

RCN Council's report to members on Congress 2017





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Foreword

“We covered a huge range of very important subjects in Liverpool many of which we’ll be returning to in Belfast this year”



This report sets out an incredibly impressive programme of work, across all four countries of the UK, which has taken place as a result of the debates in Liverpool last year.

I would like to take this opportunity to thank all of the current and past Council Members who led this work and those members and RCN staff who have together delivered this huge agenda. It also demonstrates just what a vital role Congress plays in setting the agenda and the College’s decision making.

Reports of work carried out as a result of Resolutions passed by Congress are detailed on the following pages. Where Council and its committees felt that Matters for Discussion related to specific ongoing workstreams within the College, a report of progress in these areas has been included.

We covered a huge range of very important subjects in Liverpool many of which we’ll be returning to in Belfast this year in particular recruitment and retention, public health funding, social care, harassment and many others.

We have also included reports on some of the work carried out over the past 12 months as a result of previous years’ debates.

A handwritten signature in blue ink, which reads "Maria Trewern". The signature is fluid and cursive.

Maria Trewern
Chair of Council



RCN Congress 2017

The 50th meeting of RCN Congress was held from 14 to 17 May at the ACC in Liverpool.

Present

Stuart McKenzie (Chair), BJ Waltho (Vice Chair), the Agenda Committee, Council and representatives of the RCN Branches, RCN UK Forums, the RCN Health Practitioner Committee, the RCN 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 meeting of 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 2016 Congress

Congress formally received and adopted the report of the meeting held on 19 to 22 June 2016.

4. Resolutions and matters for discussion

Resolutions (R) and matters for discussion (MFD) are listed in numerical order as are the emergency items (E).

In 2017 all votes on resolutions were conducted by a show of hands.

1. Nursing Associates (MfD)

That this meeting of Congress discusses the introduction of the nursing associate role in healthcare.

2. Clinical placement hours (R)

That this meeting of Congress urges RCN Council to demand that the NMC reduces student nurses' clinical placement hours in line with international comparators.

This Resolution was rejected.

3. Education and development (MfD)

That this meeting of Congress discusses the impact of the reducing investment in the education and development of the nursing workforce across the UK.

4. Mandatory training (MfD)

Note – At the meeting Congress agreed to change the wording of this item and the final wording was as follows:

That this meeting of Congress discusses the risks of employers failing to support statutory and mandatory training.

5. Mentors (MfD)

That this meeting of Congress discusses the recent study which revealed that some mentors are manipulated and even threatened by student nurses they are supporting.

6. Autism (R)

That this meeting of Congress requests RCN Council to commission research in relation to Autistic Spectrum Conditions.

This Resolution was rejected.

7. Nursing with dementia (R)

That this meeting of Congress urges RCN Council to develop a strategy for supporting members with dementia to continue nursing.

This Resolution was passed.

8. Parity of esteem (R)

That this meeting of Congress condemns the UK governments' failure to deliver 'parity of esteem' and urges RCN Council to insist that this is addressed urgently.

This Resolution was passed.

9. Wellness (MfD)

That this meeting of Congress debates whether we are disabling our patients by focusing on illness rather than wellness.

10. The NHS (R)

That this meeting of Congress believes that the NHS still provides the fairest method of providing health care across the UK

This Resolution was passed.

11. Nurse debriefing (MfD)

That this meeting of Congress considers that nurse debriefing is crucial after each shift.

12. Designated places of safety (R)

That this meeting of Congress asks RCN Council to lobby to ensure that Emergency Departments are no longer designated places of safety for the purposes of Mental Health legislation.

This Resolution was passed.

13. AfC re-banding (R)

That this meeting of Congress, in the light of pay restraint and downbanding, calls on RCN Council to demand a systematic re-banding of nursing jobs throughout the NHS under Agenda for Change

This Resolution was passed.

14. Emergency departments (MFD)

That this meeting of Congress discusses whether Emergency Departments should be able to say no.

15. Asylum seekers and refugees (MfD)

That this meeting of Congress discusses the health care provision for asylum seekers and refugees throughout the UK.

16. Cycle helmets (MfD)

Note – At the meeting Congress agreed to change this item to a matter for discussion and the final agreed wording was as follows:

That this meeting of Congress discusses whether RCN Council should support any proposals to make the use of cycle helmets compulsory.

17. Working time regulations (R)

That this meeting of Congress asks RCN Council to challenge vigorously employers who fail in their duty to comply with working time regulations.

This Resolution was passed.

18. People trafficking (R)

Note – At the meeting Congress agreed to change the wording of this item and the final wording was as follows:

That this meeting of Congress urges RCN Council to campaign for robust systems that assist nurses to identify and support trafficked people.

This Resolution was passed.

19. STPs (MFD)

That this meeting of Congress discusses the role of nurses in the development and implementation of Sustainability and Transformation Plans.

20. Assaults (MfD)

That this meeting of Congress discusses the lack of existing legislation regarding the assault of health care workers.

21. Benefits (R)

That this meeting of Congress asks RCN Council to insist that the Government urgently reviews its appalling management of benefits.

This Resolution was passed.

22E. Council Pay Poll (R)

Note – At the meeting Congress voted to accept the following emergency item onto the agenda:

That this meeting of RCN Congress following the result of the pay poll, calls for a summer of planned protest activity followed by an industrial action ballot should the next Westminster Government fail to end the policy of pay restraint.

This Resolution was passed.

23E. Brexit (MfD)

Note – At the meeting Congress voted to accept the following emergency item onto the agenda:

That this meeting of RCN Congress discusses the implications of Brexit following the triggering of Article 50.

Response to the Prime Minister

That this meeting of RCN Congress deplores the contempt shown in the letter from the Prime Minister for the Royal College of Nursing and the nursing family, and asks the General Secretary to reply to her in the strongest possible terms.

This Resolution was passed.

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1. Nursing associates (MfD)

That this meeting of Congress discusses the introduction of the nursing associate role in healthcare.

Proposer	Russell Stringer
Submitting entity	RCN North Yorkshire Branch
RCN Lead	Gary Kirwan
ET Sponsor	Chris Cox
Council Lead	David Cardwell (to 31/12/17); Brian Murphy
Governance committee	NPPC

What is the scope of the wider RCN work which addresses this MfD? Is it UK-wide work, including all four countries?

The nursing associate (NA) role is currently restricted to England.

Context

The NA will be both a stand-alone role and a route into graduate nursing. Whilst providing a career pathway, this, alongside multiple other nurse education changes, introduces considerable complexity and significant further work is required to clarify and develop these pathways. Affordability of the apprenticeship route is also causing concern. Two evaluations of the TNA programme are in place, however challenges remain regarding developments required in safe staffing evidence and guidance that includes this new support role. As a regulated role, NAs will be subject to revalidation, fitness to practice and will have a code; the nature of the code is under debate. Also under debate is the language used and the balance between being an accountable practitioner and also a support role to nursing. The RCN is clear that the NA is part of the nursing family, but not a new profession, and issues relating to accountability and delegation require much further exploration. Lack of clarity of the role and its boundaries persists and there remain some tensions between the NA and assistant practitioner roles including disparity in regulation and clarity of career paths for two similarly educated and graded roles. The RCN continue to support regulation of health care support roles.

Scope

There are currently just under 2,000 trainee nursing associates (TNAs) in 35 sites in England, the first of which are expected to qualify in early 2019. The Secretary of State recently announced 5,000 more trainees to commence in 2018 and 7,500 in 2019. Future programmes will be via the apprenticeship route and final sign-off of the NA apprenticeship standard and assessment is imminent. The NMC will regulate the role and early working draft standards of proficiency have recently been published, in part to assist test sites to understand and prepare for likely NMC requirements. Further work on a code and skills annexe is ongoing.

RCN activity

The RCN has representation on multiple national groups including the NA National Implementation and NA Oversight groups. We are working with the NMC, HEE, Skills for Care and others influencing strategically and contributing practically thorough task groups and invitations to comment on emerging work.

At regional level, RCN links are established with test sites including representation on NA boards, with local guidance developed with RCN involvement and oversight. Presentations to and events for Trainee Nursing Associates (TNAs) have been held.

What will this project create or make?

The RCN has recruited TNA members, the membership offer is under consideration and the website has been expanded to include this group.

A DH public consultation has recently opened regarding changing legislation to enable the NMC to regulate nursing associates and the RCN is planning how to engage members and respond to this consultation.

An RCN response to the formal consultation on the NA standards of proficiency is available here www.rcn.org.uk/about-us/policy-briefings/conr-4217

2. Clinical placement hours (R)

That this meeting of Congress urges RCN Council to demand that the NMC reduces student nurses' clinical placement hours in line with international comparators.

