Council's Report to Members on Congress 2019
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Opposite: delegates arriving at the ACC, Liverpool

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A great deal has happened since we were in Liverpool last year. Our lives and nursing have been changed forever by the COVID-19 pandemic and we still face a year of uncertainty ahead.

We have also seen a lot of change at the RCN and for the first time in more than a century, our colleagues in Northern Ireland took the difficult decision to ballot members there on strike action over unsafe staffing levels and pay disparity.

This report details all the work that has been carried out by RCN members and staff as a result of the decisions made at Congress 2019 in Liverpool. I would normally present this report to you all at Congress, alongside the Chairs of the Trade Union and Professional Nursing Committees, and I’m particularly disappointed not to have the opportunity to meet more of you in my first year as Chair of Council.

Looking back at the societal issues we discussed, I am struck by how many of them have become and will continue to be more important over the coming years. To list but a few: homelessness, knife crime, social care, DNACPR orders, child poverty, loneliness, and climate change. We must continue to work on these issues.

There were also important debates on some really pressing nursing issues that feel larger than ever in light of our experiences over the past six months. These included pay, resilience, role design and flexibility and, of course, workforce mix and numbers. The pandemic and the continuing uncertainty created by Brexit have only raised the urgency of the lobbying that members, reps and staff from around the UK are carrying out. We must secure appropriate levels of staffing to enable us to provide our patients with the safe and effective care they deserve.

The Independent Governance Review Report you commissioned has now been received and I hope you have fed in your thoughts on how we should take the work forward. We will be kicking off a member consultation shortly on next steps regarding our international role in the current global context and our international alliances, including membership of the International Council of Nurses (ICN).

You will have an opportunity to ask us any questions you have on the work included in this report as part of a series of online debates and events hosted under the banner of #RCN2020.

I hope as many of you as possible will be able to join us online and I look forward to meeting you all virtually then.

Dee Sissons, Chair of RCN Council
The 52nd meeting of RCN Congress was held from 19-23 May 2019 in Liverpool.

Present

BJ Waltho (Chair of Congress), Michael Brown (Vice Chair of Congress), the Agenda Committee, Council, Professional Nursing and Trade Union Committees and representatives of the RCN Boards, Branches, RCN UK Forums, the RCN Nursing Support Workers Committee, the RCN UK Stewards, Safety and Learning Representatives Committees and the RCN Students Committee.

A. Welcome and Introduction from the Chair of Congress

The Chair welcomed delegates to Congress.

B. Reports of the Agenda Committee

Congress received reports from the Agenda Committee meetings held since the previous meeting of Congress. During the course of Congress verbal reports of the Agenda Committee were received.

The emergency resolutions recommended and agreed for inclusion on the Congress agenda are included in this report.

C. Report of 2018 Congress

Congress formally received and adopted the report of the meeting held on 12-16 May 2018.

D. Resolutions and Matters for Discussion

Resolutions (R), Matters for Discussion (MfD) and Emergency Items (E) are listed in the order they were taken on the agenda.

With the exception of item 7 (Role of the Chief Executive & General Secretary) votes on Resolutions were conducted by a show of hands.
1. **Decriminalisation of prostitution (R)**
That this meeting of Congress calls on Council to lobby governments across the UK to decriminalise prostitution.

*This Resolution was passed.*

2. **Do not attempt resuscitation orders (R)**
That this meeting of Congress asks RCN Council to review possible failures of health care staff to communicate fully DNAR orders with vulnerable groups.

*This Resolution was referred to Council without a vote.*

3. **International Council of Nurses (ICN) (MfD)**
That this meeting of Congress debates whether the RCN would be more influential for nursing and health globally if we re-joined the ICN.

4. **Clinical supervision by other professions (R)**
That this meeting of Congress asks RCN Council to challenge employers who impose clinical supervision on registered nurses by other professions.

*This Resolution was rejected.*

5. **Media (MfD)**
That this meeting of Congress discusses the impact of nursing, health care and our members when disputes about care decisions attain a high media profile.

6. **Nitrous oxide (MfD)**
That this meeting of Congress discusses the lack of understanding of the abuse of nitrous oxide and its consequences on health and wellbeing.

7. **RCN Chief Executive & General Secretary role (R)**
That this meeting of Congress directs RCN Council to instigate a review of the joint Chief Executive & General Secretary role with a view to introducing an elected General Secretary.

*This Resolution was rejected.*

8. **Homelessness (MfD)**
That this meeting of Congress calls on Council to hold the UK Government to account for their inaction over the health crisis of homelessness.

*This Resolution was passed.*

**Emergency item - Knife crime (R)**
That this meeting of Congress pledges to support the UK Government’s public health strategies on violence prevention and reduction following the increase in violent knife crime across the UK.

*This Resolution was passed.*

9. **Child poverty (R)**
That this meeting of Congress calls on RCN Council to lobby governments across the UK to provide adequate resources to deal with the rising levels of child poverty.

*This Resolution was passed.*

10. **Bullying (R)**
That this meeting of Congress condemns the failure by governments across the UK to introduce legislation to prevent bullying in the workplace and urges RCN Council to insist that this is addressed urgently.

*This Resolution was passed.*

**Emergency item - Mandatory vaccination for children (MfD)**
That this meeting of Congress discusses mandatory vaccination for children before attending school.

11. **Period poverty (R)**
That this meeting of Congress calls upon Council to lobby governments across the UK to end period poverty.

