers and RCN safety representatives. Funding is being explored for a member 'checklist' card.

The staff lead has nominated a member of the UK safety representatives committee for a national personal safety award (organised by the Suzy Lamplugh Trust) to raise the profile and importance of her work as an RCN representative in protecting lone working

members. Finalists will be announced in early March.

A further meeting has taken place with NHS Protect to look at lone working issues in the NHS and to explore the definition of lone working to include those who work alone in healthcare buildings (not just those in community settings). The RCN has already suggested content for an NHS Protect e-learning resource on lone working for senior managers.

An update of the NHS Staff Council's Partnership guidance on lone working has been agreed and is planned for completion in the next quarter. The guidance will be re-launched and the RCN will work with the NHS Employers communications team to get maximum coverage, for example, through the use of a blog. The publicity will stress employers' duty of care to protect lone workers.

RCN Officers in the South West are working with employers specifically around the safety of community nurses and nurses working in isolation.

Within Wales, lone worker policies were located for all six health boards. Each of these six documents were noted to be past their review dates. All six of the health boards recommend the use of a personal alarm system/device.

The last report found from Welsh Government was dated 2009 Audit Office. The report's key points related to the concern regarding under reporting. In response a pilot scheme within Cardiff and Vale, using a 'Simplified Form' was used. There was no follow up report found with regards to the outcome of the pilot scheme, on the internet or within Welsh Audit Office Publications.

A discussion has taken place with the Council lead and employment relations lead in Northern Ireland around particular issues for lone workers in NI. It is suggested that country level work can be planned using the generic guidance/standards produced by the RCN.

Meetings have also taken place with the researchers from the University of East Anglia (UEA) to look at tailoring their research to the RCN so we can get feedback relevant to the nursing workforce.

Non-EU nurses

Submitted by RCN South Birmingham Branch

The Congress media story highlighting this issue received widespread coverage. Following Congress, plans were made to raise public awareness and follow this up with targeted lobbying to maximise pressure on the Home Secretary to change the rules, or have nursing added to the Shortage Occupation List (SOL). There was a commitment to maintaining media pressure and momentum on the issue, and following Congress the RCN carried out a range of national and regional activities:

- A letter was sent to the Home Secretary and chairs of the Home Affairs and Public Accounts Committees seeking meetings.
- In June, Kevin Stewart MSP submitted a motion in the Scottish Parliament against the 'ludicrous' proposals.
- Dr Peter Carter held meetings with Health Secretary Jeremy Hunt and Nick Seddon, head of the Number 10 Policy Unit.
- In Scotland, Dr Peter Carter raised the issue with Alex Salmond and Theresa Fyfe sent a letter to the Chair of the Scottish Executive Nurse Directors (SEND), asking her if she would co-ordinate a letter to all Scottish MPs from all nurse directors in Scotland.
- Letters were sent to all MPs to raise awareness.
- All regional directors wrote to directors of nursing to highlight the RCN's concerns.
- The RCN worked with NHS Employers and other NHS and social care organisations, as a signatory to a joint letter to the Migration Advisory Committee (MAC).
- In August 2015 the Executive Nurse Network sent a letter to The Times expressing concern regarding the changes to the immigration rules.
- Regional news stories were launched, and a letter from Council members was sent to local newspapers.
- There was extensive lobbying of MPs and MSPs at party conferences in autumn 2015.
- Regional freedom of information requests were made, seeking information about the impact of the policy in each area.

On 15 October 2015, the Home Office announced that nursing had been placed on the SOL. This outcome was credited to the extensive work undertaken by the RCN in raising awareness of the impact of the changes to the immigration rules. It meant that nurses from non-EEA countries who entered the UK after 6 April 2011 no longer needed to meet the income threshold of £35,000 to remain in the UK permanently. The Home Office indicated that this move was temporary, and work therefore continued.

Following the announcement in October, the RCN carried out an extensive range of follow-up work with the Westminster Parliament and with the MAC:

- The RCN gave written and oral evidence to the Home Affairs Select Committee in autumn 2015.
- The Parliamentary team was extremely busy arranging mentions in the House of Commons on the issue, and parliamentary questions were raised by a number of MPs. A meeting was also held with the Chief Executive of NHS Employers.
- The MAC issued two consultations relating to the general Tier 2 visa system, which the RCN responded to and continued to flag up in terms of both recruitment and retention issues.
- In December 2015 the RCN submitted its response to a MAC consultation on nursing and its position on the SOL. As part of the evidence, the RCN sent a freedom of information request to the MAC for figures on which trusts had requested and received Certificates of Sponsorship for overseas nurses. The MAC's decision was still awaited when this publication went to print.
- There has been ongoing widespread media coverage of this issue.
- As part of the ongoing work to lobby the Government, the RCN has contributed to a parliamentary debate

on the income threshold for non-EU citizens settling in the UK and briefed a number of key MPs on the issue.

Extensive work has been undertaken by the RCN in the South West to highlight issues in the media and to members as well as local MPs.

The Northern region has been working with local trust employers that have been affected by the issue, including North Cumbria University Hospitals NHS Trust. Joint lobbying with stakeholders has secured significant media coverage of the issue. The region has also used data gleaned from freedom of request responses to quantify the scale of the problem, and members have been encouraged to take part in a letter-writing campaign targeted at local MPs.

North West and Yorkshire & The Humber Council members wrote to local newspapers to draw attention to the RCN's concerns about the impact of changes to the immigration rules for non-EU nurses and their potential impact on the nursing workforce across the region. These received good coverage and helped with raising the profile of the issue regionally.

The London region completed a survey of all NHS employers to identify the

progress against the Registered Nurse vacancy report from 2014. In 2014 the vacancy rate stood at 14% across London, and the situation deteriorated in 2015 to 17%. A high media profile was achieved following this report, and this linked into lobbying activities for nursing to remain on the SOL.

The GLA has also been lobbied to support the RCN's position regarding the SOL. NHS Employers has completed a piece of work in partnership with RCN London, which reinforces the importance of supporting nursing to remain on the SOL.

On 24th March the report of the Migration Advisory Committee (MAC) concluded that nursing should remain on the shortage occupation list. The Government has indicated that it will support the MAC's recommendations. Nurses will also be exempt from the increase in the salary threshold for Tier 2 visas (from £20,800 to £30,000) until July 2019.

The RCN press release in response to the MAC's report can be found at: <https://www.rcn.org.uk/news-and-events/news/nursing-set-to-remain-on-shortage-occupation-list-1>

Workforce planning

Submitted by UK Stewards Committee

The RCN responded to the Migration Advisory Committee's consultation on the review of Tier 2 visas. Among other points made, the RCN stated that there is a critical nurse shortage in the UK and that adult nursing should be added to the Shortage Occupations List (SOL). RCN campaigning on this issue led to an announcement by the Westminster Government on 15 October of last year that nursing will be placed temporarily on the SOL. Responding to the announcement, Janet Davies claimed, 'this reversal is a real victory for nurses, the health service and, most of all, patients.'

The RCN Labour Market Review 2015 was produced and shows recent trends in the nursing labour market supply, including registration of overseas nurses and student commissions and data on age composition and average earnings. It provides useful background to inform RCN campaigning and wider work on nursing workforce planning.

That this meeting of RCN Congress calls on governments within the UK to change their lackadaisical approach to nursing workforce planning (Resolution)

Proposer/submitter: Michael Smith

Council member lead/Council committee: Rachel Greaves (until 31 December 2015) and Maria Nicholson (since 1 January 2016), NPPC & Gordon Lees, MRC

Staff Side and RCN evidence to the Pay Review Body for pay round 2016/17 draw attention to problems with workforce planning and call for an overarching workforce strategy for the NHS to tackle issues related to workforce supply, pay, terms and conditions and learning and development.

The key issues raised – including over-reliance on agency staffing, cuts to student commissions, falling pay and deteriorating working conditions – formed a central part of the RCN's pay campaign, coordinated by the Council Pay Sub-Committee.

The NHSPRB's 29th report echoed our concerns about the lack of long-term workforce planning for the NHS and stated that: 'It seems to us that there is still a need for an overarching grip on workforce planning, and clarity about what is being done nationally and locally.'

RCN South West has officers on both the Swindon CCG workforce strategy group and Wessex workforce planning group, and Regional Director Jeannett Martin is a member of NHS England's workforce planning group.

Senior officers and RCN reps in the Eastern Region have been actively involved in challenging trusts where concerns have been raised over workforce issues. Following low take-up after an international recruitment drive at Addenbrooke's, the local rep helped enforce escalation policies to protect designated specialties in terms of beds released for general medical patients who make up the bulk of winter emergency admissions.

At James Paget, the senior officer also took part in discussions about high levels of nursing vacancies, as did other officers across all patches.

In September 2015, RCN Scotland Director Theresa Fyffe responded to the Government's Information Services Division workforce figures, saying that, 'According to these latest workforce figures, the number of nursing and midwifery staff in the NHS continues to rise. On the face of it, this is good news, but we know that the demands on our health services are outstripping this latest increase ... the latest NHS staff survey shows that only a quarter of nurses and midwives (25 per cent) think there are enough staff to do their job properly. We know that quality of care is inextricably linked to having the right number of suitably skilled nursing staff in the right place at the right time, so having appropriately trained and experienced staff must be a priority for all health boards. Yet the figures published today show that vacancy rates have been increasing since 2011.'

In the November 2015 Spending Review and Autumn Statement, the Chancellor announced a transformation of the funding system for health care students in England by replacing grants with student loans and abolishing the cap on the number of student places for nursing, midwifery and allied health subjects. The changes will affect students starting their courses from 1 August 2017. The Government believes that this reform will enable universities

to provide up to 10,000 additional nursing and other health professional training places this Parliament. It also argues that the move to loans will give health students access to 25 per cent more financial support, which would ultimately ensure that there are enough nurses for the NHS.

The Government has claimed that this change aims to increase the size of the nursing workforce and have committed to self-sufficiency regarding the future supply of the nursing workforce. The RCN has stated that the proposals will compromise the Government's ability to plan and deliver the health care workforce of the future, and represents a significant shift to a free market approach away from a planned one. In addition to ensuring the right numbers of nursing staff, undermining national planning will also weaken the ability to grow the workforce that is required to deliver new services, such as those being developed under the Five Year Forward View and achieve parity of esteem between physical and mental health services.

The RCN has made clear that this policy change represents a very significant risk to patient care and the provision of comprehensive health services. The RCN has called for any change to be fully assessed, thoroughly tested and systematically evaluated prior to implementation.

In December 2015, commenting on figures released by the Scottish Government's Information Services Division (ISD), RCN Scotland Associate Director, Ellen Hudson, said, 'Despite an increase of over 500 nursing and midwifery staff since this time last year, the vacancy rate in NHS Scotland also continues to rise and is now almost four per cent ... These figures are deeply worrying. We know that the Government is trying to address the shortage of nurses and repeatedly says that there are more nursing staff working in NHS Scotland today, but we still have a large gap between the number of nursing staff health boards need to meet the rising demands on our health service and the nurses available to fill these posts. This situation is not sustainable and puts even more pressure on existing staff who are working flat out on our wards and out in the community, without enough staff and feeling unable to provide the care they would like to. The last NHS staff survey showed that only a quarter of nursing and midwifery staff feel that there are enough staff to do their job properly.'

Ellen added, 'We need to take a long, hard look now at how our health services are delivered, if they are to be sustainable into the future. We have an ageing nursing workforce, ... but what the Government can do is make sure

Workforce planning cont'd.

that health boards have the resources to invest in their nursing staff, while at the same time implementing changes to the way services are delivered for the future.'

Health Education England launched a consultation in January 2016 on the introduction of a new nursing support role. The role is aimed at bridging the gap between health care assistants and graduate registered nurses. The consultation seeks views on a range of issues including the title of the new role, whether it should be regulated, and what sort of training or qualifications will be required.

A report by the National Audit Office, *Managing the supply of NHS clinical staff in England*, published in February 2016 called on the Department of Health, Health Education England and NHS Improvement to provide greater national leadership to help trusts address shortfalls. It states that in 2014 there was a staffing shortfall of nearly six per cent or 50,000 clinical staff in England.