Proposer	Russell Stringer
Submitting entity	RCN North Yorkshire Branch
RCN Lead	Gary Kirwan
ET Sponsor	Chris Cox
Council Lead	David Cardwell (to 31/12/17); Brian Murphy
Governance committee	NPPC

The Resolution was rejected by Congress

RCN response to the NMC's proposed standards for education

The Royal College of Nursing used a variety of strategies to engage members and key stakeholders in their consultation on the Nursing and Midwifery Council's (NMC's) proposed standards for education to enable registered nurses to ensure future nurses are fit for practice at the point of registration.

Almost 8,000 members and stakeholders shaped this response. 600 participated at 18 workshop events across the UK and 7,380 members responded to our survey in July 2017 to test initial findings and gather member feedback on some emerging RCN positions.

The question on clinical placement hours was covered in one of the 4 questions that groups debated and were surveyed on. There was a mixed response from delegates; some of whom felt an increase in hours was more necessary than a reduction. Simulation was debated as a way of developing clinical skills and competence outside of the practice environment.

In summary we found that practice learning is vital and we believe that an increase in simulation activities from 300 to up to 600 hours throughout student nurse training could provide a valuable alternative teaching and learning strategy. This would be amendable to assessment through the use of Objective Structured Clinical Examinations (OSCEs). The QA framework will need to assess this in a robust and transparent manner to ensure quality.

We found that participants were calling for the quality assurance framework for future nurse education needed to be clearly articulated, as increased flexibility is given to education institutions and their practice placement and work based partners.

Whilst we did not find a groundswell of participants calling for a reduction of practice hours, we called on the NMC to be prepared for a future scenario of crowded placement areas and lack of mentors and supervisors and therefore and the possibility that other stakeholders may advocate for a reduction in hours as a result of this.

3. Education and Development (MfD)

That this meeting of Congress discusses the impact of the reducing investment in the education and development of the nursing workforce across the UK.

Proposer	Sarah Burden
Submitting entity	RCN Education Forum
RCN Lead	Lisa Bungeroth
ET Sponsor	Donna Kinnair
Council Lead	Janet Marsden (to 31/12/17); Cynthia Davis
Governance committee	NPPC

What is the scope of the wider RCN work which addresses this MfD? Is it UK-wide work, including all four countries

Update Context

The placement hours are mandated by an EU Directive and after the UK exits the European Union, there will be the opportunity to repeal directives in UK law. This could include parts or all of the EU directive on the Recognition of Professional Qualifications which contains the provision for a minimum of 4,600 hours required in the training of general care nurses split equally between theoretical and clinical.

Issues

Following Congress's vote, we are not actively advocating a reduction in placement hours in our work on EU withdrawal or education. We are focussing on the quality of clinical placements and the capacity of the health system to deliver high-quality placements for students. We will be working in particular with the new cohort of students that are paying tuition fees.

What will this project create or make?

- NMC Pre-registration Nursing Education Standards consultation – Sept 17
- Student funding options paper to DH and HMT – Sept 17
- Report on workforce entrants/impact of England reforms – Nov 17
- NA consultation response – Dec 17
- Report on workforce entrants UK-wide – Spring 18

4. Mandatory training (MfD)

That this meeting of Congress discusses the risks of employers failing to support statutory and mandatory training.

Proposer	Jean Rogers
Submitting entity	UK Learning Reps Committee
RCN Leads	Sue Antrobus and Kim Sunley
ET Sponsor	Chris Cox
Council Lead	Trevor Allan
Governance committee	MRC

Does this MfD require any further action?

Yes: A resource/toolkit for Reps is being developed to support them to identify issues and negotiate best practice.

Is work on the MfD included in an existing strategic work or operational activity in any part of the UK?

This is an existing work plan priority for UK Learning Reps and UK Safety Reps committees.

What discussion has taken place with the proposer and submitting entity to explain the decisions in Q1 or Q2?

A task and finish group with representatives of UK Learning Reps and Safety Reps committees has discussed and agreed work. (Work had started prior to Congress.)

What is the scope of the wider RCN work which addresses this MfD? Is it UK-wide work, including all four countries (If not please state why)

The resource/toolkit will be applicable in all four countries.

Who will have been involved in this work?

L&D Facilitator Emily Spencer-Rigby is developing the draft toolkit with input from Kim Sunley (National Officer ERD).

Drafts will be shared with country leads to ensure inclusivity and relevance across the UK.

Final sign off by committee leads.

What is the timeline for the delivery of the relevant part of existing work?

Step 1: Set up

The task and finish group with representatives from UK Safety Reps and Learning Reps committees already exists. The group reports to the respective committees.

Step 2: Scope activity

The task and finish group discussions have taken place around mandatory training and assumptions tested at a Congress fringe in 2017.

Step 3: Secure approval to proceed

The work has been agreed as part of committee work plans.

Step 4: Delivery and implementation

The toolkit and guidance being developed by staff lead will be signed off by committee representatives and country leads.

Step 5: Evaluation and learning

Feedback from RCN Reps.

What will this project create or make?

To enable RCN Reps to work in partnership with their employers to ensure all mandatory training that is delivered is an accessible, consistent, high-quality learning experience that is delivered appropriately and where possible tailored to learning needs.

We will measure the success from feedback from Reps at CL&D events, and by improved scores in relation to access to mandatory training within ERD employment survey and other national surveys (e.g. respective NHS staff surveys).

5. Mentors (MfD)

That this meeting of Congress discusses the recent study which revealed that some mentors are manipulated and even threatened by student nurses they are supporting.

Proposer	Tracey Risebrow
Submitting entity	RCN Suffolk Branch
RCN Lead	Nicky Clarkson
ET Sponsor	Donna Kinnair
Council Leads	Charlotte Hall and Cynthia Davis
Governance committee	NPPC

What is the scope of the wider RCN work which addresses this MfD? Is it UK-wide work, including all four countries (If not please state why)

We are concerned about the pressures on current mentors and so have been updating and developing resources to support them in their work. This includes an update of the RCN publication guidance for Mentors of Nursing and Midwifery Students:

<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2017/may/pub-006133.pdf>

and *Helping Students To Get The Best From Their Placements*, which clearly outlines the responsibilities students have to make the most of their placements in a professional manner:

<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2017/may/pub-006035.pdf>

The RCN library has also produced an excellent subject guide on mentorship, which is the third most popular subject guide:

<https://www.rcn.org.uk/library/subject-guides/mentorship>

We have also worked with a large UK-wide independent sector healthcare provider to advise on the development of a mentorship academy within their organisation.

In England, the Professional Learning and Development Facilitators team work in the regions with educators to support their work, including the development of regional education networks.

Following the RCN response to the NMC Consultation on education standards and the practice education framework, where we emphasised the importance of the mentorship role and adequate support for it, we are supporting the implementation and quality assurance of the new frameworks and standards for practice learning with the NMC.

6. Autism (R)

That this meeting of Congress requests RCN Council to commission research in relation to Autistic Spectrum Conditions

The Resolution was rejected by Congress

7. Nursing with dementia (R)

That this meeting of Congress urges RCN Council to develop a strategy for supporting members with dementia to continue nursing

Proposer	Jo James
Submitting entity	RCN Older People's Forum
RCN Lead	Nicola Lee
ET Sponsor	Chris Cox
Council Lead	Sylvia Simmons (to 31/12/17); Richard Jones
Governance committee	MRC

What discussion has taken place with the proposer and submitting entity?

Nicola Lee and Dawne Garrett, RCN Professional Lead – Care of Older People and Dementia have discussed the Resolution. Nicola has spoken to the proposer.

There have been further discussions with staff at NHS Improvement who are supportive and keen to look for opportunities for joint working. The Dementia Alliance and the Alzheimer's Society are also supportive.

Does the resolution require any work to be completed?

Yes. This is a new area of work, albeit one that builds on resources already available.

Does this resolution already align with existing strategic work or operational activity in any part of the UK?

Member Support Services have a project promoting reasonable adjustments for disabled members.

What is the scope of the UK-wide work, including all 4 countries, that needs to be developed to meet this resolution? (If UK-wide is not appropriate, please state why)

All outputs will be relevant across the UK. A position statement may support discussions in countries where alliances are in place regarding clinical matters.

What are the objectives and how will the success of this work be measured?

Greater awareness of the prevalence of dementia within the workforce.

Reps will have greater confidence in supporting members and holding employers to account.

Members are aware of their rights and are supported to stay in employment if appropriate.

What will this project create or make?

A position statement and suite of resources will be ready for publication and promotion after this year's Congress. The resources cover advice for members, reps and line managers and links with the peer support service's reasonable adjustments database and guidance. We are working with the Alzheimer's Society on a case study to accompany the guidance.

Who is going to be affected by this work?

RCN staff, including country Employment Relations leads Norman Provan (Scotland), Garrett Martin (Northern Ireland) and Helen Whiley (Wales).

RCN Older People's Forum

Council lead

Dementia Alliance

NHS Improvement

How will staff and members work together to deliver this project?

Nicola Lee (ERD) will lead the project, supported by Holly Chadd (MSS). The project will also include support from HQ Comms staff to develop and promote the resources.