*This Resolution was passed.*
12. **Rural health care (R)**
At the meeting Congress agreed to take this Resolution after item 17.

13. **Sepsis (R)**
At the meeting Congress agreed to change this Matter for Discussion to a Resolution. The final wording was as follows:
That this meeting of Congress asks RCN Council to lobby health care regulators across the UK to ensure education on the recognition, treatment and care of patients with sepsis is mandatory for all health care workers.
*This Resolution was passed.*

14. **Role design and job flexibility (MfD)**
That this meeting of Congress discusses how role design and job flexibility will help the UK’s health service recruit and retain staff.

15. **Uniforms (MfD)**
That this meeting of Congress considers that national uniforms in England should be introduced to mirror that in the other three countries.

16. **Resilience (MfD)**
That this meeting of Congress discusses if resilience is always a positive attribute and one to be aspired to in the modern health care workforce.

17. **NHS Pay (MfD)**
That this meeting of RCN Congress discusses the role of the NHS Staff Council in delivering fair and adequate pay.

12. **Rural health care (R)**
That this meeting of Congress asks RCN Council to lobby governments across the UK for better rural health care provision.
*This Resolution was passed.*

18. **Ethical employment (MfD)**
That this meeting of Congress discusses the Code of Practice on Ethical Employment in Supply Chains.

19. **Sexual harassment (R)**
That this meeting of Congress calls on RCN Council to lobby employers to set up systems to protect health care professionals from sexual harassment by patients or their families/friends.
*This Resolution was passed.*

**Emergency item - Decision making by the Council, Professional Nursing and Trade Union Committees**
That this meeting of RCN Congress calls for an immediate and independent review of governance and decision making in order to support the future endeavours of Council, the Trade Union Committee and the Professional Nursing Committee.
*This Resolution was passed.*

Note: There was a card vote to decide whether this item should be included on the agenda.

20. **Personal care (R)**
That this meeting of Congress calls on RCN Council to lobby the governments across the UK and all social care providers to recognise that personal care is nursing.
*This Resolution was passed.*

**Emergency item - Climate change (R)**
At the meeting Congress agreed to change this Matter for Discussion to a Resolution. The final wording was as follows:
That this meeting of RCN Congress calls on RCN Council to acknowledge the climate emergency declared by the UK Government and lobby health care providers to develop policies and strategies that are environmentally sustainable.
*This Resolution was passed.*

**Emergency items - Safeguarding the human rights of people with learning disabilities [and autism] (R)**
At the meeting Congress agreed to add the words “and autism” to the wording of this Resolution. The final wording was as follows:
That Congress calls upon RCN Council to lobby government organisations across the UK to take urgent action that safeguards the human rights of people with learning disabilities and autism.

*This Resolution was passed.*

**21. Loneliness (R)**

That this meeting of Congress asks RCN Council to engage with governments across the UK on the National Strategy on Loneliness in order to improve the ability of nursing staff to recognise loneliness and its effects.

*This Resolution was passed.*

**22. Safety culture (MfD)**

That this meeting of Congress discusses the importance of raising awareness of safety culture and in doing so enhancing workplace culture.

**23. RCN boards, branches and member engagement (R)**

That this meeting of Congress urges RCN Council to review the functions and structures of RCN boards and branches to promote and encourage members to engage with the RCN.

*This Resolution was passed.*
1. Decriminalisation of prostitution (Resolution)

**You said**

That this meeting of Congress calls on Council to lobby governments across the UK to decriminalise prostitution.

**Key points in the debate**

- Sex workers are calling for decriminalisation – a model backed by evidence of improvements in health, safety and welfare. World Health Organization (2012) guidelines also recommend that countries work towards the decriminalisation of sex work.

- Currently, in England, Scotland and Wales, prostitution itself (the exchange of sexual services for money between one seller and one buyer) is legal, but a number of related activities, including soliciting in a public place, kerb crawling, owning or managing a brothel, pimping and pandering, and more than one sex worker working together, are crimes. The law in Northern Ireland is different to the rest of the UK as it has linked sex work and human trafficking into one issue.

- There were concerns about full decriminalisation and this link with trafficking, and support was shown for the ‘Nordic model’, which criminalises the buyer of sex work. The proposer of the resolution and the accompanying literature made clear that this resolution makes a distinction between legalisation and decriminalisation. In addition, the commitment to sexual exploitation and/or trafficking of persons remaining illegal.

- Further contributions to the debate highlighted that there is evidence to show that where sex workers are able to negotiate safer sex, HIV risk and other vulnerabilities can be better managed and greatly reduced.

**Agreed scope of the project**

- Establish the RCN’s policy position around decriminalisation of sex work/prostitution.

- Raise awareness amongst government and policymakers across the UK on the negative health outcomes associated with criminalising sex work and lobby them to decriminalise.

- Engage with organisations already established and achieving change in this space.
**Activity**

- After Congress, a task and finish group was established to determine the scale and scope of the resolution’s work. Based on discussions and feedback from the resolution’s proposer, a Professional Nursing Committee (PNC) lead and professional nursing leads, an activity plan was developed and signed off.

- The College wrote to the Home Secretary to introduce our new mandate and call for the decriminalisation of prostitution. A response to our letter was received from Kit Malthouse MP, Minister for Crime and Policing.

- A literature search was conducted by the RCN Library to bring together further information and research around the topic to inform thinking and policy formation.