RCN Wales has successfully campaigned for a new law, the *Nurse Staffing Levels (Wales) Bill* (currently waiting for Royal Assent). This Bill enshrines sustainable workforce planning in law including a specific reference to taking account of the needs of the independent sector. Workforce planning is part of this Bill.

7

LGBT mental health

Submitted by UK Stewards
Committee

Following the debate at Congress 2015, the RCN staff lead, the RCN Professional Lead for Mental Health, and the proposer agreed to organise a round-table discussion to explore the key issues of LGBT mental health that are currently unmet by providers. This discussion has been scheduled for Thursday 24 March 2016 and the RCN is working to ensure that the appropriate stakeholders are identified and invited. The RCN's staff lead will be meeting with the RCN's parliamentary team to discuss the merits of lobbying on this issue.

Following the round table discussion we will:

- create a Twitter chat around LGBT health
- hold a webinar/study event highlighting key issues
- create resources for members to download to increase their understanding in this area.

That this meeting of RCN Congress lobbies for improved mental health services for LGBT patient (Resolution)

Proposer/submitter: Stewart Attridge

Council member lead/Council committee: Carol Evans, NPPC

The RCN also sits on NHS England's Gender Identity Symposium which aims to improve services for trans patients. The next meeting of the symposium is scheduled for March 2016 and the RCN will be asking how NHS England intends to respond to a recent Women and Equalities select committee report on transgender equality. The report examines the experience of trans patients within its scope and made a number of recommendations for the health sector. The RCN staff lead has also pressed for discussion of the report and implementation of its recommendations at the NHS Equality and Diversity Council (EDC). A working group has been set up by the EDC to look at issues raised in the Unhealthy Attitudes research carried out by Stonewall. The RCN staff lead will ensure that RCN staff with expertise in this area will work with those who sit on the working group.

In the meantime, the RCN East Midlands region have agreed to deliver

training on caring for transgender people to staff at Nottinghamshire Healthcare NHS Foundation Trust. Joint working is also being undertaken with Nottinghamshire Police on transgender awareness and care.

RCN Scotland responded to the Community Mental Health Data consultation, recommending that the dataset be amended to include sexuality in demographic data, in order to ensure mental health services better identify and meet the needs of lesbian, gay and bisexual and transgender people.

In Wales, although Together for Mental Health – A Strategy for Mental Health and Wellbeing in Wales does not specifically mention the LGBT community, the Welsh Talk To Me 2 strategy for the prevention of suicide and self-harm does mention LGBT as a particular group in risk. RCN Wales will continue to influence on this point to enable the needs of the community are met.

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Available online at:
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Accessed 25 February 2016.

Targets and pressure

Submitted by RCN East Dorset Branch

RCN members working in emergency departments (EDs) throughout the UK are under severe pressure, and are unable to nurse as they would aspire to. National RCN teams partnered with the RCN's Emergency Care Association to hold emergency summits in each of the four countries and we continue to play a key role in resolving the current crisis nationally, contributing for nursing to national reviews of urgent and emergency care, unscheduled care work streams and reconfiguration processes.

In addition, the RCN is contributing to a workshop run by the Royal College of Emergency Medicine and the Cabinet Secretary for Health and Wellbeing on eliminating crowding in emergency departments, and to a workshop by the Royal College of Physicians of Edinburgh on providing high-quality care out of hours (OOH) and at weekends for acutely unwell patients. Collaborating with the Royal College of Emergency Medicine for a consensus event this May will assist

That this meeting of RCN Congress requests Council to put pressure on the governments within the UK to address the crisis in the A&E service (Resolution)

Proposer/submitter: Kathy Moore

Council member lead/Council committee: Lora Allford, NPPC

members to respond to the current challenges facing Emergency Care, looking at multi-professional sustainable workforce planning in re-shaping the future of Emergency Care services.

RCN Eastern region has been involved in discussions at Norfolk and Norwich University Hospital NHS Trust to review triaging minor injuries cases in A&E after the trust had proposed using two rooms which were not designed as clinical areas. The RCN had identified some health and safety risks in terms of the ability to summon help and manage untoward occurrences in these areas and the trust committed to a health and safety assessment and to work with the RCN to agree measures to reduce/eliminate risk.

The RCN North West and Yorkshire and The Humber regions regularly monitor A&E services and senior officers feed back into the wider organisation whilst also raising the issue as part of its

regular engagement with directors of nursing and senior NHS staff.

The RCN South West office have been working with the region's media to highlight the A&E crisis.

Since Congress 2015, RCN Scotland has been involved in the following.

- Lobbying to secure a national Lead Nurse post for the Whole Systems Patient Flow Improvement Programme. This post will sit in the Chief Nursing Officer's team and will be supported by the RCN.
- Reviewing primary care OOH services, including co-chairing the models of care sub-group. A sustainable OOH service will have a key role in reducing unnecessary A&E attendances. Key messages the RCN has pushed the Scottish Government for include:
 - the need for multi-disciplinary teams, with practitioners working

- access to senior clinical decision-makers and the opportunities to build the advanced nurse practitioner workforce.
- Surveying the emergency nurse practitioner workforce across Scotland.
- Promoting the need for associated nurse practitioners (ANPs) to support delivery of a sustainable health and care service and on 10 February the First Minister announced that £3million would be available to train an additional 500 ANPs across Scotland.
- Participating in a roundtable Chatham event with the Academy of Medical Royal Colleges and faculties in Scotland to review their report Learning from Serious Failures in Care – looking at the contribution of nursing to effective team working in acute care settings and the need to take a whole system approach.
- Hosting an event in February 2016 on behalf of Scottish Government alongside technical partners – the Institute of Healthcare Optimisation in Boston to share progress and information about the progress of the Patient Flow Improvement programme. This particular event showcased the contribution of nurses to unscheduled care along the patient's journey in acute care from A&E through to discharge.



Custody nursing

Submitted by RCN Devon Branch

That this meeting of RCN Congress urges Council to lobby governments within the UK to enhance the role of nurses providing services to people in custody in police stations and courts (Resolution)

Proposer/submitter: Tom Murray

Council member lead/Council committee: Carol Evans, NPPC

Following this RCN Congress debate, the RCN Criminal Justice (CJS) Forum worked with the proposer of this item to plan its next steps. The RCN professional lead established a contact database of all the UK custody nursing leads and arranged a meeting, which was held on 17 December 2015 at RCN HQ. This was a very successful event. Over 25 senior custody lead nurses accepted an invitation to meet, share good practice and gain support. All said they had received support from their employers to attend. The resolution passed at RCN Congress 2015 was discussed and Tom Murray – the proposer of the RCN resolution – presented the debate. Support from colleagues in the NHS England Health & Justice team was very welcome at the meeting, and they were able to offer updates on current work programmes. RCN CJS Forum committee members helped co-host the meeting and publicised the work of the Forum during 2015.

On the same day as this meeting, the Home Office announced that it would not be proceeding with the transfer of police custody health care to the wider NHS, as had previously been planned. Attendees responded very positively to this news and felt encouraged that much of the good work currently being undertaken will continue. Very good feedback was offered at the end of the day and a desire was expressed to host similar meetings in 2016 but with a wider group of custodial staff. Since the event there have been further opportunities to work with some of the independent sector providers, which has been welcomed. Resolution proposer Tom Murray was extremely positive about the meeting and its outcomes.

An associated joint fringe event (Scottish Board/Nursing in Criminal Justice Services Forum) took place following the Congress debate. At this event, Jess Davidson, member of the RCN CJS Forum committee, talked about

her role as a custody nurse in Scotland. Jess was funded by the RCN Foundation to promote her innovative work in Scottish custody nursing to a major conference in Canada in October 2015. She was also profiled in the Nursing at the Edge campaign, which was the topic of a meeting of the Cross-Party Group on Mental Health in the Scottish Parliament in December 2015.

In Wales, jobs are currently being advertised for prison nurses in a new ‘super-prison’ being built at Wrexham.





10

Cost of nursing

Submitted by RCN South
Birmingham Branch

Following consideration by RCN Council, this item was referred to the new RCN Council Pay Sub-Committee.

The debate centred on the principal requirement that nurses should be 'paid properly'. In the absence of proper pay – brought about by the impact of years of pay restraint and other financial pressures – NHS and independent sector employers should do what they can to ensure that nurses can afford to live and work.

We have had some success in ensuring that staff in Four Seasons Health Care, The Huntercombe Group and bright-erkind now receive pay for nursing handovers and for training. We will be pursuing these issues with other employers.

RCN and NHS staff side evidence to the Pay Review Body (PRB) for 2016/17 highlighted a number of the issues raised during the Congress debate

That this meeting of Congress asks Council to lobby employers to assist in relieving the financial burden on nursing staff in light of sub-inflationary pay awards including payment of professional fees (Resolution)

Proposer/submitter: Ed Freshwater

Council member lead/Council committee: Tracey Budding, MRC

and the financial impact on nurses: NMC fees; pension contribution rises; vetting and barring fees; reductions in tax credits; and the impact in 2016 of a rise in National Insurance contributions following the removal of tax relief on employee contributions on defined benefit pension schemes. The evidence also highlighted the need to ensure that all NHS pay rates are at Living Wage levels or above.

The key message from the debate was that nurses should be paid properly. This item has been progressed through current work on nurses' pay through the NHS Staff Council and through wider RCN campaigning on pay and terms and conditions. As a Living Wage employer the RCN will be pursuing, through its engagement with independent sector employers, the need for the Living Wage Foundation rate to be paid in the independent sector. In a time of continued pay restraint and an under-resourced service, employers

remain reluctant to support additional costs to their organisation. Further, employers are not looking at nurses' pay (and elements of pay) until the issue of the junior doctor dispute is resolved. Likewise, the RCN is not prepared to enter into discussions with employers until the outcome of these negotiations have become clear.

The RCN in Scotland continues to lobby on fair pay for all health staff. The RCN has led in persuading other trade unions in Scotland not to seek separate pay bargaining arrangements, as per RCN policy, and has been successful in getting other unions to commit to this. RCN Scotland is also lobbying the Scottish Government Health Department to continue to remit the PRB and has emphasised that it would like the Scottish Government Health Directorates to comment on the independence of the PRB in their remitting and response.

RCN Wales has launched Value Nurses - the third strand of its Time to Care 2016 campaign. As part of this, Value Nurses highlights to the Government the need for a fair pay deal for nurses, the impact of financial hardship on nurses and the positive ways for NHS Wales to assist in alleviating the situation.

Officers in the Eastern Region have also been involved in challenging moves at a number of trusts to introduce contracts which move away from Agenda for Change provisions, by seeking agreement from unions to a suggestion that staff be offered extra hours on their contracts at basic pay. This has, in part, been put forward as a way of addressing staff shortages.

Integrating care

Submitted by RCN East Kent Branch

That this meeting of RCN Congress discusses whether policies for the integration of health and social care services introduced by successive governments within the UK are helping or compounding the current pressures in the health services (Matter for Discussion)

Proposer/submitter: Linda Du Preez

Council member lead/Council committee: Roy Tomlinson (until 31 December 2016) and Vicky Brotherton (since 1 January 2016), NPPC

In its first meeting following Congress, the Nursing Policy and Practice Committee (NPPC) of RCN Council had a substantive debate on integration developments across the UK and identified a number of key issues, common across the countries which would benefit from further cross-border work. The RCN policy teams plan to produce a first joint briefing this year to help members implementing change to learn from the lessons of the different approaches emerging in the UK

RCN Wales is shaping the integrated health and social care agenda through a number of routes including as key stakeholders in the Welsh Government's (public sector) Workforce Partnership Council, through the provision of verbal and written evidence to the NHS Wales Workforce Review, regular exploration of this issue during individual meetings with Welsh politicians, and most recently through reference to the need to future proof nursing with regard to new ways of

meeting need within in the Royal College of Nursing Wales Education Strategy 2016, The Future of Nursing Education in Wales (the strategy is being launched 17 March 2016).