8. Parity of esteem (R)

That this meeting of Congress condemns the UK governments' failure to deliver 'parity of esteem' and urges RCN Council to insist that this is addressed urgently.

Linked with

12. Designated places of safety (R)

That this meeting of Congress asks RCN Council to lobby to ensure that

Police, Department of Health and other designated places of safety for

Content out of date.

RCN Lead	Karen Brown
ET Sponsor	Donna Kinnair
Council Leads	Carol Evans (to 31/12/17); David Miller and Stuart McKenzie
Governance committee	NPPC

What discussion has taken place with the proposer and submitting entity?

Discussions took place before and after Congress with Ian Hulatt, RCN Professional Lead for Mental Health who has since retired. Ian's replacement is arranging to meet the proposers and Council leads.

Does the resolution require any work to be completed?

Yes. Items 8 and 12 have been linked together and future work can be scoped now that the mental health advisory group has been established.

Does this resolution already align with existing strategic work or operational activity in any part of the UK?

The development of a mental health advisory group.

Does existing strategic or operational work deliver outputs that meet the resolution?

This will be a new work stream for 2018 building on the development of the new advisory group.

What is the scope of the UK-wide work, including all 4 countries, that needs to be developed to meet this resolution? (If UK-wide is not appropriate, please state why)

This will be UK-wide work, and a short scoping exercise will now be carried out (in line with guidance) to shape the work. This will be led by Karen Brown with support from RCN Professional Lead for Mental Health Catherine Gamble.

What are the objectives and how will the success of this work be measured?

This will be decided during the scoping and must meet the brief of resolutions passed.

9. Wellness (MfD)

That this meeting of Congress debates whether we are disabling our patients by focusing on illness rather than wellness.

Proposer	Heather Henry
Submitting entity	RCN Public Health Forum
RCN Lead	Helen Donovan
ET Sponsor	Donna Kinnair
Council Lead	Rod Thomson
Governance committee	NPPC

Is work on the MfD included in an existing strategic work or operational activity in any part of the UK?

No specific pieces of work – please refer to answers to questions below. The MfD informs much of the ongoing work of the RCN and the Public health forum

What discussion has taken place with the proposer and submitting entity?

The MfD links to the call for all nursing staff to be work to improving the public's health and promoting this with the wider call for integration of health and social care and the call for greater emphasis on place-based care and self-care. We have wide engagement on this with a range of stakeholders for example; RSPH, FPH and PHE and the devolved nations PH agencies.

What is the scope of the wider RCN work which addresses this MfD? Is it UK-wide work, including all four countries (If not please state why)

Recent examples of related work include:

- Helen Donovan was involved for the RCN in the RSPH 'Everyday interventions - measuring outcome work' published in June.
- The RCN supports the Self-Care forum; Helen Donovan is on the board and attends the annual conference The RCN support the forum self-care week 13th – 19th Nov, in the RCN library
- Stephanie Aiken and Helen Donovan are attending the NHS Alliance meeting in December on health creation.
- RCN supporting behaviour change; we have just re-launched the clinical topic page <https://www.rcn.org.uk/clinical-topics/supporting-behaviour-change>
- Ongoing work with the forum on developing the public health clinical topic pages: <https://www.rcn.org.uk/clinical-topics/public-health>

Helen published an article in the November edition of Primary Health Care Journal with Jason Warriner.

Who will have been involved in this work?

Part of ongoing work managed by the professional lead and the Public Health Forum.

This MfD is also being addressed in our response to the NMC Pre-reg nursing standards consultation (focus of curriculum) and the perceptions of nursing workstream.

10. The NHS (R)

That this meeting of Congress believes that the NHS still provides the fairest method of providing healthcare across the UK

Proposer	Geoff Earl
Submitting entity	RCN Lothian Branch
RCN Lead	Lara Carmona
ET Sponsor	Donna Kinnair
Council Lead	Matthew Hodson (to 31/12/17)
Governance committee	NPPC

Does this resolution already align with existing strategic work or operational activity in any part of the UK?

Yes. The pay campaign and Safe & Effective Staffing work, among others, contribute to our understanding of what constitutes and enables a fair health service. The scope of this work in developing a position on a fair health care system should focus on aspects relating to the delivery of excellent nursing care.

What is the scope of the UK-wide work, including all 4 countries, that needs to be developed to meet this resolution? (If UK-wide is not appropriate, please state why)

This is a principles-level UK-wide piece, which should not be affected by specific country implementation. Some aspects of implementation in a given UK country may inform any particular emphasis we choose to apply to particular principles.

What are the objectives and how will the success of this work be measured?

The outcome will be a clear, evidence-based RCN position on fair provision of health care, in order to be informed for debate or dialogue on the future of health care in the UK. The work will be considered successful if it reflects members' views, and the UK and international evidence base, and if it serves as a useful tool when required.

What will this project create or make?

It will create a policy position and evidence base, which can be published as a policy statement for use by members, staff and wider stakeholders.

Who is going to be affected by this work?

Members, staff and wider stakeholders will be able to access and use a clear RCN position.

11. Nurse debriefing (MfD)

That this meeting of Congress considers that nurse debriefing is crucial after each shift.

Proposer	Zeba Arif
Submitting entity	RCN Outer North West London Branch
RCN Leads	Fiona Smith
ET Sponsor	Donna Kinnair
Council Lead	Maria Trewern
Governance committee	NPPC

Is work on the MfD included in an existing strategic work or operational activity in any part of the UK?

ERD undertaking some linked work. No existing work reported by NI, Scotland or Wales.

What discussion has taken place with the proposer and submitting entity?

Telephone conversation and email communication with Proposer. Council Lead copied into email correspondence and further information provided to Council Lead.

What is the scope of the wider RCN work which addresses this MfD? Is it UK-wide work, including all four countries (If not please state why)

Reflect existing work following scoping activity undertaken by departments i.e. ERD. No existing work reported by NI, Scotland or Wales.

An item was published in *RCN Bulletin* in November last year to raise awareness of the issue.

Who will have been involved in this work?

Detail regarding stakeholders for the FGG project bid can be found on the project plan.

What will this project create or make?

The RCN Justice and Forensic Forum have been successful in a bid to produce an online resource called *Time and Space*. It will help practitioners in a wide range of practice settings by guiding them towards their next shift and then afterwards too. Details of the project will be shared at a breakfast fringe event at Congress on Monday 13 May.

13. AfC re-banding (R)

That this meeting of Congress, in light of pay restraint and downbanding, calls on RCN Council to demand a systematic re-banding of nursing jobs throughout the NHS under Agenda for Change

Proposer	Mike Travis
Submitting entity	RCN Greater Liverpool and Knowsley Branch
RCN Lead	Josie Irwin
ET Sponsor	Chris Cox
Council Lead	Vicky Brotherton
Governance committee	MRC/TUC

What discussion has taken place with the proposer and submitting entity?

Josie Irwin has spoken to, and had meetings with Mike Travis. Josie has also spoken to Vicky Brotherton.

Does the resolution require any work to be completed?

Yes:

- A new campaign on NHS job evaluation awareness for members and reps.
- A new project to assess the effectiveness of current pay bandings compared with national profiles and jobs.

Does this resolution already align with existing strategic work or operational activity in any part of the UK?

The RCN ERD National Officer co-chairs the NHS Staff Council Job Evaluation group and provides casework support to reps and officers on job evaluation matters.

What is the scope of the UK-wide work, including all 4 countries, that needs to be developed to meet this resolution? (If UK-wide is not appropriate, please state why)

We are planning a two-stage approach:

1. Develop and promote resources to assist members and reps in ensuring good job evaluation practice and appropriate outcomes at local level. These will be launched after Congress.
2. Project – we will gather information from all four UK countries around current banding decisions to map against profiles and to assess the adequacy of the current nursing profile suite, especially at bands 5 and 6. We will use this work to influence national discussion on profile development. Other actions will be taken as necessary. This work will take place through 2018 and 2019.

What are the objectives and how will the success of this work be measured?

- To raise awareness of good job evaluation practice amongst members, reps and staff.
- To empower staff and reps to hold organisations to account regarding job evaluation and equal pay.
- To ensure the current nursing profile suite is fit for purpose

What will this project create or make?

Factsheets and templates for job evaluation procedures.

Possible statement regarding bands 2 and 3.

A checklist for reps and officers for use at local level.

Report on findings following systematic investigation of current job evaluation outcomes for nurses. This may focus on bands 5 and 6 at first.

What is the timeline for this activity?

Step 1: Set up

Up to November 2017

Step 2: Scope activity

December 2017

Step 3: Secure approval to proceed

New Year

Step 4: Delivery and implementation

- Phase 1 Throughout 2018
- Phase 2 Collect evidence from summer 2018, evaluate and report by New Year 2019. Action plan after that?

Step 5: Conclusion of activity

Congress 2019

Step 6: Evaluation and learning

Ongoing

How will staff and members worktogether to deliver this project?