- The original activity plan for the resolution included a proposed briefing for members to explain the background to the resolution and the College’s stance. In addition, a position or policy statement – was mooted in order to expand and strengthen the College’s position on this resolution. The completion of both faced challenges due to external events and competing priorities including the General Election, but work has subsequently restarted in order to finalise these outputs.

- In autumn 2019, the Westminster Parliament’s Women and Equalities Select Committee (WESC) launched their inquiry into prostitution. A short questionnaire was sent to members, whose evidence and testimony was a core part of RCN’s official submission to this inquiry. Unfortunately, as the inquiry was beginning to call for witnesses, Parliament was dissolved due to the General Election being called.

- Following the formation of the new Parliament in February 2020, the RCN followed up with the Clerk of the WESC, who informed us that it will be the responsibility of the new Committee to decide whether the inquiry will be revived. Prior to the COVID-19 pandemic, a question was raised as to whether to write to the new chair of the WESC to call for the inquiry to be re-visited, however due to work being re-routed during the pandemic, this decision was not taken.

- We engaged with several stakeholders, most notably Sarah Champion MP (member of the WESC), who wrote to query the College’s stance on the decriminalisation of prostitution and specifically raised concerns around trafficking. The RCN wrote to the MP outlining the College’s strong anti-trafficking stance and our work on modern slavery. A meeting was proposed to discuss our position, but this did not come to fruition due the General Election.

- Further engagement has been with stakeholders working in the decriminalisation space, including Amnesty International.

- Following the formation of the new Parliament and Government, the College wrote again to the re-appointed Home Secretary to re-affirm our commitment to calling for the decriminalisation of prostitution.

- In early March, a discussion paper was sent to the task and finish group, proposers and PNC lead to discuss the future activity for this Congress item and the question about what activity to take beyond June. Due to the COVID-19 pandemic, this call did not take place and decisions remain on hold.
Challenges

The General Election in 2019 and the pandemic have caused activity to be delayed and rephased. The task and finish group have identified options to extend activity beyond June.

Stakeholder involvement and member consultation

Engagement between the proposer and staff lead began three months before Congress 2019. There was regular communication between both parties, with the last contact in March 2020, just before lockdown. Contact has recently been re-established in order to discuss the options for future work on this important issue.

RCN stakeholders

RCN members (specifically the proposer, the Public Health Forum and members working in sexual health); Communications Directorate; Nursing, Policy and Practice Directorate

External stakeholders

Department of Health and Social Care; Home Office; relevant coalitions and interest groups including Amnesty International; sex workers rights groups; Women and Equalities Committee

Impact

- Work has been paused to respond to the COVID-19 pandemic. This is a lobbying priority and there is scope for further impact after June 2020, should the group decide to continue activity.
- Opened the RCN to a new issues area which has helped to foster relationships with new alliances, coalitions and stakeholders, giving us a new arena in which to influence and engage on policy issues.
- Helped to bring the voice of nursing and evidence-based policy making around health outcomes into the decriminalisation debate.
- Engaged with, and influenced, the Women and Equalities Committee inquiry into prostitution.
2. ‘Do not attempt resuscitation’ orders (Resolution)

**You said**

That this meeting of RCN Congress asks the RCN Council to review possible failures of health care staff to communicate fully with ‘Do not attempt resuscitation’ (DNAR) orders with vulnerable groups.

**Key points in the debate**

This resolution was referred directly to RCN Council. The debate that took place centred mostly on the wording of the resolution.

**Agreed scope of the project**

None agreed.

**Activity**

The RCN has developed several resources which are available on our website. We have also developed a webinar to help nurses to understand their role in having discussions about DNACPR (do not attempt CPR) and advanced care planning.

**Key messages**

- This resolution was referred directly to RCN Council.
- Previous work had been completed on this subject.
- The RCN has developed several resources that are available on our website and a webinar was developed to help nursing staff understand their role in having discussions about DNACPR and advanced care planning.
- RCN Council approved not to progress any further work on this item, but to liaise with the proposer to consider contributions to RCN forum activities.
**Influencing activities**

- Links to RCN clinical resources.
- There is information about Advanced Care Planning, a link to the *Bounce Back Boy* film (featured at RCN Congress) and online resources such as Fundamentals of End-of-Life Care.
- Decisions relating to CPR Joint British Medical Association, Resuscitation Council and RCN guidance.
- Safeguarding.
- Summary of the Tracy v Cambridge University Hospital NHS Foundation Trust. (Accessed 1 July 2020)
- Resus Council ReSPECT process. (Accessed 1 July 2020)
- Forth Valley ReSPECT Final Report.
- The Scottish Government has information relating to End-of-Life Care and DNACPR. (Accessed 1 July 2020)
- Mental Capacity Act – England and Wales. (Accessed 1 July 2020)
- Adults with Incapacity (Scotland) Act 2000. (Accessed 1 July 2020)

**Policy development**

None.

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**Challenges**

Initial lack of clarity on actions that were mitigated by Council’s guidance.

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**Stakeholder involvement and member consultation**

In November 2019 a new staff lead took over responsibility for this project. Since then there has been limited email contact with the proposer. Council’s response was not to progress any new work, but to work with the forums to communicate existing work and submit an application for a fringe event at Congress 2020. The Governance team communicated Council’s response to the proposer.