Health and social care has been integrated in Northern Ireland for over forty years. Integrated services are currently commissioned by a regional Health and Social Care Board and delivered by five integrated Health and Social Care Trusts. The key strategic driver for the development of the integrated service is the Transforming your Care reform and modernisation process. The RCN supports this initiative but has focused significant attention on the need to underpin it with appropriate resourcing and workforce planning, particularly in respect of the community nursing workforce. The RCN also consistently highlights examples of nursing innovation and excellence within the context of the integrated health and social care service and continues to influence for proven examples of good

practice to be commissioned regionally. As part of its campaign for the Northern Ireland Assembly elections in May, the RCN sought the commitment of political parties to ensure that cross-departmental public health priorities are clearly defined within the Northern Ireland Executive's Programme for Government for the next five years.

In England, 'The Five Year Forward View' heralded an explosion of activity in health and social care reform. The RCN has produced a briefing which describes the origins and provides analysis of two key aspects of that activity - NHS England's Vanguard programme and the Devo Manc initiative in North West England. It further considers the challenges they present, individually and at the wider system level, for both nursing and the nursing workforce. Specific briefings have also been produced for RCN representatives.

During summer 2015, the RCN conducted

two member surveys – one targeted at members working in integrated care pioneer sites and the second targeted at those working in the first of the Vanguard programmes in England. The survey results were developed into internal briefings and used to inform the RCN's position on integration. These surveys provide us with baseline data and we will look to repeat them on an annual basis.

The RCN has been working closely with NHS England to identify and develop the nursing contribution to these new care models. On 26 November the RCN co-facilitated a national event for nurses working in Vanguards to start progress on nursing leadership within the new models.

Nursing leadership is also key to the RCN's response to integration reforms in Scotland, which will be fully implemented by April 2016. In summer 2015, we completed our first Scottish Government grant-funded project to support nurse leaders through the early transition. More than 140 individual nurse leaders attended seminar days and a major interprofessional conference, covering topics such as clinical governance, scrutiny and integrated workforce planning. Evaluation of the events has been very positive and building on this success, the RCN in Scotland has run a day with Social Work Scotland to bring together frontline managers in nursing

and social work and support them to build integrated teams.

Now, having successfully lobbied for a nurse to be appointed to every integration authority, from March 2016, RCN Scotland will begin a new programme to support these nurses, who will have significant new commissioning responsibilities. We have also responded to member concerns by producing, in consultation, a practical 'Guide to Integrated Care and Clinical Governance'.

RCN Scotland campaigned to ensure quality care and nursing expertise will be embedded in the new arrangements and significant amounts of our work will now be on monitoring and analysing how well the intentions of the legislation are being enacted locally. We are also having to assess the consequences for nursing and integration of a large number of other strategic changes: for example, the implementation of the primary care out of hours review, the development of a new GP contract, the Scottish clinical strategy and the reviews of district nursing and advanced nursing practice. While we all continue to aspire to the principles of integration, the pace of change and disparate reforms underway at a time of austerity are putting members in Scotland under significant pressure. We are raising this issue through our seat on the new national Health and Social

Care Partners Group, set up to advise the Scottish Government on national developments

Implementation is moving apace in England too. The North West region has closely monitored the development and implementation of devolution plans for Manchester and other parts of the region with the regional director representing the RCN in a number of forums. An England devolution and integration project lead has been appointed to develop and share knowledge and experience to enable the RCN to respond to the devolution and integration agenda. The RCN has been represented by the regional director at a wide range of events to discuss devolution issues including a roundtable event chaired by Sir Alex Burt during the Conservative party conference and has also provided an early commentary on the potential impact of devolution on nursing and nurses for members across Manchester and the region. At a national level in England, the RCN has been invited to sit on the English Integrated Personal Commissioning Care Model Working Group

In Wales, implementation is focusing strongly on the need for robust evaluation of new service models focused on promoting independence and wellbeing among older people. A new Integrated Care Evaluation Framework was set

Integrating care cont'd.

out in June 2015, which raised a number of concerns about the analytical capacity for evaluation within organisation and about whether data was being used effectively and to support measurement of personal outcomes. RCN Wales continues to engage with all political parties on these, and all, issues relating to integration in the run up to the Welsh Assembly election in May 2016.

Beyond UK borders, the RCN has been following the development of numerous international care models. One which has generated significant interest – both in the UK and internationally – is the Buurtzorg Nederland model. The RCN developed a briefing on this model in 2014 which was updated in 2015. Last November, staff from RCN Scotland joined a Scottish Government fact-finding visit to the Netherlands to explore the model. There is significant interest now in piloting the model in the context of integrated care in Scotland, alongside numerous pilots in England which are at varying stages of development.

12

Cost of care

Submitted by RCN Older People's Forum

The RCN remains a key player in the DH taskforce regarding nursing in social care. This group is exploring issues from the availability of data to the dissemination of best practice, and is now actively looking at pieces of work to improve the status of the sector including Teaching Care Homes, HCA drug administration guidelines, research, and sharing good practice

The RCN has publically called for more money to be put into social care through our submission to the Comprehensive Spending Review.

Work has been taking place across ERD, Policy and Parliamentary to call for funding to be available to cover the new National Living Wage. In addition to developing a briefing outlining the challenge this will present to the social care sector, we have also been involved in roundtable events and have worked with the GMB and large employers.

ERD has been working to ensure legal rights and working conditions through recent pay claims and has taken legal claims for unpaid time where necessary. We have been negotiating with employers to improve pay and employment terms, resulting in a minimum 1% achieved this year plus some other small improvements.

We have successfully lobbied to overturn the Migration Advisory Committee's (MAC) decision and Nurses have been temporarily added to Shortage Occupation list. This was a significant challenge for the social care sector which struggles to recruit and retain Registered Nurses.

The RCN has worked to raise standards through introduction of specialist development programmes, training and clinical supervision including the RCN SPACE programme, RCN consultancy services, and the RCN Foundation's support for research.

That this meeting of RCN Congress calls on Council to lobby governments within the UK to recognise the true cost of care, and make adjustments in the payments made to care home providers (Resolution)

Proposer/submitter: Iain McGregor

Council member lead/Council committee: Roy Tomlinson (until 31 December 2015) and Maria Nicholson (since 1 January 2016), NPPC

A cross-directorate RCN taskforce has been formed to examine the issues facing the care home sector. The group will seek to articulate a clear nursing perspective – and nursing solutions – for this sector.

We have highlighted concerns about inadequacy of social care funding and its corresponding impact of the cost of care, particularly for vulnerable older people, as part of our submission to the Health Select Committee inquiry on into the implications of the Comprehensive Spending Review.

As part of the RCN submission to the Health Select Committee inquiry on Public Health, the RCN highlighted concerns about the cuts to public health budgets and the suspected effect it will have on local authorities' effectiveness in delivering public health responsibilities, including prevention programmes which help to reduce across health and social care.

The cost of care remains a standing item that is highlighted during parliamentary and broader stakeholder engagement meetings.

The RCN has established new recognition agreements with independent employers to negotiate over better working conditions and influence improvements in standards of care. We have also worked to ensure legal rights and working conditions through recent pay claims and taking legal claims for unpaid time where necessary.

The RCN has worked to establish and improve relations with care home managers in order activate and organise groups of members in this sector

We have continued to negotiate with employers to improve pay and employment terms (minimum 1% achieved in October 2015 plus some other small improvements). Furthermore the RCN has worked with employers to implement

fair pay and skills/competency based career structure (started in November with FSHC, Brighterkind and The Huntercombe Group).

The RCN's submission to the Migration Advisory Council in December, following the interim decision to add nurses added to shortage occupation list, highlighted the specific challenges of recruitment and retention in the social care sector.

The College has provided comment, oversight and accreditation of AP development programmes which are of significant importance to the care sector.

Work has been undertaken to develop a manager's guide to revalidation specifically targeted at non-nurse managers such as those in care homes.

The Employment Relations team have linked up with the Recruitment and Employment Confederation (REC) to discuss the health and safety of nurses

Cost of Care cont'd.

undertaking agency work, in addition to substantive posts. Consideration is also being given to establishing links with UKHCA - the domiciliary care agency professional association.

The RCN has also been supporting Professor Anne-Marie Rafferty (KCL) to develop a research proposal on the quality of care in care homes.

RCN Scotland has begun a major policy project to identify the contribution of care homes to integrated healthcare delivery across Scotland and to consider the barriers to change, including funding and contracting issues.

Officers in the Eastern Region have been involved in challenging moves at a number of trusts to introduce contracts which move away from Agenda for Change provisions by seeking agreement from the unions to a suggestion that staff be offered extra hours on their contracts at basic pay. This has in part been put forward as a way of addressing staff shortages.

13

Climate change and health

Submitted by RCN Welsh Board

We continue to scan the horizon for opportunities to lobby governments within the UK on this issue. This includes ongoing work to identify relevant ministerial offices responsible to climate change within each regional government. In addition, members in Wales have included this issue as a standing item on their engagement with politicians.

Under a new Environment Bill announced in May 2015, the Welsh Government will be required to set legally binding targets to reduce greenhouse gas emissions by at least 80 per cent by 2050 under a new law to improve Wales' management of its resources. The Bill will also ensure that Wales' wealth of natural resources are more sustainably managed – a first for the UK.

The RCN is a founder member of an organisation called the Health Professionals' Alliance to Combat Climate Change (HPACCC). This is an

independent body, supported by an alliance of organisations and we have a seat on its governing council.

We also continue to play a leading role in the National Cross System Group for a Sustainable Health & Care System. The group is managed by the NHS Sustainable Development Unit and co-ordinates actions on sustainability and climate change across England, including for NHS England, Public Health England, ADASS, Monitor, CQC and TDA.

RCN Scotland has joined with 50 other Scottish organisations from across housing, environment and health as signatories to a statement 'No one in Scotland living in a hard-to-treat, draughty home by 2025'. The statement calls for the Scottish Government to make energy efficiency a National Infrastructure Priority and bringing all housing up to a high energy performance standard – the Energy Performance Certificate (EPC) band C – or above by 2025.

That this meeting of RCN Congress urges Council to lobby governments within the UK to take all actions to prepare the UK health services for the effects of long term climate change (Resolution)

Proposer/submitter: Gareth Phillips

Council member lead/Council committee: Andrew Nelson (until 31 December 2015) and Sue Warner (since 1 January 2016), NPPC

An RCN representative spoke at the parliamentary reception for the statement. The Scottish Government has agreed to make energy efficiency a National Infrastructure Priority and the alliance of signatories is now influencing the detail of the priority's implementation.

opportunities for improving sustainable practice in their own workplaces. Feedback from the attendees has especially praised the RCN for holding the event, and welcomed the proposal for an RCN Sustainability Network to support members interested in these issues

In November 2015, Cecilia Anim, RCN President, addressed the Climate Health demonstration in advance of the Paris talks and we also joined the June 2015 demonstration.

We are also engaging with student nurses and the Executive Nurse Network, to have sustainability items on their agendas and bulletins.

On Wednesday 13th April the RCN held its first Nursing and Sustainability conference. Chaired by the RCN's Head of Standards, Knowledge and Innovation, the conference was run as an action learning event, with presentations from RCN CE Janet Davies and the renowned Dr David Pencheon, Head of the NHSE/PHE Sustainable Development Unit being followed by an afternoon of practical examples and a chance for delegates to identify the challenges and

RCN local branches

Submitted by RCN East Kent Branch

That this meeting of RCN Congress discusses whether there is still a need to maintain a local branch based structure in the RCN. (Matter for Discussion)

Proposer/submitter: Linda Du Preez

Council member lead/Council committee: Michael Brown

The key focus of the debate at Congress was the need to increase member engagement and participation within the RCN branch structure. At the conclusion of the debate, given the strength of feeling, the Chair of Congress requested that the issue be referred to Council.

In 2015, the Chair of Council prioritised member engagement and the need to ensure that RCN members are at the heart of the organisation. Key RCN projects and ongoing work related to this item include:

- the development of a new regulation setting out the purpose of branches, updated terms of reference for branch committees and branch committee role descriptors, and branch election procedures – members were consulted on these during the early summer (2015)
- guidance formerly in the Branch Handbook on running meetings, holding events and recruiting

members – the meetings guidance is nearing completion and will be published on the RCN website shortly. The other two documents are currently in development

- the launch of a new RCN website and development of a new customer relationship management system (CRM). The new CRM is the back-of-house system which will ensure that the RCN and its new website provides members with a much more personalised and tailored service. The new website integrates with social media and includes enhanced features such as in-page comments facilities
- the Access to Information project will ensure that branch committee members have the information they need to communicate with their members in a secure way which complies with data protection
- the new standard consultation process will ensure that branches, via the country and regional boards, are engaged and consulted on key

initiatives, changes and new projects which affect RCN members. The Council review is a good example of an ongoing engagement exercise taking place currently under this process.