Nicola Lee, ERD	Project lead
Rachael McIlroy, ERD	Research
Gerry O’Dwyer, ERD	Link to Stewards Committee
Mike Travis	Link to TU Committee
Ops and Comms managers	To support information gathering
LDFs	Identify opportunities for activists learning

Will need members to engage in phase 2 and share their JDs and matching reports.

14. Emergency Departments (MfD)

That this meeting of Congress discusses whether Emergency Departments should be able to say no.

Council agreed that no further action was to be taken as a result of this Matter for Discussion

15. Asylum seekers and refugees (MfD)

That this meeting of Congress discusses the health care provision for asylum seekers and refugees throughout the UK.

Linked with

18. People trafficking (R)

That this meeting of Congress urges RCN Council to campaign for robust systems that assist nurses to identify and support trafficked people.

Proposer	Zeba Arif
Submitting entity	RCN North West London Branch
RCN Leads	Carmel Bagness, Helen Donovan and Susan Williams
ET Sponsor	Donna Kinnair
Council Lead	Dave Dawes (item 18); Trevor Peel (item 15)
Governance committee	NPPC

What discussion has taken place with the proposer and submitting entity?

The following meetings have taken place in 2017:

Carmel Bagness and Mark Platt, 29 March

Carmel Bagness and Louise Cahill 27 April. (Louise is an RCN member with special interest and expertise in this area of practice).

Carmel Bagness and Zeba Arif, 27 April

Carmel Bagness and David Dawes, 21 August

Helen Donovan and Zeba Arif, 22nd September

Helen Donovan and David Dawes, 22 September

Helen Donovan, Dave Dawes, Zeba Arif, Louise Cahill and Kate O'Molloy, 11 October 2017

Carmel Bagness, Dave Dawes, Zeba Arif and Kate O'Molloy 16 January 2018

Does the resolution require any work to be completed?

Yes.

There is a growing awareness of modern slavery and trafficking as an issue, and the number of reported cases are on the increase. There is similarly a growing understanding that nursing and midwifery teams need to be aware of how to recognise victims and what action they need to take, know how best to recognise the risks and what to do once they are suspected.

This resolution allows for expansion of the work the RCN has already undertaken and will be along three broad areas:

1. To develop resources and signposting to information available on what modern slavery and trafficking issues are, why nurses and midwives need to be aware, when and how to address these and what to do.

This will be an expansion of the current modern slavery web resource and the pocket guide developed earlier in the year, which was distributed at RCN Congress 2017 and across the RCN since then.

2. There is a similar need to make nurses and midwives aware of the health issues for asylum seekers and refugees and how to direct people to the services they are eligible for.

This will be addressed through a separate web resource on inclusion health issues. The role of the RCN to use these resources to lobby and promote an end to modern slavery and trafficking and highlight the risks.

Does this resolution already align with existing strategic work or operational activity in any part of the UK?

This resolution aligns with work the RCN Nursing Department has previously undertaken on:

Modern Slavery

www.rcn.org.uk/professional-development/publications/pub-005984

Domestic Abuse

www.rcn.org.uk/professional-development/publicationspub-005985

FGM

www.rcn.org.uk/professional-development/publications/pub-005447

www.rcn.org.uk/professional-development/publications/pub-005783

The matter for discussion links to other proposed work to develop a clinical topic resource on inclusion health, including resources for those caring for the homeless and how to direct asylum seekers and refugees to appropriate health care provision.

www.rcn.org.uk/congress/agenda/asylum-seekers-and-refugees

Does existing strategic or operational work deliver outputs that meet the resolution?

The proposer and council lead met with RCN staff professional lead Helen Donovan and nursing department coordinator Kate O'Molloy along with Louise Cahill, an RCN member who has worked with a range of stakeholders to develop information and awareness on this issue.

Following the discussions there is recognition that a lot of work is already in development but there is a need to make this work more readily available to nursing and midwifery staff and to expand this work.

What is the scope of the UK-wide work, including all 4 countries, that needs to be developed to meet this resolution? (If UK-wide is not appropriate, please state why)

Carmel Bagness is currently conducting a scoping exercise across the regional directors and four countries to determine what work is ongoing.

What are the objectives and how will the success of this work be measured?

Objectives identified:

1. Work to endorse the 'modern slavery wheel' which has been designed by Louise and colleagues to help staff identify the issue, what to do and how to manage it when faced with the issue.
 - Plan to get RCN endorsement for this
 - Plan to work with RCN communications team to develop a resource in time for Congress 2018.
2. Work to develop a template for local areas to identify a local directory of services. This will be linked to on the RCN modern slavery web page.
3. Develop local referral pathway tool based on those services available. Template to be linked to and published on the RCN modern slavery web page.
4. Convene a steering group with RCN members, council lead and staff identified as well as a member from the commissioner's office for modern slavery and members from the police to represent a UK wide position. The purpose of this group will be to ensure the resources above are promoted and developed and also to further develop the current RCN web page:
 - with information on what the issue is, when and how to ask people if trafficking or modern slavery is suspected and how best to plan care. Time scales to be agreed.
 - and with new linked resources on inclusion health and how nurses and midwives can support asylum seekers and homelessness and also direct people to health care. Work with the homelessness network in London, the QNI and others. Time scales to be agreed

There is an agreement with all that this is a complex and important area of work and needs to be developed appropriately to address the issues adequately. The group have agreed that the work is expected to go on over the next 18 months to two years.

What will this project create or make?

Publication of the 'modern slavery wheel'

Template to develop a Local Directory of services

Template for local referral pathway

Development of resources.

Who is going to be affected by this work?

Maintaining links with NHS England, four country NHS organisations and other stakeholders as identified for the steering group. For example, the RCM and other medical colleges, Commissioners office for modern slavery, and the Police.

What is the timeline for this activity?

Step 1: Set up

As per meeting timeline in Q1. Steering group meeting to be convened January

Step 2: Scope activity

As detailed in Q2 and Q6 objectives

Step 3: Secure approval to proceed

Paper to be presented at Future Nurse Future Workforce (FNFW) and Project Business Case to be developed

Step 4: Delivery and implementation

As detailed above but also to be overseen through the steering committee.

Step 5: Conclusion of activity

The project will work to get the modern slavery wheel endorsed by the RCN and published in time for it to be included in the packs for Congress 2018. The other outputs for this work are expected to go on over the next 18 months

Step 6: Evaluation and learning

Work with the steering group to publish the work and liaise with RCN communications and media departments on promotion

How will staff and members work together to deliver this project?**Project leads**

Carmel Bagness and Helen Donovan

Project coordinator

Kate O'Molloy

Knowledge and resources team

Ross Scrivener

Claire Constable (Information Resources Coordinator)

Publications, communications and media support to be identified

What resources are needed?**Money**

Project Business Case to be developed;

Costs to be determined to cover:

- Publication of the modern slavery wheel
- Printing to go in to congress packs plus additional copies 5,000 copies in total
- Costs for steering group travel and expenses and refreshments

Members

Zeba Arif, Louise Cahill and Dave Dawes as council lead

Staff

Carmel Bagness, Helen Donovan and Kate O'Molloy

Plus support from RCN teams as identified above.

External stakeholders

To be identified in the steering group;

Member from the Commissioner's office for modern slavery

Members of the police; Manchester and Glasgow

Representative from the RCM to be agreed

Communication channels and products

To be agreed through the steering group

Data and/or evidence

Much of the work has already been developed, further evidence and evaluation to be determined through the steering group.

What could block progress and/or hinder success of this project?**Risk**

Endorsement process for the Modern Slavery wheel

Mitigation

This has already been developed and already near to publication so process should be possible to expedite

Risk

Publication and printing timescales to get the resource ready for congress 2018

Mitigation

To liaise with publications team now to get a time scale for the work

Risk

Getting timely agreement of dates for first steering group

Mitigation

Louise has offered to approach colleagues she has already worked with

Risk

Getting agreement on the budget

Mitigation

Liaise with nursing department and FNFW committee and with Council through Dave Dawes

16. Cycle Helmets (R/MfD)

That this meeting of Congress discusses whether Emergency Departments should be able to say no.

This item was changed to a matter for Discussion following a vote at Congress

Council agreed that no further action was to be taken as a result of this Matter for Discussion

17. Working time regulations (R)

That this meeting of Congress asks RCN Council to challenge vigorously employers who fail in their duty to comply with working time regulations.

Proposer	Denise McLaughlin
Submitting entity	UK Safety Reps Committee
RCN Leads	Kim Sunley
ET Sponsor	Chris Cox
Council Lead	Anne Kennedy (to 31/12/17); Elspeth Caithness, Carol Popplestone,
Governance committee	MRC

What discussion has taken place with the proposer and submitting entity?

A presentation on proposals was given to the UK Safety Reps committee in September.

Does the resolution require any work to be completed?

Yes: Although work comes under the umbrella of the *Healthy Workplace, Healthy You* project, more detailed work is required around the specific issues of working time, shift work and rest breaks.

Does this resolution already align with existing strategic work or operational activity in any part of the UK?