**RCN stakeholders**

RCN members (specifically the proposer and members of the Pain and Palliative Care Forum); Nursing, Policy and Practice Directorate

**External stakeholders**

Sandra Campbell FRCN, Macmillan Consultant Nurse; Isabel Quinn, Senior Lecturer, Northumbria University

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**Impact**

- Work with RCN forums to communicate the existence of RCN resources available to all members.
- The completion of a request to submit a fringe event at RCN Congress 2020.
- To work closely with specific and identified forums to consider any new Forum Governance Groups projects that may assist in the development of new RCN resources.
8. Homelessness (Resolution)

You said

That this meeting of Congress calls on Council to hold the UK Government to account for their inaction over the health crisis of homelessness.

Key points in the debate

- This debate was initially proposed as a ‘matter for discussion’ on the quality of affordable housing, but became a resolution following an impassioned debate from members on the floor of Congress.

- Several members specifically spoke about the significant cuts to local authority public health budgets and the impact it had on the health of people at risk of or experiencing homelessness.

- Migrants, rough sleepers and families living in poverty were highlighted as specific vulnerable groups affected.

- Members voted to call on RCN Council to hold the UK Government to account for their inaction over the health crisis of homelessness.

Agreed scope of the project

- Identify the key issues contributing to the health crisis for homeless people.

- Work in partnership with key stakeholders across the health, social care, public health and homelessness sector to highlight the homeless health crisis and call on the UK Government to take urgent action.

- Demonstrate the contribution of nurses and nursing, promote best practice and deliver innovative nursing services designed to drive improvements in the health outcomes for homeless people.

Activity

- A task and finish group was established with the proposer and RCN staff representatives to determine the scope and focus of the work. Regular updates were shared with the proposer and Professional Nursing Committee (PNC) lead throughout the year.
In September 2019, the RCN Bulletin featured the role of homeless hospital discharge nurses in supporting people transitioning from care. In addition, the RCN’s Professional Lead for Public Health, Helen Donovan, wrote a member-facing blog to mark the first anniversary of the Duty to Refer, the new legal duty that sits within the 2017 Homeless Reduction Act in England, and its importance in addressing homelessness.

Both the resolution proposer and the PNC lead proactively canvassed members within their regions to gain insight into homelessness issues. This information informed the work of the resolution. Throughout autumn 2019 the proposer and committee member used their respective meetings to raise the profile of local and national issues on homelessness. The committee member, through consultations with members, and the proposer, through attendance at local housing and homelessness scrutiny committee meetings.

In February 2020, the RCN Bulletin profiled a clinical nurse specialist who works in a mobile health van seeking out and treating homeless people with TB. This piece was used to profile nursing innovation in practice and it was actively promoted on all RCN social media channels.

Policy, evidence and clinical guidance

In October 2019, the RCN worked in collaboration with other medical colleges and stakeholder organisations to prepare a joint response to the Government consultation on the Homeless Reduction Act in England. The submission called for the Act to be extended to cover all NHS services to ensure more effective coordination across public services when working with people at risk of homelessness.
• The RCN endorsed a toolkit developed by Doctors of the World UK. The *Safe Surgeries Toolkit* was designed to improve access to primary care services in England for hard to reach and vulnerable groups. This includes people at risk of or experiencing homelessness, particularly refugees and survivors of trafficking. It provides a checklist of seven steps to improve universal access to primary care services.

• In January 2020, RCN London published *Living in the Red: The Cost of Living Crisis for London’s Nursing Workforce*. The report highlighted how London’s high cost of living is forcing nursing staff out of the capital due to high accommodation and travel costs. 84% of respondents said the cost of housing was a key factor in their decision to leave London. Members in London said they feel less financially secure compared to 12 months ago and 57% said they are considering or planning to leave London in the next five years – up 17% from 2016. This is all set against a backdrop of rising nursing vacancies across London – currently, there are 10,550 vacant posts in the NHS in London.

**Political influencing**

• The RCN wrote to the Secretary of State for Housing, Communities and Local Government twice, to formally raise RCN member concerns about the UK Government’s inaction over the health crisis of homelessness. Letters were also sent to the relevant administration leads in Scotland and Wales.

• In October, the RCN developed an open letter to the editors of the *Mirror* from frontline nurses and midwives working in the homelessness sector calling on the Government to take urgent action to address the health needs of homeless people. It included a specific call to reverse the spending cuts to public health services as a result of reductions in local authority funding. The letter highlighted new data from the Office for National Statistics which showed that in 2018, 726 homeless people died across England and Wales – almost two a day. The RCN partnered with the homeless health charity Pathway and The London Network of Nurses and Midwives.

• In addition, as part of the Expert Consortium on Refugee and Migrant Health, the RCN was a joint signatory on a letter to the Secretary of State for Health and Social Care, reiterating our concerns on NHS charging and data-sharing policies that apply to migrants living in the UK.

**Stakeholder engagement**

• Several meetings took place with key stakeholders throughout the year to identify joint working opportunities. In particular, with the Queen’s Nursing Institute (QNI) who have developed a comprehensive body of work in relation to nursing practice and the health needs of homeless people, as well as homeless charities Shelter and Crisis. We agreed to work with Shelter and Crisis to host a session at the All Party Parliamentary Group (APPPG) for Ending Homelessness. However, this did not progress due to COVID-19.