The new regulation setting out the purpose of branches was approved by Council in December 2015. The updated terms of reference for branch committees and branch committee role descriptors and branch election procedures were also agreed and have now been published and hard copies circulated to branches. The guidance on running meetings, holding events and recruiting members will be available very shortly. We have also circulated a new regulation on accreditation and dis-accreditation which re-affirms the role of the branch in the accreditation and dis-accreditation processes.

The RCN's local branch-based structure continues to be an effective vehicle through which the West Midlands

Health and music

Submitted by Inner South East London branch

That this meeting of RCN Congress discusses the health benefits of music (Matter for Discussion)

Proposer/submitter: Andrew McGovern

Council member lead/Council committee: Ian Norris (until 31 December 2015) and Cynthia Davis (since 1 January 2016), NPPC

The matter was discussed at Congress with Andrew McGovern, Inner North East London Branch, introducing it by talking about the positive effect of music on patients. There were a lot of supportive talks by other speakers, as well as singing at the podium with enthusiastic audience participation. This debate was intended as a light moment of togetherness amongst the other debates as well as a platform to share personal experiences, and as such there have been no further actions identified.

Local Learning Events programme for members is delivered. The face-to-face nature of the 60 events a year that make up the programme relies on the involvement of branches in identifying and preparing convenient venues within their local area and being the face of the RCN at the events themselves. The branch-based structure is effectively used in the RCN Northern region, helping to make an impact locally. The region has undertaken a campaign to better understand the pressures staff at North Cumbria University Hospitals NHS Trust are dealing with on a day-to-day basis. This included a member survey to raise concerns that have been flagged to management but not addressed and linked campaigning based on the survey findings.

Many branches in the North West region have been working to reinvigorate both attendance and participation by developing and providing professional learning opportunities. Revalidation has been an issue of concern for members and branches have run one or a series of learning events on revalidation, proving very popular for members. The Yorkshire & the Humber region has looked at ways to support the regional branch structure and organised regular branch development days for branch executive members. Supported by the regional learning and development facilitator,

these development days have focused on a range of issues including member engagement and participation.

The RCN has circulated consultations using the new standard process to ensure that branches are engaged and consulted on key initiatives, changes and new projects which affect RCN members. In February, new consultations were circulated on future arrangements for branch funding and a new process for allocating voting places at Congress (the deadline for comments is the end of May). We hope this will help to ensure that more branch members have the opportunity to be funded to attend Congress in the future.

The Access to Information project is on time and the first pilots and testing of the training programme will be carried out in May/June. This project means that for the first time branch committee members will be able to communicate directly with their members using a range of different communications channels about meetings and CPD events they are running and issues for local interest or concern in a way that recognises the importance of keeping members information secure.

Strike action

Submitted by RCN Greater
Glasgow Branch

Should nurses in the RCN strike to protect not only ourselves but our patients and the services that they rely on? (Matter for Discussion)

Proposer/submitter: Carl Frith

Council member lead/Council committee: Kevin Bell, MRC

Nurses in the RCN have the right to strike, subject to ensuring that all the statutory requirements are met. To date, RCN members have never taken industrial action. The option for members to undertake industrial action (of which a strike is one form) remains open. In any application to RCN Council it would have to be shown that any such action would not be detrimental to the interests or wellbeing of patients or clients.

The Congress agenda also included an emergency resolution urging Council to oppose the proposed legislative changes outlined in the Queen's Speech to inhibit and prevent trade union members from exercising their democratic right to take industrial action (item 26E). The impact of the Trade Union Bill is such that it will make industrial action (strikes or action short of strikes) even more difficult to organise, particularly in the public sector.

The Congress discussion on this issue was managed to ensure that those for and against the principle would have an equal say. In the end, the number of speakers supporting strike action was slightly higher than those opposed. Both sets of speakers recognised the impact that Government cuts have had on their patients. However, the discussion was divided into two main views.

The argument against striking was focused on the view that nurses should do nothing that might lose them public confidence and sympathy, and that no matter what arrangements are put in place to protect patients during a strike, ultimately patients will suffer. A number of speakers stated that the original Rule 12 was the reason they joined the RCN and what made the RCN different and special. Others recalled the difficult strikes in the 1970s, 1980s and 1990s and the fact that nurses belonging to all unions actually worked through them.

Those who supported the principle of striking emphasised that 'enough is enough' and that the non-striking route had done nothing to protect nurses or their patients. Examples were given of nurses using food banks to support their families and utility bills being paid for on credit cards. However, the position of nurses and their pay were not the only triggers for supporting action: speakers felt that patient care is now 'detrimental' and that 'patients deserve better'. They argued that there is an intrinsic link between caring for nurses and nurses caring for patients. They also stated that even if nurses' wages were not an issue, the impact of Government policy on patient care would in itself be cause for action. A key anxiety was that the Government is showing no signs of listening to the RCN or anyone else, and that the Government needs to know that nurses will act – otherwise they will be ignored.

The RCN responded to the consultation on the Trade Union Bill and has briefed MPs and Peers at every stage outlining its outright opposition to the bill. It will continue to lobby against the proposals as the bill enters its remaining stages.

This year, members in Northern Ireland received RCN Council approval to ballot members on industrial action, following a number of years of pay restraint. In the end there was no need to ballot members as the Government in Northern Ireland responded to members' concerns and agreed that the Pay Review Body should make recommendations for Northern Ireland for 2016/17.

In Wales, the RCN, along with other trade unions, is party to effective partnership arrangements with the Welsh Government and NHS Wales. These are realised through membership of the Welsh Government's (public sector) Workforce Partnership Council, the national NHS Wales Partnership Forum (WPF) and all Local Health Board partnership fora across Wales. The RCN in Wales has a seat on the national Business Committee of the NHS Wales WPF. It also has seats on several key national sub-committees of the WPF, including the Strategic Pay Committee, the NHS Wales Staff Survey Group and the NHS Organisational Change Policy Review Group. As a consequence of its

key involvement in the national fora in Wales, the RCN has been able to provide oral and written evidence to key review and commissions, including the NHS Wales National Workforce Review, and the Public Services Staffing Commission.

Each of the key stakeholders acknowledges the importance of good partnership working in negotiating a way forward whereby the interests of staff and patients are considered. There are several examples, including reference to effective arrangements in the evidence provided by the Welsh Government to the Pay Review Body (December 2015) and the passing of the Safe Staffing Bill. As a consequence of this good partnership working in Wales, the prospect of industrial confrontation leading to strike action has not been an issue in Wales to date.



17

Carers' champions

Submitted by Birmingham East,
North and Solihull Branch

The RCN is aware that the contribution carers make is often taken for granted. There are an estimated 6 million informal caregivers in the UK, of which approximately 1.2 million spend over 50 hours caring - equating to a full-time workforce larger than the entire NHS. Carers are estimated to annually save the UK economy £119 billion in care costs, more than the entire NHS budget.

At Congress 2015, this resolution was submitted and passed asking council to lobby for the establishment of an appropriately resourced carers' champion within each GP practice and community health centre. It is likely that a significant number of RCN members are also informal carers so benefits achieved from this resolution could make a real difference to the lives of our members.

That this meeting of RCN Congress urges Council to lobby for the establishment of an appropriately resourced carers champion in each GP practice and community health centre. (Resolution)

Proposer/submitter: Chris Barber

Council member lead/Council committee: Margaret North (until 31 December 2015) and Vicky Brotherton (since 1 January 2016), NPPC

Whilst there are many good practice examples of carer champions throughout the UK, the concept of a carers' champion in every GP practice is a new area of work for the RCN.

The RCN has recently hosted a number of regional workshops on informal care givers and it is believed that the provision of carer champions is realistic, possible and achievable. The RCN also supports initiatives each year for Carers' Week, an annual campaign to raise awareness of caring, highlight the challenges carers face and recognise the contribution they make.

Arguments for and against the establishment of an appropriately resourced carers' champion in each GP practice and community health centre are only beginning for the RCN's four countries.

NHS England has committed to establishing a NHS England board level carer champion.

The Scottish Government is testing its new vision for primary care and what the first Scottish-only GP contract, due for implementation in 2017, will look like. They have funded tests of change across the country. RCN Scotland is working with the government to ensure that these tests of change include all members of the primary care team, including patients and carers. The RCN is set to do all we can to influence this and will ensure that carers issues are raised through this process.

In Wales, all local Health Boards and NHS Trusts are required to publish carers information and consultation strategy and action plans, written in partnership with local authorities and in consultation with local carers to meet a requirement under the Carers Strategies (Wales) Measure 2010. The Carers Strategy for Wales references the Social Services and Well-being (Wales) Bill, within which the need to strengthen carers' rights, as well as to

promote carers' health and wellbeing, is stated. The role of primary health care (especially GPs) in identifying carers and referring them to appropriate sources of advice and support is included.

Whilst caregiving has been debated previously at Congress, the provision, use and value of appropriately resourced GP-based carer champions have not. We believe that a call for action on the provision of carer champions could lead to improving the lives of many informal care givers.

EU and nursing

Submitted by RCN Lothian Branch

That this meeting of RCN Congress discusses the impact of membership of the European Union on nursing and health care provision in the UK
(Matter for Discussion)

Proposer/submitter: Stuart McLauchlan

Council member lead/Council committee: Cecilia Anim

The main focus of discussion at Congress on this item was the forthcoming UK referendum on EU membership, now scheduled for 23 June 2016.

The RCN's International Committee discussed the RCN's role in the build up to the referendum at its meeting on 23 September 2015.

They agreed to recommend the following strategy to Council.

Objectives

- to inform members more broadly about the many ways in which existing EU policies, legislation and networking impact on nursing and the RCN
- to inform RCN members on the implications for nursing of any specifics in the UK government's negotiations for reform which are likely to have an important impact on nursing. To highlight these to key politicians/policy makers in advance

of the final EU deal

- to review UK government's negotiations and highlight any unintended consequences for nursing in wider EU negotiations
- to highlight issues with RCN members that would need to be dealt with differently if the UK exited from the EU and raise important questions where the impact of leaving the EU is unclear
- to encourage RCN members to get involved in the debate and to vote in the referendum
- to reaffirm the RCN as an organisation with a European/global perspective

Actions

- to use RCN's wide range of media for communicating in different ways with members and encouraging them to raise questions/comments and debate the issues
- to hold meetings/workshops and

encourage debates across the four countries and use RCN's existing planned meetings/seminars/conferences, for example the activists conferences, IRG seminar

- to analyse and contact politicians/opinion formers if specific government reform proposals are likely to have a big impact on nursing
- to update the RCN's broader briefing on Europe and to produce shorter and regular updates/presentation materials on the referendum and issues relevant to nursing.
- to monitor debate, including political party positions and ensure that key opinion formers in UK and Europe are aware of our work
- to consider the impact of a yes or no vote on the RCN as an organisation and any identify any future action required
- to collaborate, as appropriate, with other health stakeholders in the UK

Four branches of nursing

Submitted by RCN Lothian Branch

That this meeting of RCN Congress discusses whether the four 'branches' of nursing lead to nurses working in silos, or meet the needs of vulnerable patients? (Matter for Discussion)

Proposer/submitter: Rachel Hollis

Council member lead/Council committee: Joanne Kerr (until 31 December 2015) and Kathryn Davies and Cynthia Davis (since 1 January 2016), NPPC

RCN Wales has met with several MEPs to discuss these matters. The RCN will be looking to inform our members on these issues during the upcoming EU referendum.

The RCN will agree its final position on the referendum before 23 June.

Preparations for informing members on the key areas of EU action that most impact on nursing in the UK have begun. These were tested out at the International Committee's annual meeting with its virtual international reference group in February 2016.