- Aligns with *Healthy Workplace, Healthy You* campaign
- Aligns with work to ensure employment and health and safety law is protected post Brexit and the European Union (Withdrawal) Bill

Does existing strategic or operational work deliver outputs that meet the resolution?

Yes, in part but more detailed work is required.

What is the scope of the UK-wide work, including all 4 countries, that needs to be developed to meet this resolution? (If UK-wide is not appropriate, please state why)

UK-wide work but examples of good practice from across the UK will be used (including local work by Scottish workplace reps on working time directive compliance).

What are the objectives and how will the success of this work be measured?

- Up-to-date RCN guidance on shift work. Success will be measured by the number of guides downloaded and evidence of recommendations being implemented at a local level.
- *Healthy workplace, healthy you* 'spin off' campaign on rest breaks/hydration for nursing staff to raise awareness of legal (WTR) and business/patient and staff benefits of rested and refreshed staff – evidence of campaign being implemented at a local level.
- NHS Staff Council guidance on the health, safety and wellbeing of shift workers (including section on working time regulations) – launched in February.
- Protecting requirements of working time regulations by contributing to consultations/ commenting on legal/parliamentary work which has the potential to impact on working time regulations/ Success will be measured by evidence of RCN briefings/responses being used in consultations.
- Joint signatory to letter to Prime Minister (with other royal colleges) stressing the importance of the working time regulations in protecting both staff and patient safety.
- Parliamentary briefings on the Great Repeal Bill include reference to the need to keep controls on working hours via the working time regulations in order to protect both staff and patient safety.

What will this project create or make?

Campaign pack on rest breaks/hydration.

Online guidance on shift work.

Who is going to be affected by this work?

- Members
- Workplace reps
- Patients (better patient outcomes)
- Employers
- Other NHS trade unions and NHS employers

What is the timeline for this activity?

Step 1: Set up

Discussion with proposer/safety reps committee (Sept 2017)

Step 2: Scope activity

Scoped with safety reps committee

Step 3: Secure approval to proceed

Approval from manager and UK committee

Step 4: Delivery and implementation

(see attached brief on rest break campaign)

Step 5: Conclusion of activity

Launch in March 2018, reviewed end of 2018

Step 6: Evaluation and learning

Case studies, feedback from reps, members and organisations

How will staff and members work together to deliver this project?

UK committee will act as critical eye to work.

Support from communications team to develop materials

Support from Corporate relations to seek sponsorship opportunities

What resources are needed?**Money**

Materials for campaign (funding to be sought via sponsorship)

Members

Engage with materials and messages

Staff

Support from Communications to develop materials

External stakeholders

Employer view on materials, support from NHS employers to promote work

Communication channels and products

Reps conference, bulletin, activate, social media, Nursing press

Data and/or evidence

Literature review, safe staffing evidence (on missed breaks), Employment survey

What could block progress and/or hinder success of this project?

Risk of campaign on rest breaks back firing amongst members due to shortage of nursing staff

Timing of campaign (could get lost amongst scrap the cap /close the gap or send mixed messages).

19. STPs (MfD)

That this meeting of Congress discusses the role of nurses in the development and implementation of Sustainability and Transformation Plans.

Proposer	Sarah Seeley
Submitting entity	RCN Suffolk Branch
RCN Lead	Mark Platt
ET Sponsor	Donna Kinnair
Council Lead	Rod Thomson and Maria Trewern
Governance committee	NPPC

What is the scope of the wider RCN work which addresses this MfD? Is it UK-wide work, including all four countries (If not please state why)

Context

There are 44 Sustainability and Transformation Partnerships (STPs) across England and each published high-level 'analysis and recommendation' plans in late 2016. The STPs are intended to bring together health and social care leaders to work in partnership. The plans seek to deliver the key objectives of NHS England's Five year Forward View, with a focus on health improvement, reconfiguration of care to better meet population needs, and finding savings to close a £22bn funding gap by 2020-21.

Issues

Progress by the STP leaders and planners on developing the detail needed to achieve the ambitions given in the plans has been slow, this is especially true in respect of workforce planning.

Engagement of key stakeholders by the partnerships has been mixed at best. Many have been reluctant to engage constructively with representative and professional organisations such as the RCN and engagement with the workforce (beyond occasional one-way communications events) have focused on clinicians rather than nurses.

The STP process has the potential for significant impact on RCN members, such as through the reallocation of posts from acute to primary care, changes in nurses roles and responsibilities, and the push in some areas for 'flexible' workforces, with staff being expected to be able to move between roles, geographical locations and employers.

RCN work in response

- Analysis of STP plans and any supporting evidence to produce data maps of any impacts (actual / potential) on the nursing workforce, and future career pathways. (scheduled for end of Nov 2017)
- Update of STP webpage content, with Nursing Dept, to promote RCN positions and activities, and provide up-to-date guidance to members. (Dec 2017)
- Survey of RCN Regional staff leads about level and quality of engagement by STPs in their area. Data to be used in identifying good and poor practice, to support activities to improve RCN profile and engagement. (Dec 2017)
- Development of an STP audit framework, to include update of information sharing processes, to improve national and local assurance. (Early 2018)
- Engagement with work with NHS England STP team, including to develop a workshop to facilitate senior nurse representations from each STP. (Feb 2018)

20. Assaults (MfD)

That this meeting of Congress discusses the lack of existing legislation regarding the assault of health care workers

Proposer	Ali Upton
Submitting entity	UK Safety Reps Committee
RCN Lead	Kim Sunley
ET Sponsor	Chris Cox
Council Lead	Tracey Budding and Fiona Devlin (to 31/12/17); Carol Popplestone
Governance committee	MRC

Is work on the MfD included in an existing strategic work or operational activity in any part of the UK?

Work-related violence is ongoing work (as part of core work). However this Congress debate requires additional work in relation to supporting the Private Member's Bill currently going through Parliament.

There is some overlap with other work on work-related violence

What discussion has taken place with the proposer and submitting entity to explain the decisions ?

A discussion took place at UK Safety Reps Committee on the Assaults on Emergency Workers (Offences) Private Member's Bill. The committee gave a mandate to work with MPs and other stakeholders to ensure that nursing staff are covered by Bill.

What is the scope of the wider RCN work which addresses this MfD? Is it UK-wide work, including all four countries (If not please state why)

A different approach is required in each country:

- The Emergency Workers (Scotland) Act 2005 makes it a specific offence to assault, obstruct or hinder someone providing an emergency service or assisting an emergency worker in an emergency situation.
- The Private Member's Bill applies to England and Wales.
- Due to the absence of an Assembly or Executive to influence, the RCN in Northern Ireland plans to keep a watching brief on the developments around the Private Member's Bill.

Who will have been involved in this work?

Internal

- England and Wales ERD lead
- Parliamentary and Public Affairs
- Communications
- UK Safety Reps Committee

External

- MPs
- Police Federation
- UNISON
- Other trade unions/professional bode

What is the timeline for the delivery of the relevant part of existing work?**Step 1: Set up**

Initial work started in December 2016

Step 2: Scope activity

Mandate to support and clarity on scope obtained from the proposer and the UK Safety Reps Committee in September 2017.

Step 3: Secure approval to proceed

Support from MRC and UK Safety Reps committee

Step 4: Delivery and implementation

Stage one, which will includine shaping the bill, member engagement and gaining support from MPs took place during September and October 2017. The Bill passed its third reading in the commons and will now go to the House of Lords for which a date has not yet set.

Step 5: Conclusion of activity

Pending

Step 6: Evaluation and learning

Pending

What will this project create or make?

New legislation. (RCN guidance will be developed to explain the law to members.)

- For the Bill to cover nursing staff (including those directly employed by the NHS and those providing NHS services)
- For the Bill to become law.

21. Benefits (R)

That this meeting of Congress asks RCN Council to insist that the Government urgently reviews its appalling management of benefits.

Proposer	Mary Quirke
Submitting entity	RCN Neuroscience Forum
RCN Lead	Lizzie Dowd / Val Bailey
ET Sponsor	Chris Cox
Council Lead	Cynthia Davis and Sue Warner
Governance committee	NPPC

What discussion has taken place with the proposer and submitting entity?

Discussions have been held with the proposer and Council Lead. There have been wider discussions with the Nursing Department and we met with the Shadow Minister for Disability Marsha de Cordova's team.

Does the resolution require any work to be completed?

The proposer is working with the Neurological Forum to discuss the production of a resource to support nurses with welfare assessments.

What is the scope of the UK-wide work, including all 4 countries, that needs to be developed to meet this resolution? (If UK-wide is not appropriate, please state why)

Further work will be undertaken to ensure a four-country perspective.

What are the objectives and how will the success of this work be measured?

To work with partnership organisations such as the MS Society, the Disability Benefits Consortium and Government agencies to influence the management of benefits.

Who is going to be affected by this work?

Those who rely on benefits.

What is the timeline for this activity?