• The RCN used its membership expert groups to further the resolutions priorities, for example, the RCN’s participation in the Expert Consortium on Refugee and Migrant Health. The consortium brings together UK health research and policy experts to facilitate collaboration, learning and evidence-based decision-making in the field of migrant health. It aims to address the health inequalities faced by migrant groups in the UK through multi-disciplinary collaboration by experts from all stages of the policymaking process.
• The RCN collaborated with a consortium called Taxpayers Against Poverty. The consortium, made up of leading experts and charities in the fields of housing and homelessness, is working to raise awareness about the lack of affordable housing across the UK and the health implications for people experiencing homelessness. The RCN has worked with the consortium in lobbying the government to introduce an Elimination of Homelessness Bill. The Bill would enshrine in law a definition of affordable housing.

Challenges

COVID-19 has resulted in some planned activity not being completed. This has been mitigated by member-facing activity in the RCN Bulletin, which profiled working in innovative nursing practice in the homelessness sector.

All four countries had staffing-related issues, but this was overcome through their collaborative working.

Stakeholder involvement and member consultation

From August 2019, the proposer and staff lead were in regular contact – either in face-to-face meetings, by telephone or email. There were a number of updates and the draft report of this resolution was shared with the proposer for sign off.

RCN stakeholders
RCN members (specifically the Public Health Forum and members working in the area of homelessness); Professional Nursing Committee; Communications Directorate; Nursing, Policy and Practice Directorate; elected members

External stakeholders
Crisis; London Network of Nurses and Midwives homelessness group; parliamentarians; Queen’s Nursing Institute; Shelter; UK Government

Impact

• The RCN has fostered relationships with new alliances and coalitions to help raise the health needs of homeless people up the political agenda. In February 2020, the Prime Minister committed to introducing a new fund with an extra £236 million to support rough sleepers.

• Solidified existing relationships and enabled the RCN to work in broad partnership and call for tangible interventions for the UK Government to take to drive meaningful improvements in health outcomes for people who are at risk of or experiencing homelessness.

• Profiled nurse-led innovation in clinical practice.

• Work on homelessness will continue as a strand in the RCN’s public health clinical and policy workstreams.
9. Child poverty (Resolution)

You said

That this meeting of Congress calls on RCN Council to lobby governments across the UK to provide adequate resources to deal with the rising levels of child poverty.

Key points in the debate

- 2020 marks the year in England by which ex-Prime Minister Tony Blair stated that child poverty would be a thing of the past, yet child poverty in the UK is growing and estimated to affect more than four million children (30%) or nine in a classroom of 30.

- Children across the UK may be more likely to be in low-income households compared to the wider adult population.

- They may experience poor physical and mental health and may not reach their full potential in school.

- Research indicates links to family unemployment, poor housing, debt, homelessness and poor life chances in adulthood.

- Poverty is identified as an Adverse Child Experience (ACE) with an associated detrimental effect on children’s long-term outcomes.

- Each country in the UK has introduced a Children’s (and Young People’s) Commissioner, responsible for promoting the rights and protections of children, and to advocate for their interests in policies and decisions that will affect their lives. There are varying levels of progress made, and strategies in place across each of the four countries.

Agreed scope of the project

- To raise awareness amongst governments across the UK that a targeted, adequately resourced and cross-department approach will need to be taken to continue the fight against child poverty.

- To produce an issue-based briefing which clearly sets out our position and context across the countries of the UK.

- To join the End Child Poverty coalition so that we can effectively contribute nursing expertise to tackling child poverty, alongside other charity sector campaigning organisations that are already established and achieving change in this space.
Activity

Key messages

• Ending child poverty must remain a priority for all countries across the UK. Child poverty is unjust and avoidable.

• Every effort must be taken by governments across the UK to assess and understand all barriers and factors, including health inequalities, which cause child poverty and prevent children from thriving.

Influencing activities

• Stakeholder meetings with a range of children and young people’s charities, including Action for Children and Child Poverty Action Group, to understand how we can support their work.

• Joining the End Child Poverty coalition, an active group of charities with a focus on campaigning. They publish constituency-level data on the prevalence of poverty annually and help their supporters lobby MPs. As a member, the RCN can provide content on the contribution that nursing staff make in supporting children and families to tackle the barriers that poverty may pose for them when accessing health care.

• The RCN has begun a project about the nursing contribution to the World Health Organization (WHO) Sustainable Development Goals (SDGs). One of the SDGs is focused on poverty as a whole, and the experiences of our members supporting those in poverty, including children, will feed into our response to this UN-led work. Findings from this survey will be published in a report in 2020. We will disseminate this report to relevant external stakeholders and share with the End Child Poverty Coalition.

• This resolution has been included in our organisational response to the Prevention Green Paper in England. This is being undertaken by Policy and Public Affairs (UK and International) and was submitted in October 2019.

• The Child Poverty Congress resolution was raised during meetings we held with parliamentarians and stakeholders at the Labour and Conservative Party Conferences in 2019, including the Royal College of Paediatrics and Child Health.

• Following the Government reshuffle in February 2020, the mandate to tackle child poverty has been included in our communications to the Secretary of State for Health and Social Care and the Secretary of State for Education.

We have also stated that the Government must progress with widening participation schemes to encourage new nursing students from all backgrounds to have an opportunity to go to university if they wish.

• Membership of the End Child Poverty coalition has informed our ongoing awareness of the impact of COVID-19 on wider societal issues.

• Following the UK Government General Election a letter was sent to the Department for Education (England) and to the Department for Health and Social Care to alert the relevant Secretary of State to our mandate from Congress and ask for a meeting with their team. We have not received a formal response on this matter.
Policy development

- This Congress item was discussed at the RCN Children and Young People’s Nurse Leaders’ Summit in December 2019. It was also an item on the RCN Children and Young People’s Forum strategy day in February 2020.
- Issue briefing setting out the context of child poverty across the UK, which was published in April 2020.