The RCN Education Team worked with the RCN Student Committee to develop a survey that explored the skills that students from all pathways are gaining within their final year and on completion of their pre-registration programme. The survey specifically wished to identify what skills participants feel they have, or will have, on exit from their pre-registration programme and what additional skills they would value, or skills taught, that have not been utilised.

The survey also explored what their views were on Lord Willis's recommendations on learning advanced skills and fields of nursing and the 2+1+1 model. The survey ran from until 1/7/15 to 27/9/15.

The RCN student survey is currently being analysed and we will have a report later in the year. This will feed into our response

to the NMC review of pre-registration programmes that was announced earlier in the year.

The RCN will use the information to inform the NMC's review of pre-registration nursing education and the future direction this may take. It will also inform future activities of the RCN and the Student Committee.

RCN Scotland was involved in developing the strategic aims of the Scottish Government's Setting the Direction strategy which arose from the Chief Nursing Officer's review of nurse education in Scotland.

This item is not Wales specific, however, this was discussed at the two RCN Wales Education Summits held in 2015. RCN Wales will be publishing an Education report as a result of this work later this year.

Unsocial hours payments

Submitted by RCN Essex Branch

There has been no change to the unsocial hours arrangements for nurses in the NHS since Congress 2015. In the last year the RCN has not entered into discussions with employers or health departments on unsocial hours payments or definitions.

Whilst the government attempted to suggest that the current provision of unsocial hours payments inhibited the ability to deliver seven day services, this was rejected by the Pay Review Body (PRB). The PRB report made it clear that the arrangements within Agenda for Change (AFC) did not preclude developing wider seven day services.

NHS trade unions have yet to see from employers exactly what they think a model of seven day services, and consequently seven day working, will look like.

As unsocial hours payments and working hours are terms and conditions issues, then the RCN will pursue our members' interests through NHS staff council

That this meeting of RCN Congress should urge council to challenge any proposal by the UK Government to scrap or undermine unsocial hours payments (Resolution)

Proposer/submitter: Richard Beauchamp

Council member lead/Council committee: Mike Travis, MRC

and joint trade union work. The RCN Pay sub-committee will be looking at the totality of pay and reward of which unsocial hours payments is a large element for members.

Regionally, officers are routinely highlighting the potential impact of reducing terms and conditions, specifically unsocial hours, on the nursing workforce. The South West region has monitored the agency spend of employers for the last five years and has highlighted the ever-increasing bill in the media and to MPs.

The Welsh government submitted evidence to the NHS Pay Review Body (2016-17) which included the statement 'The Welsh Government and NHS Wales remains committed to national terms and conditions of service for staff engaged on the 'Agenda for Change' contracts'.

The Scottish Government Health Directorates (SGHD) has not, to date, shown

any interest in altering unsocial hours' payments to staff. The RCN in Scotland, along with other health trade unions in Scotland through the Scottish Terms and Conditions Committee (STAC), have agreed to participate in four country talks around potential changes to AFC reform without committing to adopting any changes.

The dispute with Junior Doctors over their working arrangements has continued throughout the year and resulted in industrial action and the government imposing changes to their contracts. The RCN is not prepared to look at nurses unsocial hours arrangements at least until there has been a resolution in the Junior Doctors' dispute.

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Continence training

Submitted by RCN Continence Forum

That this meeting of RCN Congress debates the issue of the lack of training for nurses and health care assistants in the field of continence (Matter for Discussion)

Proposer/submitter: Anthony Brooks

Council member lead/Council committee: Sue Warner, NPPC

Following on from the debate at Congress 2015 it has become apparent that the variation in the amount of training on bladder, bowel management and continence that students receive during their pre-registration course differs significantly across institutions, varying from absolutely none to a couple of sessions. Since this item was debated, a number of nurse and student members have contacted the RCN indicating their concern regarding the lack of training in the management of continence at pre-registration level

There is no specific requirement within the Nursing and Midwifery Council (NMC) training specifications for continence training to be provided and, as a result, many registered nurses and a significant number of un-registered nurses across all settings rely almost entirely on containment products. This includes the use of pads rather than undertaking a rigorous assessment and then deciding on a course of appropriate

action, which may be a referral to a specialist nurse or service, physiotherapy or indeed some form of aid or device.

The current National Institute for Health and Care Excellence (NICE) guidelines have clear criteria for the course of appropriate action that should be taken to promote continence. However, for many nurses, the NICE guidelines may not necessarily be the place where they would seek advice. The RCN Continence Forum committee has written in the past to the NMC to urge them to include continence training as a mandatory requirement in pre-registration training, but this does not address the issue of a lack of training provision for registered nurses, health care support workers and care home staff.

Although the United Kingdom Continence Survey (UKCS) has published Minimum Standards for Continence Care (2015) and the report Excellence in Continence care (NHS England, 2015)

indicated the need for better care for people experiencing bladder and bowel problems, there is still little evidence to show any consistent approach to such training.

As a result of this debate, the RCN is planning to produce a suite of resources by 2017 to help nurses and support staff understand what they can do to support people experiencing continence problems.



Using data for health

Submitted by RCN Nursing in Management and Leadership Forum

This report will update members about ongoing work within the College relating to this issue.

E-quipped for Care

The RCN hosted two digital summits in 2015 bringing together colleagues representing nursing from England, Northern Ireland, Scotland and Wales, the nursing informatics community, the RCN's e-Health Forum and Nursing Department.

The summits were designed with the aim of developing a shared purpose for the nursing contribution to the digital health agenda.

The invitees identified an audacious goal that by 2020 all UK nurses will be 'e-nurses' – a nursing workforce alert to the possibilities offered by a rapidly changing digital environment and confident in their ability to influence this at all levels.

That this meeting of RCN Congress discusses whether nurses have the willingness and ability to harness the power of data to ensure patient and population health needs are met (Matter for Discussion)

Proposer/submitter: Jane Valle

Council member lead/Council committee: Rod Thomson, NPPC

We identified leadership as a critical primary driver to this goal and ideas to make this happen including:

- the E-quipped for Care Framework – a description of the expected digital capabilities required for digitally enabled care
- An ‘every nurse an e-nurse’ campaign based on the agreed expectations.
- A draft of the E-quipped for Care expectations for “e-nursing” has been begun by a group of summit invitees and is in development.
- The RCN’s eHealth Forum to submit a bid to RCN Forum Governance Group (by 20 April 2016)
- Bid to cover:
 - completion and publication of E-quipped for Care framework
 - endorsement of the framework by the four CNOs and RCN
 - campaign proposal for ‘every nurse an e-nurse’ 2016-2018.

Public Health

We are also promoting the use of data through our latest content about public health nursing. The publication Nurses 4 Public Health project (<https://www.rcn.org.uk/clinical-topics/public-health>) has been augmented with interviews with nurses leading innovative projects.

App development

The use of apps is another area of interest yet the views of nurses have been under represented. The RCN is working with NICE on developing a framework/process for assessing and endorsing apps. NICE are keen to work with the RCN to survey our membership as they see nurses as a key stakeholder group.

RCN Scotland’s manifesto for the 2016 Scottish Parliament elections in May, published in January 2016, includes as one of five key themes:

Digital technologies are used to open up new, smarter ways of working for health care teams, especially those operating in the community

- MSPs, health boards and integration joint boards work together so that by 2020 all health care staff have access to, and can use with confidence, the technology they need to deliver safe, consistent care.
- Support continued digital infrastructure development to ensure Scotland-wide connectivity so that health care professionals can use technology to its full potential.

Stress at work

Submitted by UK Safety Representatives Committee

That this meeting of RCN Congress calls on Council to ensure employers take measures to reduce work-related stress by adhering to HSE guidance (Resolution)

Proposer/submitter: Alison Upton

Council member lead/Council committee: Fiona Devlin, MRC

A discussion took place at the UK Safety Representatives' committee meeting in September 2015 (attended by proposer Alison Upton) to discuss the most appropriate means to progress this work. The group agreed the following actions:

- Launched last October at the RCN Joints Reps Conference in Belfast, the *Healthy Workplace, Healthy You* campaign will be used as a vehicle for promoting the importance of addressing work-related stress to employers and members.
- To revise the RCN publication *Work-related stress: a good practice guide for RCN representatives*.
- To further promote workplace representatives' awareness and understanding of Health and Safety Executive (HSE) Management Standards (including the line management behaviours tool) through continuous learning and development, in order for them to influence employers.
- To continue to use opportunities to promote the NHS Staff Council's Health, Safety and Wellbeing Partnership Group's guidance on the management of work-related stress and to work with employers at a national level to promote implementation, including speaking at events.
- To apply pressure on the HSE to take further action to promote – and where appropriate enforce – the implementation of stress risk assessments within the health care sector.
- To work with the RCN Communications team and use events, such as National Stress Awareness Day, to disseminate key messages around work-related stress.

RCN staff lead Kim Sunley has continued to progress work in these areas by engaging with other colleagues to progress implementing the above actions. Work includes promoting the

Healthy Workplace, Healthy You campaign, attendance and speaking slots at internal and external events, writing in journals and use of social media.

Regional staff in the South West have been promoting the use of the RCN health and safety toolkit with employers and RCN representatives. Senior RCN Officer Andrew Christaki has been working with a clinical commissioning group to use the toolkit to reduce bullying and harassment. A 'see something, say something' programme (developed by a South West board member for her trust) has been rolled out to other trusts in the region.

Discussions have also taken place with NHS England to raise awareness of the *Healthy Workplace, Healthy You* campaign and gain support to promote it amongst other initiatives within the five year forward view. An event is also planned for Congress 2016, which will also include hearing from an

organisation which has implemented the toolkit in partnership with local RCN staff. In addition, a bespoke Healthy Workplace leaflet has been produced for RCN regions to use in discussions with directors of nursing. A *Healthy Workplace* blog has also been developed - the first one will link in with the centenary and look at stress (and musculoskeletal disorders) in nursing from a historical perspective and promote use of the *Healthy Workplace* toolkit.

Kim has also promoted the importance of the stress management standards and stress risk assessments as a framework to address bullying behaviours within the NHS and continues to press the case for more action on work-related stress by the Health and Safety Executive. Examples of lobbying include:

- speaking out at a HSE strategy event hosted by the Chair of the Health and Safety Executive on the importance of addressing work-related stress and the need to reinvigorate their management standards on stress risk assessments
- pushing the HSE to undertake specific work on stress risk assessment in health care and subsequently getting agreement to attend the NHS staff council's health, safety and well-being partnership groups meeting to discuss further

- taking opportunities to respond to strategies and initiatives that focus only on individual level interventions to address work-related stress and encourage use of organisational level risk assessments.

The UK RCN safety representatives committee has also asked for the HSE lead for health and social care to attend one of their meetings to build relationships and raise the issue of stress in the sector as well as work with them to uncover good practice (this has been agreed in principle).

The RCN also presented at the NHS Staff Council on work-related stress and stress risk assessments at a European social partners' conference on psychosocial risks at work in Helsinki. A meeting took place in March 2016 to discuss opportunities for further European level work to address psychosocial risks in health care.

RCN Wales completed an employment survey which showed that 53 per cent of the 25,472 nurses employed in the NHS in Wales (Stats Wales, 2013) are working overtime every shift or several shifts a week and that a third of employees stated that they had been injured, or felt unwell as a result of work-related stress. The impact of this is that over half (56 per cent) of nursing staff feel unable to give

the level of care they would like. The survey also showed that workload and stress came top of members' concerns for the near future, with 62 per cent rating it as their biggest worry, above job security, financial problems and their health/families' health.

RCN Wales has also been working closely with the National Assembly for Wales on a proposal to introduce a new law, the Safe Nurse Staffing Levels (Wales) Bill, which will put a legal requirement for Welsh Health Boards to ensure that there are an adequate number of RNs on a ward. The introduction of this Bill may be one way to alleviate the workload and the accompanying stress demonstrated in the survey.

Data from the NHS Wales staff survey carried out in the same period also identified high levels of work-related stress. The findings suggested that a sizeable minority (up to 27 per cent of the total workforce) felt that they had experienced pressure to put work attendance before their own personal wellbeing.

Stress at work cont'd.

The above two surveys show the links between inadequate staffing and stress. In an attempt to alleviate some of the stress suffered by nurses in Wales, RCN Wales launched its Time to Care campaign, which is designed to ensure nurses have the time to perform their duties to the best of their abilities and to demonstrate how much they care about their patients' wellbeing and recovery.