Work has progressed on the collaborative approach outlined above, and we will continue to act on opportunities as they arise.

22e. Pay (R)

That this meeting of RCN Congress following the result of the pay poll, calls for a summer of planned protest activity followed by an industrial action ballot, should the next Westminster government fail to end of the policy of pay restraint.

Campaign timeline

April 2017 Pay poll testing appetite for industrial action

May 2017 Pay Poll result at Congress. Congress approves Summer of Protest.

June 2017 Summer of Protest launched.

27 June National day of action (payday protest)

27 July Second National day of action

26 August Digital day of action

6 September Parliamentary Rally and MP event

14 September Joint NHS Union pay claim

1 October Conservative Party Conference

10 October Jeremy Hunt announced scrapping of pay cap

What worked?

Postcards gave focus

Sustained media campaign

Spotting opportunities

Relationships with key MPs

Political climate

RCN organisational focus

Scrap the cap in numbers

Facebook reach 5.523 million

Total #scrapthecap reach 98.064 million

Media 3,372 pieces of coverage

Number of postcards for MPs completed 68,072

Number of events 500+

Attendance at Parliamentary rally Up to 3,000

Number of pay champions 3268

Member meetings with cross-party MPs 150+

Tweets by MPs using #scrapthecap 292

23e. Brexit (MfD)

That this meeting of RCN Congress discusses the implications of Brexit following the triggering of Article 50.

Proposer	Jason Warriner
Submitting entity	RCN Public Health Forum
RCN Lead	Lara Carmona
ET Sponsor	Donna Kinnair
Council Lead	Michael Brown (to 31/12/17)
Governance committee	Council

What is the scope of the wider RCN work which addresses this MfD? Is it UK-wide work, including all four countries (If not please state why)

Context

The Government triggered article 50 giving notice of the UK's withdrawal from the EU in March 2017. The first priorities identified by the EU negotiators for resolution were free movement of EU citizens and right to reside, Northern Ireland/Ireland border and the UK's financial commitments to the EU. Six months later none of these issues are formally resolved. The first of these has a particular impact on nursing. In the UK the Government has introduced a draft EU withdrawal bill to Parliament to transfer all existing legislation

Issues

- Lack of clarity on the right to remain for EEA nursing staff already here is mirrored in a sharp reduction in new entrants to the NMC register from other EU countries and EEA nationals working in the NHS
- This compounds the existing nursing shortages caused by lack of investment in the domestic workforce
- The Government's proposals for the EU withdrawal bill would give them significant powers post Brexit to amend legislation emanating from the EU. The RCN is concerned that the current Government could use this to weaken employment and health and safety protections, including working time regulations

RCN action

- Submission of evidence to the Migration Advisory Committee on EEA migration, trends and current and future impact on the health and care sector in the UK, highlighting the need to allow current EEA nursing staff to remain and for a transition period before any changes to free movement.
- Submission to the health select committee on workforce issues in England, including the impact of Brexit on EU recruitment and retention
- Significant contributor to the the Cavendish Coalition's work on recruiting and retaining EEA staff, including externally commissioned research to assess the costs/benefits of domestic workforce investment and EEA migration
- Highlighting concerns regularly within the nursing and wider media about the continuing nursing shortage and lack of certainty for EEA colleagues
- Briefings and factsheets for members on Brexit and on immigration advice for EEA nursing staff.

Work on items discussed 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.

Harrogate, 2009

There they go! (Resolution)

That this meeting of RCN Congress urges RCN Council to lobby governments to ensure that the retention of nursing staff matches service needs

We continue to fight for appropriate facilities time for RCN Representatives. We published the *RCN Representatives Guide to Facilities Time*, which is available on the RCN website. We have also undertaken research with academics to highlight both the benefits and cost savings to employers of facility time. In our response to the consultation on the Trade Union Act 2016 the RCN focused on the value of facility time and our lobbying was key to deferring any possible reduction in facility time for three years.

Bournemouth, 2010

Busting the myth on NHS pensions (Resolution)

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

Between 2010 and 2015 the RCN negotiated new NHS pension arrangements effective from April 2015. These retained the defined benefit principle. We ensured protections were in place for members who were near to their normal pension age.

Liverpool, 2011

Pay cuts (Resolution)

That this meeting of RCN Congress is opposed to the pay cuts that are being imposed on the NHS workforce without consultation or due diligence to the current 'equal pay for equal value' pay system

Pay and the maintenance of the value of pay rises is an ongoing piece of work for the RCN. The *Scrap the Cap* campaign in 2017/18 saw the UK Government prepared to consider rises above the 1% cap that had been in place for some time. At this year's Congress, members will be aware of the current proposals for a pay deal in England over three years to 2021 that will see pay rates rise by at least 6.5% over that period.

Harrogate, 2012

Local Pay (Resolution)

In the light of the Chancellor's comments and the increasing interest of political parties in the devolved countries in local pay bargaining, Congress urges Council to take all necessary steps to prevent its implementation

The RCN has been successful in ceasing the progression of local pay. The 2018 proposals that members in England are considering remain underpinned by Agenda for Change – a national set of terms and conditions of employment.

Liverpool, 2014

Menopause (Resolution)

That this meeting of RCN Congress calls on Council to raise awareness among health care employers of the impact of the menopause on the nursing workforce

RCN Congress 2014 supported the Resolution that called on Council to raise awareness among health care employers of the impact of the menopause on the nursing workforce.

The menopause happens to all women, however the degree of its impact on a woman's quality of life and the symptoms experienced ranges widely. The RCN has endeavoured to support increased awareness and understanding of the issues that may impact on some women (and their wider family). In recent years the RCN has been working on:

- *The menopause and work: guidance for RCN representatives* www.rcn.org.uk/professional-development/publications/pub-005467 (produced by the RCN Employment Relations and Nursing departments) provides guidance to RCN Reps working with members and colleagues going through the menopause. The document discusses symptoms, workplace policies, and recommendations for changes to both work patterns and the work environment. It was widely distributed via nursing forum networks and employment relations networks following publication.

A number of enquiries have come forward since then, and ongoing work has included:

- fringe events at RCN Congress to support personal and professional understanding of issues around menopause, including an event to be held at RCN Congress 2018
- peer support sessions, although these are now inactive with the Peer Support & Project Information Officer in Member Support Services
- sessions at RCN Women's Health National Annual Conferences
- staff development sessions held at RCN Headquarters in the *Space to Think* series of lunchtime seminars
- the Chair of the Women's Health Forum has also worked on this issue with NHS England and some London NHS Trusts
- the RCN recently updated and published its guidance for nurses on menopause
- in order to provide support and advice to women it is important that health care professionals understand the changes that women face at the time of their menopause and the issues related to improving health after menopause. This publication aims to help health care professionals gain awareness of the menopause and the safety and efficacy of modern therapy options available. www.rcn.org.uk/professional-development/publications/pub-006329
- *Nurse Specialist in Menopause*, published in 2017, builds on the BMS standards, focusing on the options for nurses who may choose a career pathway towards becoming a specialist practitioner in menopause. www.rcn.org.uk/professional-development/publications/pub-005701
- new work for 2019 - *Menopause and Mental health* pocket guide.

Revalidation (Matter for discussion)

That this meeting of Congress discusses whether the Nursing and Midwifery Council will be able to deliver an effective and fair revalidation process.

The NMC launched the new revalidation process for nurses and midwives in April 2015. This has been welcomed by the profession and at this time two thirds of nurse and midwifery registrants will have been through the process. Revalidation is the method by which nurses and midwives renew their registration. The purpose of revalidation is to improve public protection by making sure that nurses and midwives remain fit to practice throughout their career.

Revalidation:

- reinforces the duty to maintain fitness to practise within their own scope of practice
- encourages nurses and midwives to incorporate the Code in their day-to-day practice and personal development
- encourages engagement in professional networks and discussions and help to reduce professional isolation
- enhances employer engagement in NMC regulatory standards and increases access and participation in appraisals and continuing professional development.

The NMC provides guidance for registrants and employers. There is a micro-site that provides information and links to resources, examples and templates. The NMC guide How to revalidate with the NMC outlines clearly all the requirements for renewing NMC registration.

The NMC worked closely with its stakeholders, especially the RCN, who helped shape the revalidation model in consultation with members and stakeholders. The NMC continues to work closely with the RCN through its regular stakeholder meetings and also through meetings with individual RCN staff members and NMC staff on issues and challenges as they arise.

The latest feedback at the NMC stakeholder meeting was from the IPSOS MORI evaluation (June 2017) that revealed that those registrants surveyed:

- are positive about revalidation
- CPD improves practice
- Feedback helps meet needs of patients
- Reflection is an important way to improve.
- Suggestion that those who have revalidated are thinking more consciously about how they practise
- Greater knowledge of the code
- Guidance and website widely used
- 95% agree 'how to revalidate' is helpful

- Finding information comprehensive and clear
- Those who contacted found help positive
- Almost two thirds reported no issues with gaining feedback and acknowledged this was now more formalised to meet revalidation requirements
- Registrants are preparing early and at point of regulation they felt they had a good understanding of the process.