Challenges

COVID-19 and the General Election have caused activity to be delayed and rephased; this included a Twitter chat and the End Child Poverty coalition strategy day. This was communicated to members and the Professional Nursing Committee lead.

Stakeholder involvement and member consultation

The stakeholder and staff lead had quarterly contact, either by email or telephone, to drive forward this piece of work. There have been several opportunities for the proposer to contribute to this work as part of the End Child Poverty Coalition.

RCN stakeholders
RCN members (specifically members in the Public Health Forum, the Children and Young People’s Forum and those working with young people); Communications Directorate; Nursing, Policy and Practice Directorate; RCN Northern Ireland; RCN Scotland; RCN Wales

External stakeholders
Child Poverty Action Group; children’s commissioners across the four countries of the UK; End Child Poverty Coalition; MPs (and MSPs); UK Government

Impact

As a member of the End Child Poverty coalition we undertook lobbying which the Mirror newspaper used when they launched their Give Me 5 campaign. They are calling for an increase of £5 a week on child benefit – which could lead to as many as 200,000 children being lifted out of poverty. This is a national newspaper with a high readership and therefore this is increasing pressure on the UK Government to act.
10. Bullying (Resolution)

Submitting entity: Lancashire West Branch
Proposer: Maggie Heaton
Seconder: Graham Revie (for UK Stewards Committee)
Allocated Committee: Trade Union Committee
Committee Member: Neil Thompson
Council Representative: Evan Keir
Executive Team Lead: Helen Whyley
Staff Leads: Josephine Brady and Kim Sunley, Employment Relations (Nursing, Policy and Practice Directorate)

You said
That this meeting of Congress condemns the failure by governments across the UK to introduce legislation to prevent bullying in the workplace and urges RCN Council to insist that this is addressed urgently.

Key points in the debate
- Bullying is endemic in health care.
- Nursing staff and students, wherever they work, are at risk of experiencing bullying.
- Bullying has a devastating impact on the victim.
- Not enough is being done to tackle the issue by employers.

Agreed scope of the project
Following a discussion with the proposer and task and finish group members it was agreed that pursuing a specific law on bullying at work would be extremely challenging and that existing legal frameworks could be used to tackle bullying in the workplace. It was agreed that resources would be developed for workplace reps to support local action, support members affected and hold employers to account.

Other actions within the scope include:
- Influencing national health and safety bodies to hold employing organisations accountable for addressing work-related stress, including bullying.
- Working within national staff side and employer partnership forums to advocate in a joined-up way for employers to be held accountable for preventing bullying at work.

Activity

Key messages
- Existing health and safety legislation, equality and employment law can be used to tackle workplace bullying.
- RCN workplace reps should be supported to gain an understanding of the frameworks and their role in influencing employers.
- The workplace safety regulator has a role in tackling bullying as it is a key cause of work-related stress.
• Partnership working at a local and national level can support the development of proactive policies to prevent and tackle bullying at work.

**Influencing activities**

• Letter sent to the Health and Safety Executive from the RCN’s Chief Executive & General Secretary, asking them to view bullying as a major cause of work-related stress and inspect organisations to see whether they are taking all necessary steps to tackle it.

• Input into the development of the NHS Scotland Workforce Bullying and Harassment Policy.

• Input into the review of an All Wales Dignity at Work policy which puts more emphasis on informal resolution.

• Influencing the content and development of resources coming out of the NHS People’s Plan via membership of the NHS England Social Partnership Forum.

• Taking part in a panel discussion at a conference in Northern Ireland run by the Royal College of Surgeons and the Royal College of Obstetricians and Gynaecologists.

**Policy development**

• An online learning resource for RCN workplace representatives has been developed to support them to understand, tackle bullying and harassment and support members. The resource is available for reps to access via the online learning portal on the RCN reps’ hub.

• Additional section on bullying within the RCN *Newly Qualified Nurses’ Handbook*.

**Challenges**

• Cancellation of the RCN’s Joint Representatives’ Conference (March 2020) and the Inclusion Café at Congress (June 2020); other opportunities will be sought to promote the work.

• COVID-19 will impact on the HSE’s response in terms of the risk to their staff in carrying out workplace inspections relating to bullying and stress.

**Stakeholder involvement and member consultation**

The proposer and staff lead have been in regular contact to drive this work forward. Monthly Task and Finish group meetings were held between August 2019 and February 2020 to drive forward this work. The proposer has been very satisfied with the resources developed by the group.

**RCN stakeholders**

RCN members (specifically the proposer and seconder; Nursing, Policy and Practice Directorate; RCN London region; RCN England; RCN Scotland; RCN Wales; RCN Students’ Committee; RCN Stewards’ Committee; RCN Nursing Support Worker Committee; RCN Trade Union Committee.

**External stakeholders**

Health and Safety Executive

**Impact**

• RCN representatives resource available as of April 2020. The impact of the resource will be evaluated in 2021. The resource is available for reps to access via the online learning portal on the RCN reps’ hub.