24E

Mental health crisis

Submitted by RCN Student Committee

The RCN is a signatory to the Crisis Care Concordat which was established by previous Care Services Minister, Norman Lamb and has the explicit support of the new Minister Alistair Burt. Under the action plan that all stakeholders have agreed to support, the RCN has delivered on its commitment to support the Department of Health in its development on guidance in the reduction of restrictive interventions.

The concordat has delivered on its key objective for all English regions to develop local action plans to co-ordinate services that meet clients' needs during a mental health crisis. The concordat also held a national summit in 2014 at which staff from the RCN Nursing department delivered a presentation on mental health care in a crisis. The Crisis Care Concordat in England has seen the successful development of local action plans to address the integration of a joined up protocol and local agreements in crisis,

and this model of integrated provision is now developed in Wales.

Representatives from the concordat team met with Janet Davies and Ian Hulatt on the 21 October 2015 to consider the next steps in improving crisis care and the RCN contribution to future work. The RCN was present at the steering group in November and the National Summit where future action was planned.

The RCN has contributed to both the Mental Health Taskforce report (launched 15 February) and the Commission into Acute Adult Inpatient Care (launched 9 February). The Mental Health Taskforce report *Five Year Forward View for Mental Health for the NHS in England* recommended appropriate crisis support and also psychiatric liaison to be present in all emergency departments. While both reports are focused on English services the principles and recommendations transcend

That this meeting of RCN Congress lobbies to hold commissioning bodies to account for commissioning robust crisis care for those in mental health crisis (Resolution)

Proposer/submitter: Rebecca Richards

Council member lead/Council committee: Andy Patrick (until 31 December 2015) and Carol Evans and Brenda McDonald (since 1 January 2016), NPPC

national boundaries. The street triage pilots that have been undertaken to help improve the response by police and emergency services personnel have continued to provide encouraging results in the reduction of people ending an episode of crisis in either police custody or being sectioned under the Mental Health Act. The presence and expert input of mental health nurses in both patrol cars and in control centres have successfully resulted in improved non-custodial outcomes and appropriate therapeutic interventions in times of crisis.

Commissioning in the Celtic countries is subject to very different arrangements compared to England and a current revision of the Mental Health Act in Northern Ireland and an impending review in Scotland in 2016, may provide an opportunity to influence practice in this area of care. The Code of Practice for the Mental Health Act in Wales is currently under review and discussions

regarding crisis care may yet arise as well as potential lobbying opportunities.

RCN Scotland is working on a project which will profile the contribution and role of mental health nursing. As part of this, it is exploring how mental health crisis teams in Scotland help prevent hospitalisation and prevent people in mental health crisis from falling between the gaps.

RCN staff in the South West are working with BBC Spotlight to highlight inadequacies in the provision of paediatric mental health inpatient beds following instances of children being kept in police cells when in mental health crisis.

25e

Safe staffing

Submitted by RCN Public Health Forum

That this meeting of RCN Congress deplores the decision to halt the current work by NICE on safe staffing and calls for RCN Council to lobby for the reversal of this decision that puts patients safety at risk (Resolution)

Proposer/submitter: Jason Warriner

Council member lead/Council committee: Michael Brown

The RCN has been a champion of safe staffing for many years. The College's position is clear: staffing levels should be calculated using accepted workforce planning tools and methods, and the results of those calculations should be quality-assured based on the professional judgement of nurse leaders and other data such as patient safety, outcome and satisfaction measures. Staffing should be seen as a real-time dynamic concept that needs to change and flex as rapidly as the needs of the patient population. The RCN therefore welcomed the commissioning of NICE by England's Department of Health to undertake a review of nurse staffing guidelines based on the available evidence. The College was involved in a number of work streams with NICE on its adult inpatient ward, midwifery, mental health and emergency department staffing guidance.

The RCN was deeply concerned to hear in June 2015 that NICE had been

instructed to suspend this work on safe staffing levels, following the preparation of draft guidance on staffing in emergency departments. This draft emergency department staffing guidance from NICE confirmed the expert consensus with the RCN Baseline Emergency Staffing Tool: that there were occasions where patients in the emergency department required the care of two nurses, and that the relationship between workforce planning and actual real-time staffing levels in the emergency department is critical to safety.

Following the suspension of NICE's work, the RCN, as mandated in the Congress resolution, voiced the concern of its members in the strongest terms to both NICE and the CNO for England. Members expressed serious concerns about the motive behind ending the work, which had showed great promise. Many commentators concluded that this seemed to be a decision made based on

affordability, with the fear that implementation of the A&E guideline would mean staffing levels could only be met with the use of expensive agency nurses.

It was announced in June 2015 that NHS England and the Chief Nursing Officer (CNO) for England would lead on safe staffing guidelines, and the RCN asked for an urgent plan, with clear resources to be allocated for this work. The Secretary of State for Health, Jeremy Hunt, then announced that future safe staffing work would sit with the new body NHS Improvement. The work is being led by Mike Durkin (previously Director of Patient Safety at NHS England) and the CNO.

Although NICE confirmed that it would not publish the finished A&E guideline, a freedom of information (FOI) request made by the Health Service Journal revealed that cost considerations were a significant factor in their original decision. NICE sequentially published

the evidence reviews for other clinical settings, including A&E, community and mental health.

There was very limited progress in establishing alternative safe staffing systems within NHS Improvement following the suspension of the NICE work. In its lobbying and communications work, the RCN continued to strongly press on the urgent need for more detail on the work plan being considered by the Government and on who will be leading and accountable for ensuring the right mix of skills and expertise. It also stated that there must be further reassurance that this work was truly independent, had the confidence of the nursing profession and was free from the influence of shrinking budgets.

The RCN has been clear in its policy work that there is no one definitive number when setting nurse-to-patient ratios. Instead, staffing levels and skill mix should be determined appropriately using professional judgement, current recommendations, guidance and workforce planning tools. Setting staffing levels and determining the skill mix depends on a range of factors, including clinical setting and the acuity of patients. This position was restated in the RCN publication *Registered Nurses and Health Care Support Workers: A Summary of RCN Positions*.

As NHS Improvement and NHS England have moved forward with work on safe staffing levels, the RCN has consistently and strongly highlighted evidence showing that it is the number of registered nurses that most influences patient safety. There remains a wealth of research clearly demonstrating a link between safe staffing levels of registered nurses with lower mortality rates and better patient outcomes. This evidence base has grown further since Congress 2015. For example, a recent study (Griffiths, Ball, Rafferty et al., 2016) concluded that mortality rates were 20% lower in hospitals with six or fewer patients per registered nurse. Meanwhile, there has remained a severe shortage of registered nurses in England, with adult nursing being placed on the Shortage Occupation List for several months to help trusts recruit from outside the European Economic Area.

Safe staffing has remained at the top of the agenda for RCN discussions with Government ministers, MPs and peers. The RCN has also fed into the Health Education England workforce planning cycle, calling for a significant increase in student commissions. As part of that process it was clear that providers predict an increase in demand for nursing care. While there has been some momentum by the Government to address shortfalls in the nursing

workforce, the National Audit Office report in February 2016 emphasised the urgent need to secure a long-term solution, especially as most NHS trusts were in deficit and faced increasing financial difficulties.

With the NHS heading towards a £2.5bn deficit, new guidance has been issued to NHS providers to deliver cost savings and there is once again the prospect of affordability priorities being placed above patient safety. The RCN remains concerned by recent correspondence from Monitor and the Trust Development Authority to all hospitals, asking them to take urgent steps to regain control of their budgets, including “headcount reduction”. It is essential that the focus on efficiencies must not be at the expense of safe care and cuts to workforce numbers.

In February 2016, the Lord Carter Review report made recommendations for a new metric on nursing care and further work to develop safe staffing ranges. The RCN lobbied Lord Carter directly on this and contributed extensively to the review. The report called for an improvement in the way the NHS deploys its staff, ending the use of outdated and inefficient paper rosters. The review recommended that a care hours per patient day metric should be the “principal” measure

Staff staffing cont'd.

for nursing and health care support worker deployment. The report said that electronic rosters across the NHS will mean the right numbers of staff are in the right place at the right time. It was recommended that NHS Improvement, in collaboration with the CNO, the RCN and other organisations, define staffing ranges for different types of wards as a guide for trusts to help them meet their quality and efficiency requirements.

Also in February 2016, the RCN highlighted concerns about staffing levels in learning disability settings in the report Connect for Change: An update on learning disability services in England.

Going forward, the RCN has representation on a working group looking at the Carter staffing recommendations. The RCN also has representation on the NHS Improvement acute safe staffing working group and will seek to be involved in all of the NHS Improvement work across all settings.

In Wales, the RCN has successfully campaigned for a new law, the Nurse Staffing Levels (Wales) Bill, which is currently waiting for Royal Assent. This bill places a statutory duty on the NHS

in Wales to ensure professionally appropriate nursing numbers in medical and surgical acute wards. This is a historic first in the UK and sets a precedent for other countries to follow. More information can be found at: www.senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=11778

In the Eastern region, senior officers and the regional director have voiced support for trusts that have been forced to close wards due to lack of staff, as this is the best way to ensure safe care in the event of acute shortages.

In the North West region, Regional Director Estephanie Dunn has raised the issue of safe staffing levels during regular meetings with directors of nursing across the region and with the Care Quality Commission. The issue is also being carefully monitored by regional officers, and intelligence is being fed back to the region and wider RCN. The region has also voiced concerns in the local media.

In Yorkshire and the Humber, Regional Director Sarah Dodsworth has raised the issue of safe staffing in the regional and local media, whilst staffing levels are being monitored by regional officers

and intelligence is being fed back to the region and wider RCN.

In the Northern region, Regional Director Sarah Dodsworth gave an interview to BBC Look North in which she highlighted the link between problems recruiting nursing students, the high number of nursing vacancies throughout the North East and safe staffing levels on wards. An FOI request highlighted the number of clinical vacancies in the North East, and a further FOI request was submitted to clarify the situation by hospital site and by profession (nurse and HCA). The region has undertaken extensive research of member concerns at the North Cumbria University Hospitals Trust, which has been in special measures for some time. The region has also been lobbying management and local stakeholders to address the issues identified, and Sarah Dodsworth has undertaken ward walkabouts with the trust's director of nursing. Concerns have also been flagged to local stakeholders, including media and MPs. Members have been supported to raise concerns in a safe way.



26e

Industrial action

Submitted by UK
Stewards Committee

That this meeting of RCN Congress urges Council to oppose the proposed legislative changes outlined in the Queen's Speech to inhibit and prevent trade union members from exercising their democratic right to take industrial action (Resolution)

Proposer/submitter: Graham Revie

Council member lead/Council committee: Anne Kennedy, MRC

Following Congress, the Westminster Government published the Trade Union Bill and three related consultations – on balloting thresholds; picket line intimidation; and the hiring of agency staff during industrial action. The Bill covers England, Wales and Scotland. The Bill has now passed all its stages in Parliament and been given royal assent and is now the Trade Union Act 2016.

The RCN in Wales, along with trade unions, NHS Employers and the Welsh Government have universally expressed opposition the Bill. In January 2016, the Welsh Assembly voted against the application of the Bill in Wales, and challenged the ability of the UK Government to impose the bill without the Welsh Government's agreement and consent.

The RCN in Scotland lobbied the Scottish Government regarding this issue and provided a briefing on the Bill for MSPs. Although the Scottish Government is opposed to introduction

of the TU bill, as they believe it is a reserved matter, it is unclear whether Scotland's Government will be able to resist any legislated changes. On 3 October 2015, all 32 local authorities announced their intention to ignore the terms of the Act, effectively making the legislation unworkable in Scotland, and this issue is currently being discussed in the devolution negotiations between Scottish and UK governments.

MRC had a special meeting on 18 August 2015 to consider the full impact of the Bill, and MRC also heard in detail about the proposal it includes for reduction in trade union facility time in the public sector. MRC agreed to respond to the three consultations, and the responses are available on the RCN website.