Bournemouth, 2015

Continence training (Matter for discussion)

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

Since the 2013 Matter for Discussion, the Diabetes Continence Forum committee has worked with the RCN Nursing department to develop an online resource. *Continence Essentials* is aimed at health care support workers and students but the feedback has been very positive from both unregistered and registered nurses in all settings. It is a useful tool for teaching, and a reminder of some of the key issues relating to the management of continence.

The committee also wrote a formal letter to the NMC asking that continence management be a mandatory requirement in pre-registration training. They responded to the NMC consultation on the NMC pre-registration curriculum and encouraged members of the forum to contribute. They are members of NHS England's working group on continence and have lobbied tirelessly to ensure there is awareness of the impact that poor bladder and bowel management has on people, as well as the cost of inappropriate use of containment products. They have a representative on the All Party Parliamentary Group and contribute to debate on both poor management of continence as a societal issue and the need for appropriate training for both registered and unregistered staff. The forum recognises that this is not just an issue for unregistered nurses and therefore will be developing a module on bladder and bowel management for registered nurses later this year.

Trade Union Legislation (Resolution)

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

The RCN lobbied hard on this issue during the consultation on the Trade Union Act 2016. The ability for public sector staff to take industrial action remains; however in the 'important public services' the high threshold (40% of all those balloted) will potentially make it more difficult to take industrial action. Where a particular service is not defined as an 'important public service' there is now a 50% return required and a simple majority within that for action to take place.

Liverpool, 2014

Pay (Resolution)

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

The RCN mounted a major campaign against the UK Government's pay restraint policy following Congress last year. Scrap the Cap was successful in removing the 1% cap for the 2018 NHS pay round.

Members in England now have a package to consider that will deliver for everyone a pay rise over three years of between 6.5% and 29%. If this is accepted in England, monies will be made available in Northern Ireland, Scotland and Wales to deliver a similar outcome. It will be for the partners in these countries to decide how this is best done.

Glasgow, 2016

Student Bursaries (Resolution)

That this meeting of Congress is appalled by the unilateral decision to abolish student nurse bursaries and calls on government to work with the RCN to look at all options and agree future student nurse funding arrangements

In 2017, the RCN developed a number of costed options to incentivise a wide range of applicants to nursing degrees in England, following the removal of the bursary. The incentives focused on targeted support with living costs, which may be particularly important for mature students, the group in which we have seen large reductions in applications to university. These options are: universal grants for students in recognition of their placements; means-tested grants to maintain diversity; and/or targeted support for parents and carers. For a local targeted approach, a central fund could be created within the DHSC. Employers could access this pot to receive dedicated funding to incentivise and grow the required workforce in their area, for example through tuition fee write-off or stipends in recognition of service. We submitted these options to the Treasury and the Department for Health and Social Care in Autumn 2017.

In February 2018, we published a comprehensive report, *Left to Chance*, assessing the outcome of the first year of tuition fees for nursing students in England, as well as new apprenticeship routes and the nursing associate role. This demonstrated that the number of students accepted into courses have in fact decreased in England since the removal of the bursary, and that current arrangements will not contribute to solving the UK workforce crisis. We included clear recommendations for Government on how to support nursing students in England.

In March 2017, we further promoted the importance of incentivising applications to nursing, following removal of the bursary, in our response to the workforce strategy consultation in England.

Agency Nurses (Resolution)

That this meeting of Congress discusses the use of agency nurses in the NHS

In 2017 there were attempts to stop NHS staff in England working on an agency basis within NHS Trusts where they had a substantive contract of employment. The RCN vigorously challenged this proposal and Janet Davies wrote to NHS Improvement in March 2017, asking them to rescind this with immediate effect. The RCN also made clear the advice it was giving to its members if the proposal was not rescinded. The response from NHS Improvement was to effectively remove this proposal.

Nursing Associates (Matter for Discussion)

That this meeting of Congress discusses the impact of the Nursing Associate role

The RCN continues to work with the Health Education England Nursing Associate Implementation Group. The RCN continues to recruit members and is considering opening a new membership category for nursing associates. The organisation is responding to the various NMC consultations on the nursing associate role and is running workshops with nursing associate members on the NMC consultations. It is also part of an employment group looking at the existing job description for the trainee role and developing a model job description for the qualified role. The RCN notes the continual growth of the role and that the role is now part of the apprenticeship programme.

The RCN welcomed the regulation of a new nursing support role. We have sought to actively influence the new nursing associate role in England. This includes a particular focus on ensuring that the role is not considered to be a separate profession, as this would affect how the role reports to registered nursing staff. We responded to the NMC's consultation on regulation of the role, setting out risks, and how these should be mitigated.

We have clearly expressed concern that the new NA role has been devised and implemented at great speed and without the appropriate preparation, testing and consultation, and that the Government in England appears to be too dependent on this route for growing the supply of registered nurses. We are also concerned that the necessary work has not been done to establish, or at least estimate, what the real cost of regulating the NA role will be before the NMC proposed that NAs be charged the same registration fee as registered nurses.

Liverpool 2013 Bournemouth 2015 Glasgow, 2016

Nurse staffing for safe and effective care

In 2017, the RCN has called for the following to be in place in every UK country:

1. Legislation for the accountable provision of staffing levels
2. Increased funding for safe and effective staffing of health and care services with political accountability
3. Credible and robust workforce strategy
4. Scrutiny, transparency, openness and accountability

Legislation is in different stages of development currently in Wales and Scotland.

In Wales, the Nurse Staffing Levels Act received Royal Assent in March 2016, but the RCN campaign in Wales hasn't stopped there. Statutory guidance explaining how to implement the Act was issued to NHS Wales in November 2017 and RCN Wales worked hard to make sure that protected time for educational mentors and the supernumerary status of the ward sister/charge nurse was protected. The Act has fully come into force in April 2018 and RCN Wales activists are now busy scrutinising the Health Boards and challenging decisions locally. RCN Wales is also calling for scrutiny of the implementation in the National Assembly. At the same time the Welsh Government has promised to extend the Act to cover new areas of nursing such as mental health so this is a key policy influencing area for RCN Wales.

The First Minister for Scotland pledged to introduce safe staffing legislation at the RCN Congress in Glasgow in 2016. Since then the RCN has campaigned hard to influence the shape of the Scottish Government's proposed Bill so that it will genuinely address the experiences and concerns which our members have shared around staffing for safe and effective care across settings. The RCN has yet to see the full text of the Bill, but from discussion with civil servants we understand that some, but not all, of our concerns have been addressed to date. The Scottish Bill is due to be published before the end of June 2018, with parliamentary debate starting in the autumn. The RCN in Scotland is now working to engage with members, partners and the public to ensure MSPs understand the positive impact robust staffing legislation could have on patient care and staff wellbeing, and to build alliances on possible amendments to the Bill.

In England and Northern Ireland, there are still no plans for respective governments to introduce legislation related to staffing levels and workforce to deliver safe and effective care.

- The RCN will be updating members on next steps across the UK, at Congress 2018.

8. Parity of esteem (R)

That this meeting of Congress condemns the UK governments' failure to deliver 'parity of esteem' and urges RCN Council to insist that this is addressed urgently.

Proposer	Ed Freshwater
Submitting entity	Mental Health Forum
RCN Lead	Catherine Gamble
ET Sponsor	Donna Kinnair
Council Lead	Stuart McKenzie
Governance committee	NPPC

On the strength of this item, the RCN has developed and secured a mandate, as part of the *Future Nurse, Future Workforce* programme, to establish a core strand of work for parity of esteem. The RCN's Parity of Esteem programme, including associated work, began in January 2018. It is intended that this piece of work will be delivered over the next few years and will involve a range of projects encompassing broader aspects of the mental health agenda.

The RCN is working to progress a programme that will aim to:

- influence and shape practice relating to delivering parity
- co-produce a set of bespoke, credible, evidence-based products (to be defined) that will support quality improvement initiatives
- support a range of ongoing projects that are shaped around achieving parity of esteem
- integrate a number of projects that exemplify good mental health nursing practice across the four countries
- link members' views, as set within Congress agenda, and a set of practical outputs that improve the lives of those with serious and complex mental health problems.

A programme lead has been appointed and initial work has included a member survey, with key questions on parity of esteem, to obtain views about the current perspectives of mental health and the wider membership. In April, we held a

launch workshop with representatives from each of the four countries, to identify priority projects for the next year.

One of the priorities is to understand the skills and competencies mental health nurses need to deliver parity - this includes training, development, support and supervision. Work is underway to gather evidence and good practice examples from nurses across the country.

Influencing across the four countries is variable and over the next year will be tailored to target areas where improvements are needed.