• RCN Wales staff are being consulted on the development of a refreshed All Wales policy on Dignity at Work.
11. Period poverty (Resolution)

Submitting entity: Women’s Health Forum
Proposer: Ruth Bailey
Seconder: Jess Sainsbury
Allocated Committee: Professional Nursing Committee
Committee Member: Sally Young
Council Representative: Yvonne Coghill
Executive Team Lead: Susan Masters
Staff Lead: Carmel Bagness, Nursing Department
(Nursing, Policy and Practice Directorate)

You said

That this meeting of Congress calls upon Council to lobby governments across the UK to end period poverty.

Key points in the debate

- Periods are a normal part of life. It is increasingly recognised that good menstrual health is an essential component of wellbeing.
- Period poverty is the lack of access to sanitary products due to financial constraints.
- Widespread examples from clinical practice of the impact of period poverty on girls and women, including examples of how people have had to improvise sanitary wear.
- Disbelief that sanitary protection is not provided across the board and a call for them to be as easily accessible as razors and soap.
- Moving personal accounts from nurses that have experienced period poverty.
- Recognition of the impact of period poverty on mental health.
- The need for nurses and midwives to advocate for girls and women, to maintain dignity, as well as health and wellbeing.

Agreed scope of the project

- Raise awareness around period poverty.
- Establish how the government promises are being achieved across the UK, and consider how to lobby for further improvements towards ending period poverty.
- Engage in national discussions on the issue of period poverty.

Activity

- A sense check exercise was carried out by the project team. This is in part due to the complexity of implementation and the ambitious objective of a complete mapping exercise in a short time frame. Feedback on the intelligence gathering suggested patchy implementation across health and education. It is reliant on local engagement with the subject matter, and this reinforced the project team’s primary aim of raising awareness.
• The Period Poverty Taskforce contact was followed up, and the RCN is on the stakeholder list, receiving newsletters with updates of progress. However, due to Purdah (in November 2019) this was ceased and was expected to resume in spring 2020. The Department for Education project lead has now left and work has again been paused due to the COVID-19 crisis.

• The RCN was represented at the launch of the Royal College of Obstetricians and Gynaecologists (RCOG) Report/Women’s Health Strategy in December 2019 and continues to engage with RCOG in 2020 to progress the work.

• A successful collection box was implemented for the RCN Women’s Health Conference in November 2019. RCN HQ staff and attendees at the conference were offered the opportunity to donate packets of sanitary products, which were distributed to two organisations: Bloodygoodperiods, who collect and distribute products to refugees and asylum seekers, and a foodbank in Camden. This was extended across the RCN estate in March 2020 for International Women’s Day, with most RCN offices actively engaging in this process. Contact with some offices revealed an ongoing process of contributing to local charities and foodbanks. It is hoped to reflect some of these news stories in the new webpage on period poverty.

• RCN Menstrual Wellbeing guidance was launched at the RCN Women’s Health Conference in November 2019 and is now available online.

• A Twitter chat took place in November 2019 and was led by the Proposer and RCN Communications Directorate; it proved to be popular, with some rich conversations being recorded.
Key messages

- Every girl and woman has a human right to manage her periods in a dignified and respectful manner.
- The RCN has a responsibility to keep this issue alive.

Influencing activities

As outlined above

Policy development

None.

Challenges

The leaflet distribution planned at Congress has now been overtaken by the development of a dedicated webpage, and has the potential for wider distribution, as well as opportunities to be remotely updated as required.

The interpretation of intelligence gathering and the actions from the findings were difficult to achieve in the timeframe of the project and relied on local intelligence gathering. It provided a snapshot of patchy implementation and could be a project to be developed in the future.

External strategic partners have left their roles and there were delays due to Purdah.

Stakeholder involvement and member consultation

Following Congress 2019, the proposer and staff lead were in regular contact – either meeting in person, or by email or telephone. In November 2019, the proposer led an RCN Twitter chat and signed off resources developed over the previous months.

RCN stakeholders

RCN members (proposer and seconder, and members in the Women’s Health, Midwifery, Public Health, Children and Young People’s forums); Communications Directorate; Nursing, Policy and Practice Directorate; People and Organisational Development Directorate; RCN Students’ Committee; RCN Northern Ireland; RCN Scotland; RCN Wales

External stakeholders

Period Poverty Taskforce (led by Department for Education); Royal College of Obstetrics and Gynaecology

Impact

- This project has achieved its outcomes in part. The project team are satisfied with the progress made and acknowledge the impact that the COVID-19 crisis has had on full completion.
- The legacy from the project is online.
- It is hoped that the RCN will engage in annual collections of sanitary products on or around International Women’s Day, and seek to engage with national discussions, when they resume again, as well as informally monitoring implementation of the UK Government promises on access to products.
12. Rural health (Resolution)

**Submitting entity**
RCN North Yorkshire branch

**Proposer**
Gwen Vardigans

**Seconder**
Marie Rogers

**Allocated Committee**
Professional Nursing Committee

**Committee Member**
Mary Codling

**Council Representative**
Anne-Marie O’Neil

**Executive Team Lead**
Susan Masters

**Staff Leads**
Dawne Garrett and Rosie Stainton, Nursing Department

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**You said**
That this meeting of Congress calls upon Council to lobby governments across the UK for better rural health care provision.

**Key points in the debate**
Speakers highlighted the following issues in rural areas which impact on access to and delivery of health and care services:

- Large geographical areas with smaller dispersed populations can result in significant distances between services, resulting in costly and difficult journeys for patients, families and nursing staff. Response times of emergency services can also be greater.

- Limited access to public transport is a key challenge and has been worsened by cuts to transport services.

- There are pockets of significant deprivation and poor health in rural areas, which can be exacerbated by a lack of affordable housing, poverty and loneliness.