The RCN lobbied MPs and Peers throughout all stages of the Bill, including providing written briefings and meeting MPs and members of the House of Lords. The RCN met with

Labour and SNP opposition MPs and Conservative MPs on the Health Committee to explain our concerns on the Bill - in particular around the threats to facility time. In addition, the RCN met Lord Kerlake and supported him to table an amendment to remove 13 from the Bill, removing the powers for the Minister to be able to cap facility time. The amendment was passed with a significant majority, forcing the Government to think again about its plans to cap facility time. When the Bill returned to the Commons, the Government brought forward its own amendment, bringing back the Ministerial power to cap facility time, but with a number of safeguards which mean it will be much less likely that this power will be exercised. While the RCN remains opposed to the bill as a whole, including the provisions on facility time, the final Act is a significant improvement on the original proposals and RCN lobbying helped to shape this. The RCN has been recognised both within Parliament

and outside as the leading voice in the debate on facility time.

An RCN delegation, including Council member Anne Kennedy, member Anne Wells and board member Michael Oyeleye joined the Trades Union Congress (TUC) lobby of Westminster MPs on the Trade Union Bill in the House of Commons in November last year. They met with a number of MPs including Andrew Selous and Stephen McPartland from the Conservatives, and Labour's Yvette Cooper to discuss the RCN's concerns with the Bill, namely clauses 12 and 13: the provisions to report on, and limit, facilities time of representatives.

There was widespread trade union opposition to the Bill and there are also a number of individuals and MPs who have concerns over the civil liberty issues arising in imposing restrictions on trade union ballots. RCN Regional Directors Estephanie Dunn (North West), Sarah Dodsworth (Yorkshire and The Humber) and Karen Webb (Eastern) wrote letters to editors of regional newspapers for publication, outlining RCN concerns over the Trade Union Bill, including the attack on facilities time. These were published in a number of major daily regional newspapers. RCN Northern has also written to Editors of local newspapers as well as Chief Executives of all Trusts in the region, highlighting the savings

trade unions make each year. Regional Board Chair Gordon Lees, highlighted the issue again in a personal letter to the local press detailing the RCN's position on the issue. Local activity has been highlighted to Northern members in the Regional Report and Rep briefings.

The provisions in the Trade Union Act will come into force when regulations are laid by the Government and approved by parliament. As yet, there is no indication when that will be. The 'democratic right' to strike remains but its exercise will be subject to limitations in the public sector. The RCN response to the public consultation was strong on the need to retain the democratic freedoms working people have won over the years. The Act will mean that trade unions will need to look again at member engagement in order to ensure that any ballot for industrial action will meet the response level required. The RCN will continue to monitor the development of the regulations and speak out if they pose a risk to effective partnership working and safe patient care.

27e

Student nurse recruitment

Submitted by RCN Student Committee Scotland

Since Congress 2015, the government has set out its intention to reform the funding system for nursing students as part of the announcement on the Spending Review in November 2015.

The decision was made to replace grants with student loans and to abolish the cap on the number of student places 'enabling' universities to provide up to 10,000 additional nursing and other health professional training places in this parliament. The government states that the move to loans will also mean access to 25% more financial support for students during their studies. The changes will affect students starting their courses in England from 1 August 2017. The RCN has significant concerns about both the proposal and the claims that students will be better off.

Moreover, the Scottish government announced in December that student nurse intake numbers will rise by 5.6% in 2016-17, as well as a commitment

That this meeting of RCN Congress discusses that if this government is to reduce agency expenditure they must consider how they will attract and retain student nurses (Matter for Discussion)

Proposer/submitter: Grant Burn

Council member lead/Council committee:

Joanne Kerr (until 31 December 2015); Kathryn Davies and Cynthia Davis (since 1 January 2016), NPPC & Sylvia Simmons, MRC

to retaining the student bursary and allowances at existing levels in 2016/17, even though a review of the support package for student nurses is currently in progress. RCN Scotland commented that these announcements were, ostensibly, 'good news, but also this was 'the last chance' the Government has to get student numbers right and warned that the review of the student support package must provide options to support nursing students through their course. In February, a further announcement from Scottish Government reiterated commitment to the bursary, and the launch of a discretionary fund of at least £1m for nursing and midwifery students experiencing financial hardship.

Since the decision to scrap NHS bursaries in England and Wales was announced, an e-petition against this decision, brought by an RCN member reached 154,000 signatures within a few days, leading to a debate in parliament. Over 5,000 people, including a

contingent of RCN members and staff, marched through London on 9 January 2015 in protest.

The RCN believes the decision to scrap bursaries is political, driven by the government's policy of austerity and motivated by short-term financial savings. This decision was made with no consultation or evidence gathering and the RCN believes that there has been very little consideration of other options for future nursing students. We are warning that the impact will be felt long after this government has left office.

The RCN also believes that future generations of student nurses will be saddled with even more debt and, unless nurses' pay improves significantly, many graduates will never be in a position to pay their loans back.

The RCN's Pay Sub-Committee agreed that campaigning against this decision

should be included under the overall umbrella of the *Nursing Counts* pay campaign; as, for future nurses, a monthly loan repayment deducted from their pay packet would feel like a further pay cut.

The *Nursing Counts* website (www.rcn.org/nursingcounts) was re-focused to include student funding-related information and activity on this on-going campaign has included:

- more than 1,300 people responding to a call for testimonies saying how the change would affect them which we have turned into a book
- widespread promotion of the campaign on social media including a twibbon, thunderclap and hashtag #nursesroar
- student committee letters to editors of regional press
- Labour Leader Jeremy Corbyn quoted from the testimonials book in Prime Minister's Questions
- the RCN's General Secretary met Health Minister Ben Gummer and gave him the book of testimonials

The consultation is due to begin in early March, and we will support members to contribute extensively to our response.



Work on items passed at Congress can often continue for a number of years. For many items there is no quick fix, and sustained lobbying or detailed work needs to take place before change can be affected. The following summaries detail aspects of some of the work carried out over the past 12 months as a result of previous years' debates.

Congress 2011, Liverpool

'That RCN Congress urges Council to campaign for legally enforceable staffing levels to safeguard standards in the current economic climate.'

This update will outline work carried out by RCN Wales to fulfil the resolution, ultimately leading to the landmark success of the Nurse Staffing Levels (Wales) Act 2016, which gained Royal Assent on 21 March 2016.

Health Boards in Wales now have a legal duty to regard the importance of ensuring appropriate levels of nurse staffing in all settings. In adult acute care settings, an appropriate nurse staffing level must be calculated and maintained. Health Boards will

have a duty to report on compliance with staffing requirements and take action if failings occur. The Welsh Government will issue guidance on how to determine appropriate staffing levels which balances the judgment of the designated professional (e.g. ward sister/charge nurse), the use of professionally recognised workforce planning tools and the advisory ratio of the Chief Nursing Officer.

The Royal College of Nursing Wales worked with all political parties to campaign for a legal duty to be placed on health boards to ensure appropriate nurse staffing levels for patient safety.

Following two years of policy influencing work, the Wales Director met with Kirsty Williams AM (Leader of the Welsh Liberal Democrats) in March 2013 to discuss proposing a Private Members Bill on nurse staffing levels. Ms Williams was successful in a legislative ballot in December 2013, and the Safe Nurse Staffing Levels (Wales) Bill was formally introduced in December 2014.

In June 2014 and September 2014 Ms Williams, strongly supported by the RCN, held two pre-legislative public consultations. The RCN expressed its support for the Bill's general principles and provided written evidence to these consultations. As a result of

our evidence at this stage, extensive changes were made to the first draft of the Bill.

During this period of time the RCN conducted an extensive programme of policy and political work. This included educational events to explain the implications of the Bill to Assembly Members, discussions at the Cross Party Group on Nursing & Midwifery, and numerous private meetings with key Assembly Members.

Stage One of the legislative process involves a Welsh Assembly Committee considering the Bill, then presenting a report with recommendations to the wider Assembly. A subsequent vote is held on those general principles.

The Health and Social Care Committee began its formal scrutiny of the revised Bill in January 2015. RCN Wales provided written evidence and was called for oral evidence, provided by the Wales Director and Wales Policy and Public Affairs Advisor.

The RCN continued intense educational work with Assembly Members in this period. Frontline nurses were invited to speak at the Cross Party Group on Nursing & Midwifery on 4 March 2015; all the parties' health spokespeople and two party leaders attended.

Briefing papers and leaflets were produced showing the international evidence base, and extensive work went into relationships building and key meetings. Health and Social Care Committee members were initially sceptical but later credited the RCN with supplying clear and compelling evidence of the reasons to proceed.

The Committee reported in May 2015 and advised proceeding with the Bill, but suggested several amendments (this is normal legislative practice).

The RCN's persuasive intellectual argument and clear citing of evidence to support the policy case was crucial at this stage. A debate took place in Plenary on 3 June 2015 (www.assembly.wales/en/bus-home/pages/rop.aspx?meetingid=3168&assembly=4&c=Record%20of%20Proceedings#223082), and all political parties supported the general principles of the Bill.

For the Bill to proceed past Stage Two, a Financial Resolution from the Welsh Government was required. The Financial Resolution was agreed on the 3 November 2015.

The RCN has excellent relationships of trust with all political parties built up over many years. These relationships were critical at this point. In addition,

the RCN's member-led public campaign was highly significant: RCN member Richard Jones (now a Council Member) had launched an online petition on the Assembly website which received over 1500 signatures.

RCN members sent in thousands of 'safe staffing' postcards showing Assembly Members how important the issue was to them. Facebook and Twitter engagement was also utilised.

Stage Two (detailed consideration of amendments), took place on 25 November 2015. The Welsh Government decided that they would now support the Bill if their amendments were passed. The significance of the government amendments is debateable; in essence they re-worded the text of the original Bill. Changes included dropping the term 'safe' from the face of the Bill (replaced in the text with 'appropriate') and simplifying the reporting arrangements. The RCN was disappointed that the word 'safe' was dropped as we felt this made the intention of the Bill clear to the public.

Stage Three of the Bill (voting on amendments) took place on 3 February 2016. Stage Four (voting on the Bill as amended) took place on the 10 February 2016. All political parties voted in support. For these later stages the RCN's member-led

campaign and ongoing relationships with key individuals in the process was critical. It was entirely possible that the Bill would not be granted Assembly time before dissolution, which would mean the failure of the Bill. Another very real danger was the collapse of the all-party agreement. Getting all four political parties to agree on health policy before an election is a remarkable political achievement and cannot be underestimated.

The Royal College of Nursing Wales wants to work with the Welsh Government to ensure the guidance for implementing the law is comprehensive, clear and achieves the aims of the Act. We will also continue to campaign to ensure sustainable workforce planning is at the heart of the NHS and sufficient numbers of nurses are educated to help fulfil the Act's aims.

The Act's provisions now need to be extended to other areas such as mental health and the community. Further work is needed to ensure that better patient and staffing information in these fields is held and that workforce planning tools are developed.

Royal Assent to the Nurse Staffing Levels (Wales) Act 2016 was given on 21 March 2016. The legislation is the first of its kind in Europe: an outstanding achievement of which RCN members and staff can be proud.

Congress 2013, Liverpool

'In light of the ongoing controversy over the Liverpool Care Pathway, RCN Congress asks Council to lobby for improved training and education in end of life care.'

Following the 2013 Baroness Neuberger report *More Care Less Pathway*, the RCN was invited to be a member of the Leadership Alliance for the Care of Dying People. Their report, *One chance to get it right*, was published in June 2014 to coincide with the requirement to no longer use the Liverpool Care Pathway and, as part of that, all the member organisations made a commitment to undertake work related to their particular area. The RCN produced two resources which were launched at Congress in 2015. These were *Fundamentals of End of Life Care* and *Nutrition and Hydration at the End of Life*. We also ran four end of life care workshops in 2015, in partnership with the National Council of Palliative Care, and we are running a further seven workshops this year. The RCN continues to be involved in a number of national initiatives relating to end of life care and is committed to ensuring that nurses in all settings are equipped to care for dying people and the people that are important to them.

Congress 2013, Liverpool

'That this meeting of RCN Congress asks Council to lobby UK governments to review, accredit and then regulate national guidelines of approved models of physical restraint.'