In England, NHS England and NHS Improvement focus on parity of esteem within its 2018/19 planning guidance. The requirements include plans and resources to improve the physical health of patients with serious mental illness. Other areas of policy, for example, the current MHA Review in England and Wales, aim to reflect parity in outputs and future legislation. There is continued criticism around the failure to deliver parity, with a recent report from the King's Fund, *Funding and Staffing of NHS Mental Health Providers: Still Waiting for Parity* (2018) suggesting that investment into mental health services is not always reaching the frontline and mental health staffing is under significant pressure, with shortfalls affecting both quality and safety. The RCN is particularly involved and engaged in long-term planning for the MH workforce. This work, hosted by Health Education England and chaired by Lord Willis, is seeking to secure and address the longer-term workforce, competencies and skills required by

mental health staff. This includes identifying how best the future mental health workforce can deliver parity.

In March 2017, the Scottish Government published its new ten-year Mental Health Strategy which recognises parity of esteem between physical and mental health as its “guiding ambition”. Included in the strategy is a commitment to ensuring equal status for mental and physical health within resource allocation, healthcare education, measurement of outcomes, quality improvement and service user aspiration. RCN Scotland is engaged in a number of areas:

- RCN Scotland is a member of the Mental Health Strategy Biannual Stakeholder Forum, which was established to monitor progress of the Mental Health Strategy. The RCN has attended two meetings of the forum and is monitoring the actions which follow the strategy in order to assess the extent to which this commitment is realised. We have raised issues, including how progress against the commitments in the strategy are realised and what outcomes and evidence will be used.
- In 2017, RCN Scotland responded to a Scottish Government consultation on mental health quality indicators.
- At time of writing, Stuart Mackenzie (Chair of Congress) is planning to give a presentation at the Network for Innovation in Mental Health in April 2018, on behalf of the RCN, on the importance of ensuring parity of esteem between mental health services and physical health services in NHS Scotland.
- Audit Scotland is carrying out a review of Child and Adolescent Mental Health Services (CAMHS). The RCN is a member of the advisory group.

In Northern Ireland underfunding is a significant issue as highlighted in the Crisp Report – *Building on Progress: Achieving Parity of Esteem in Northern Ireland* (2016), and impacts the ability to deliver mental health equality. Work continues in Northern Ireland to strengthen the nursing presence and influence on achieving parity including:

- Working with the Deputy CNO for Northern Ireland in various work streams to shape

the future of mental health nursing, starting from under-graduate programmes through the lifespan of the work.

- Influencing across a range of networks, including the mental health network, to shape areas of practice, for example, the safe staffing project *Delivering Care*.

In Wales, the RCN has been working across a range of areas around mental health equality. We engaged fully in a recent inquiry by the National Assembly for Wales’ Health, Social Care & Sport Committee into CAMHS in Wales, and the extent to which they are delivering for the young people of Wales. Written and oral evidence was also provided to the recent Parliamentary Review of Health & Social Care in Wales. Both have provided the opportunity to make several calls in relation to mental health service provision in Wales, such as calling for a sustained increase in the number of mental health nursing students at pre-registration level and for an extension to the existing Nurse Staffing Levels legislation to other areas, including mental health nursing. RCN Wales has also been calling for wider provision of post-registration specialist education in the area of mental health, for example in Emergency Departments, to ensure the workforce is able to identify signs of mental ill health where necessary, and signpost to other services and refer to specialist interventions where appropriate.

Further detail relating to the extent and nature of the parity of esteem programme will be communicated to members throughout 2018/2019, with opportunities to participate and get involved in influencing and shaping this important agenda.

12. Designated places of safety (R)

That this meeting of Congress asks RCN Council to lobby to ensure that Emergency Departments are no longer designated places of safety for the purposes of Mental Health legislation.

Proposer	Janet Youd
Submitting entity	Emergency Care Association
RCN Lead	Catherine Gamble
ET Sponsor	Donna Kinnair
Council Leads	Carol Evans (to 31/12/17); David Miller
Governance committee	NPPC

Post-debate on this item in 2017, the RCN acknowledges the wording of this item led to some confusion and misunderstanding within the wider health community. Whilst the item was passed from the floor, it was necessary to reflect on lessons learnt, and work with the Mental Health Forum, Mental Health Professional Lead and proposer of the item to consider activities to ensure that service users have good access, and receive sensitive and appropriate services, to meet both physical and mental health needs equally. Emergency Departments have a vital function and role to play in supporting the needs of those with complex mental health problems. Emergency Departments need to be calm and safe spaces, with skilled interventions from all staff, but also have quick access to mental health liaison and appropriate crisis support if required, whether under mental health law or not. One year on, the following has been completed:

- We have established a UK wide RCN Parity of Esteem programme.
- We are continuing to strengthen the RCN's input into the Faculty of Liaison Psychiatry – a key influencing group to shape and monitor liaison for Emergency Departments. The Psychiatric Liaison Accreditation Network provides standards for the provision of services in Emergency Departments and General Hospitals. Services that engage with this process can gain support to ensure that their service provision is appropriate and as safe as possible for someone in a mental health crisis, irrespective of whether their presentation is via mental health law or not, but based on an assessment of risk.
- We provided input into key reviews on Mental Health Legislation, for example, undertaking a MHA survey, in conjunction with Unite/MHNA members around S136, in relation to England's current Mental Health Act Review.
- We surveyed our members, as part of the Parity of Esteem Programme, on key questions relating to equality of access and treatment to health and social care services to support mental health services' users.
- We are developing a resource that identifies good practice examples, where good interface between physical and mental health care supports service users in distress, who also may be detained under mental health legislation. Examples of this include the Lotus Suite, in South West London and St George's Mental Health Trust or the single point of access team for urgent and emergency referrals in Northumberland.
- We are working at each country level to focus on influencing the implementation of legislation and policy.

Influencing across the four countries is variable; next year will provide an opportunity to exemplify areas of good practice and highlight areas where improvements are needed.

In England, a number of areas continue to shape this agenda. The Policing and Crime Act (2017) makes changes to what can be defined as a place of safety. This may now include someone's home as a place of safety. Significantly the police officer should now seek advice from a mental health

professional prior to enacting S136 – this might impact on decisions about where to take a person for an assessment or if the assessment could take place in the person’s own home or in a hospital setting, depending on need.

The importance of local jointly-agreed multi-agency policies as outlined in the MHA Code of Practice (2015) remains of vital importance in ensuring that all agencies concerned have given consideration to the best practice in relation to S136. This more strategic level agreement aims to improve how local practitioners in Emergency Departments, police and MH work together with individual people in acute MH crisis. The Five Year Forward View for Mental Health (2016) states that all acute hospitals including Emergency Departments will have liaison teams in place by 2020/21, with at least half providing this on a 24/7 basis. Feedback from a very small number of Trusts, as part of involvement within the Liaison network, suggests that the proportion of MH attendances to Emergency Departments under Section 136 is small. From the service user perspective, appropriate support in mental health crisis is important irrespective of MHA status. The need is for staff of all professional disciplines to be fully supported through educational interventions, including informal teaching and role modelling, to identify mental health presentations as valid and requiring the same level of compassionate and competent response as physical health needs.

In Northern Ireland, current legislation, The Mental Health (Northern Ireland) Order 1986 and its replacement, The Mental Capacity Act (Northern Ireland) 2016, (enacted in May 2016, but not yet implemented), make provisions to remove and convey someone to a place of safety. In using Emergency Departments as places of safety, there are no real differences between Northern Ireland and the rest of the UK. However, there are no specific separate designated places of safety akin to the 136 Suites in use across England and the RCN’s role in influencing the new Act conveyed concern around this, including the number and definition of such services. The RCN will continue to

influence, as part of the development of the code of practice, particularly obtaining views from members about what gaps remain within Emergency Departments around skill and expertise to support those with complex mental health needs.

In Scotland, the Mental Health (Care and Treatment) (Scotland) Act 2003 makes provisions for Places of Safety. Section 300 of the Act, states that a place of safety can include a hospital. However, the code recommends that these are not Emergency Departments and that any use of an Emergency Department as a place of safety should “be restricted to occasions where the person also has significant physical health problems related to, for example, self-harm or substance misuse”. The Mental Welfare Commission published a report in June 2017 that looked at the use of police powers to detain people in police stations under current legislation. The report showed wide variations in the use of these powers across Scotland.

In Wales, the RCN has made calls for all unscheduled care services, such as drop-in centres, or Emergency Departments, to be designed to have the facilities and expertise to engage with people in a mental health crisis. RCN Wales maintains that all Health Boards should have well-developed multi-agency crisis plans and protocols to enable people to access services outside of “office hours”, and these calls were made to the recent Parliamentary Review of Health & Social Care in Wales. RCN Wales also continues to monitor the extent to which the Mental Health (Wales) Measure 2010 is ensuring that people in mental health crisis are supported and kept in the most appropriate place of safety for the least amount of time.

Work to progress this resolution will continue in 2018/2019, where as part of the Parity of Esteem Programme, the RCN will be undertaking key pieces of work to influence and shape improvements in all services that support the broader needs of service users in mental health distress.

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

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