The RCN has joined the Restraint Reduction Network and RCN Professional Lead for Mental Health Ian Hulatt has spoken at the last two annual conferences. The Department of Health has undertaken an audit of the use of restraint in England and has had meetings with directors of nursing in mental health and learning disabilities to explore the issues related to accreditation of trainers/providers in restrictive interventions training. The RCN Forensic Forum held a series of meetings in England, Northern Ireland and Wales to meet members and discuss this matter and will be launching a publication of their findings this year at Congress.

Congress 2013, Liverpool

'That this meeting of RCN Congress urges Council to lobby for all mentors to have protected time, as is standard across other professions.'

The RCN has undertaken work to support the development of an informed, evidence-based contribution to current debates around mentorship and practice-based education for nurses. A mentorship project was commissioned in 2014 to learn from, and build on, the Willis Commission Report (2012) and was also able to begin to address the recommendation in the *Raising the Bar* review (2015) around the need to assure a high quality learning environment for nurses. The RCN mentorship report can be found at www.rcn.org.uk/professional-development/publications/pub-005454

In April this year, in response to the first recommendation in the RCN mentorship report, the RCN hosted a practice-based education summit in partnership with the Nursing and Midwifery Council (NMC) and Council of Deans of Health. The objective for the summit was to discuss strengthening system leadership and organisational culture to support practice-based education. The value of the role of the mentor was

central to discussions, together with considerations of possible different models of mentorship. An action plan to address recommendations arising from the day is currently being agreed and will support our ongoing work around mentorship and the need to recognise and celebrate the value of this role. It will also support our discussions with the NMC as they continue to review the pre-registration nursing education standards (2010).

Congress 2014, Liverpool

'That this meeting of the RCN Congress asks Council to lobby commissioners and regulators to support the development of a recognised national qualification and career pathway for practice nursing.'

The RCN has been active in continuing to address the issues related to the primary care nursing workforce and the significant under investment in this sector. The RCN's *The fragile frontline* report (April 2015) made clear recommendations around the wider community workforce, but which have implications for practice nurses and how they are developed for their roles. The RCN also gave evidence to the Health Education England Primary Care Workforce Commission in April 2015, drawing on expertise from the RCN professional forums, including practice nurses, to inform our response. This emphasised the lack of standardised training for practice nurses and identified that many of the continuing practice development opportunities are carried out 'in-house'. In September 2015 the RCN submitted written evidence to the Health Select Committee on Primary Care and Janet Davies also gave verbal evidence. This reiterated the importance of investing in practice nurses, to enhance their education and to ensure more structured

career opportunities. The RCN is currently working with the Royal College of General Practitioners (RCGP) to lobby Health Education England (HEE) to ensure that some of the recently announced monies to be received by primary care is used to develop practice nurse training.

The RCN has worked in partnership with the RCGP to update the general practice nursing standards (2015) and also with HEE to support the development of the Education and Career Framework for District Nursing and General Practice Nursing Service (October 2015). Our work on credentialing of advanced level practice will also benefit nurses working in practice nursing.

Congress 2014, Liverpool

'That this meeting of RCN Congress deplores the Westminster Government's decision to ignore the recommendations of the Independent Pay Review Body and asks Council to commit to a sustained campaign to protect pay and resist the further erosion of terms and conditions.'

RCN Northern Ireland pay campaign 2015-2016

In the absence of any pay award for nurses in Northern Ireland for 2015-2016, the RCN wrote to all 108 members of the Northern Ireland Assembly in September 2015, drawing their attention to the fact that Northern Ireland was, at that point, isolated as the only UK country for which no pay award had yet been made for the current financial year. The RCN sought the support of Assembly members for a 1% consolidated pay uplift for all those on Agenda for Change terms and conditions of service. A number of Assembly members responded to indicate their support for the RCN's position.

In light of the continuing failure of the Department of Health, Social Services and Public Safety [DHSSPS] to address this issue, the RCN Northern Ireland

Board sought and secured from RCN Council the authority to hold a ballot of members in Northern Ireland with a view to undertaking industrial action, short of strike action. A significant programme of member engagement across Northern Ireland was then undertaken to explain the RCN's position and mobilise support from members.

The pay campaign developed further impetus during the period November 2015 to January 2016 when, via social media, the RCN began to highlight and thank those Members of the Legislative Assembly (MLAs) who had indicated their support for a 1% pay award. The extensive member engagement with this #fairpay4Nurses campaign, both via social media and through a programme of meetings with individual local Assembly members, led to a significant increase in the number of politicians and political parties indicating their support. This served also to promote a wider public focus upon the RCN's campaign through the mainstream media in Northern Ireland. The RCN's #fairpay4Nurses campaign was eventually supported by 67 individual members of the Northern Ireland Assembly. It was formally endorsed by five of the nine Northern Ireland political parties with Assembly representation; Sinn Féin, the Ulster Unionist Party, the SDLP, UKIP and the Green Party.

In addition, five Alliance Party MLAs, two from the DUP and two independent MLAs also declared their support.

In January 2016, Health Minister Simon Hamilton imposed a non-consolidated 1% pay award for those at the top of their Agenda for Change band for 2015-2016, with others receiving no annual pay uplift beyond their contractual entitlement to an incremental rise. The #fairpay4Nurses campaign social media campaign intensified at this point, with RCN members and a range of politicians expressing their opposition to the Minister's decision.

During January, a number of meetings were held in relation to the pay award, including with the full Assembly group of SDLP MLAs, DUP Assembly member and Finance Minister Mervyn Storey, and directly with the Health Minister. The RCN stated that it expected the Health Minister to seek a recommendation for the 2016-2017 award from the NHS Pay Review Body [NHSPRB] and to abide by its recommendation. In February 2016, the Health Minister announced that he would seek a recommendation for the 2016-2017 award from the NHSPRB and would recommend its acceptance.

In response, the RCN stated: "The Royal College of Nursing understands the many challenges and competing

demands faced by the Minister and the Department of Health, Social Services and Public Safety. We welcome the Minister's decision to ask the NHS Pay Review Body to make recommendations on pay for 2016-2017 for all staff, including nurses, paid under Agenda for Change and employed within health and social care in Northern Ireland. We believe that this is the fairest way to determine nurses' pay." In light of the Minister's announcement, the RCN Northern Ireland Board agreed not to proceed with arrangements for a ballot on industrial action.

The RCN then submitted, at very short notice, detailed evidence to the NHSPRB, highlighting a range of workforce and financial issues but focusing in particular upon the growing pay inequalities between Northern Ireland nurses and their counterparts elsewhere in the UK. The NHSPRB endorsed the RCN's concerns and, in its report, was extremely critical of the failure of the DHSSPS to address these inequalities. It recommended a 1% consolidated pay uplift for all those on Agenda for Change terms and conditions for 2016-2017. The Health Minister immediately announced that he had accepted this recommendation.

The RCN's manifesto priorities for the Northern Ireland Assembly elections in May included the demand for political

parties to respect the role of the NHSPRB and to abide by its recommendations on nurses' pay. It also asked political parties to commit to working with the NHSPRB to address the pay inequalities noted above. The RCN remains committed to addressing these issues with the new Health Minister and the new Northern Ireland Assembly membership.

The RCN believes that the significant engagement of RCN members with the #fairpay4Nurses campaign was the decisive factor in securing an appropriate pay award for 2016-2017.

Congress 2014, Liverpool

'That this meeting of RCN Congress urges Council to lobby against the inclusion of health services in the Transatlantic Trade and Investment Partnership (TTIP)'

The RCN has continued to take forward its lobbying activity to ensure that health services are removed from TTIP. Since the last Congress, the RCN wrote to the MEPS to influence the content of a European Parliament report which called for health services and public services to be excluded. The RCN has also organised two meetings of members to discuss TTIP development. RCN Wales jointly hosted with Jill Evans MEP a very successful seminar on TTIP and Health in Wales which informed the Royal College of Nursing in Wales' membership, and the wider health community, of the potential issues related to TTIP and the NHS. The RCN also attended a rally against TTIP and has developed further material to make our message clear.

The RCN has analysed other trade deals and has produced a briefing on the Canadian/EU trade deal (CETA), raising concerns in relation to health and public services which will be used to lobby the European Parliament and the UK Government during the autumn.

Congress 2014, Liverpool

'That this meeting of RCN Congress calls on Council to sign up to the Living Wage, and actively campaign for commissioners in health and social care to include paying the Living Wage in their contracts with providers'

The RCN produced advice for officers on the Living Wage in 2015 to support them in their work with this issue with employers. The RCN also produced guidance in 2015 for our members in the independent sector about how to negotiate pay agreements that incorporate the Living Wage.

In the NHS pay award for 2015-16 NHS trade unions, including the RCN, negotiated successfully for pay at the bottom of the Agenda for Change (AfC) scales to be adjusted to increase pay levels up towards the Living Wage. The bottom point of pay band 1 was abolished and point 2 was increased to £15,100.

The RCN has established working relationships with Citizens UK, the organisation which started the campaign for the Living Wage. Citizens UK is a non-partisan community based alliance of organisations, faith groups and trade unions, committed to social justice. Citizens Assemblies, organised by

Citizens UK, are working to hold clinical commissioning groups (CCGs) and local authorities to account on the Living Wage. The RCN's Employment Relations Department (ERD) is also seeking to promote working in partnership with the Living Wage Foundation to further enhance our campaigning for the Living Wage.

The higher minimum wage for those age 25 and older, the government's new National Living Wage, (NLW) came in to effect on 1 April 2016. The RCN produced two briefings for parliamentary debates, one related to the enforcement of the NLW and the other was in the context of organisations reducing other terms and conditions and claiming, or citing the impact of, the NLW as their rationale. Both these parliamentary briefings highlighted the RCN position of promoting the real Living Wage. We are keeping a watch on independent sector employers and will consider appropriate responses. We remain committed to the real Living Wage (at the heart of the Citizens UK campaign) and highlight that many employers already pay the real Living Wage without having to reduce other terms and conditions of their staff. The ERD Independent Sector and National Employers' Team have the Living Wage as a target (base line) in all our negotiations and influential discussions with employing organisations. Guidance

being developed to support RCN staff in local, regional or country specific pay negotiations also highlights the importance of the RCN promoting the Living Wage.

Congress 2014, Liverpool

'That this meeting of RCN Congress urges Council to encourage health care employers to recognise and take action to reduce the impact of poor working environments on the mental, emotional and physical health of their staff'

In October 2015 a new RCN campaign, *Healthy Workplace, Healthy You* was launched. The campaign was established in response to a Congress resolution which asked RCN Council to encourage health care employers to recognise and take action to reduce the impact of poor working environments on the mental, emotional and physical health of their staff. A working group, chaired by Tracey Budding Council and MRC member, consisting of RCN members and staff was set up to develop the campaign.

There are two elements to the campaign. The *Healthy Workplace* element emphasises the importance of good working conditions for nursing staff and how these can, in turn, influence better patient outcomes and provide cost savings e.g. reduced sickness absence and staff turnover. The RCN defines a healthy workplace as one which promotes dignity at work; a work-life balance; good health and

safety standards; good job design and learning, and development opportunities for all.

The *Healthy You* elements of the campaign aim to support members in taking ownership of their own health whether that is physical or mental and taking the time to apply the same level of care to their own wellbeing that they would to their patients. These elements focus on body, mind, heart, work, career, spirit, and balance.

Set against a backdrop of low morale, high levels of work-related stress and intentions to leave the profession, the *Healthy Workplace* campaign aims to improve working conditions for members, whether they work in the independent sector or NHS. Working in tandem with the *Healthy Workplace* campaign, the *Healthy You* element aims to embed a culture of 'self-care' within nursing so that individuals can sustain their health and wellbeing and consequently provide excellent patient care.

The campaign also acknowledges and promotes the increasing body of evidence linking working conditions and the health and wellbeing of nursing staff to patient outcomes.

A series of resources, including a health check toolkit and signposts to

good practice, are available to support the *Healthy Workplace* elements along with member resources and advice to promote and support self-care and the *Healthy You* elements.

Over the past six months the campaign has been widely promoted at both a national and local level and taken to a range of stakeholders in the NHS and independent sector. RCN workplace representatives have been introduced to the resources at a range of learning and development events. The next phase is gathering case studies on implementation in a variety of workplaces.





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