- Limited access to physical activity and leisure services can impact on health and wellbeing in rural areas.

- Limited and uneven availability of quality broadband and mobile network coverage, which undermine efforts to provide online services.

- A lack of affordable housing and transport issues affect recruitment and retention of staff.

- Funding should cover the additional costs associated with delivering health and care services in rural areas.

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**Agreed scope of the project**

- Gather evidence and intelligence on issues affecting rural health provision and the role of nursing in addressing challenges.

- Raise awareness about the issues affecting health and care in rural areas.
Activity

Influencing activities

- After Congress 2019, and again after the General Election in 2019, the RCN wrote to the relevant ministers and Government departments to highlight this Congress resolution and request a meeting to discuss the issue. We also raised the issue of rural health provision at meetings with MPs at party conferences.

- Our 2019 General Election campaign called for investment in health and care services across the UK and in line with rising population needs, for urgent action to address the workforce crisis. We called for accountability for workforce to be enshrined in legislation across the UK. All these calls are relevant for the provision of health and care in rural areas. More broadly the RCN has been calling for effective workforce planning to be in place in every country of the UK and for all settings (including rural), which ensures that the appropriate numbers of nursing staff are available to meet the health and care needs of local populations.

- In England, our responses to several consultations, including on the implementation of the NHS Long Term Plan and the Government’s Prevention Green Paper in 2019, referenced rural health needs.

- An RCN member was supported to give evidence at the All Party Parliamentary Group (APPG) on Rural Health and Social Care inquiry session. This served as an opportunity to highlight the specific challenges for nursing in rural settings.

- Specific challenges for community nursing services in rural areas were highlighted in an article in RCN Bulletin, which showcased the example of a member who is a community matron leading a district nursing team in rural areas in Northern England.

- The RCN is developing a project which considers the role of nursing in delivering the Sustainable Development Goals (SDGs) – as part of this we have gathered some case studies and examples which highlight the work of nurses to deliver health and care innovations in rural areas. This work is ongoing, and we plan to publish a full report (including the above case studies) later in 2020.
Policy development

- Carried out a literature review to identify key issues affecting health care provision in rural areas.
- Developed plans to collate case studies of members working in rural areas and invited members to get in touch to share their stories and concerns through social media and RCN Bulletin. We collated a list of potential members to speak to, but due to limited capacity issues this activity was stalled.
- Hosted a Twitter chat on rural health to discuss issues, challenges and opportunities.
- Produced an issue briefing, providing an overview of the key issues affecting health and care provision in rural areas of the UK. This includes broad next steps across the UK for improved rural health provision and the commitment to embed rurality in the RCN’s work to campaign for staffing for safe and effective care across the UK. This will be published as soon as possible (dependant on the current pandemic situation).

Challenges

- The General Election in 2019 and other issues including the industrial action in Northern Ireland reduced staff time and capacity for work on this resolution. Activities such as the Twitter chat also had much less member engagement than we anticipated.
- The onset of COVID-19 has caused activity on this project to be delayed and rephased. This has been communicated to members and to the recently designated PNC lead.

Stakeholder involvement and member consultation

From August 2019 until May 2020 there was regular (monthly) contact – either by email or telephone – between the proposer and the staff leads. The proposer also attended Task and Finish group meetings and updates were provided in March and May 2020 to the proposer by the staff leads.

RCN stakeholders
RCN members (specifically members in the District and Community Nursing Forum and the Professional Nursing Committee); Communications Directorate; Nursing, Policy and Practice Directorate; RCN Northern Ireland; RCN Scotland

External stakeholders
All Party Parliamentary Group (APPG) on Rural Health and Social Care; MPs; RCN members; UK Government

Impact

So far, we have seen relatively low impact. We believe this is in part due to rurality in health and care not being seen as an “issue area”. This could be because health outcomes in rural areas are generally better overall than those in urban areas. However, there are potential issues with data collection and there are still unique issues to health and care provision and delivery in rural areas, which highlight where further progress could be made. This is included in our draft issue briefing (to be published in summer 2020, reflecting the current context) and we will continue to look at rural health care individually, as part of our wider work.
13. Sepsis (Resolution)

You said

That this meeting of Congress asks RCN Council to lobby health care regulators across the UK to ensure education on the recognition, treatment and care of patients with sepsis is mandatory for all health care workers.

Key points in the debate

- Initially a matter for discussion, this was accepted as a resolution by Congress during the debate.
- Sepsis affects all ages and all areas of nursing.
- There is a lack of awareness among health care professionals on sepsis and hence sepsis recognition is poor. Sepsis training therefore needs to be mandatory.
- Education and training alone cannot improve the care for patients with sepsis. It also requires appropriate resources such as safe staffing levels so that the care can be delivered in a timely manner.
- A national system is needed to screen patients for sepsis, such as the National Early Warning Score (NEWS) and Paediatric Early Warning Score (PEWS).
- Many patients develop long-term physical and psychological conditions following sepsis. Follow-up services for sepsis survivors also need to be improved.

Agreed scope of the project

- Engage with the health care regulators across the UK and ensure that they have a process in place for inspecting how organisations deliver care for patients with sepsis.
- Engage with external organisations and work collaboratively to enhance care for patients with sepsis.
- Develop educational resources for health care professionals.
- Explore how sepsis training can be incorporated as part of the mandatory training in all settings.

Submitting entity: RCN CYP Specialist Care Forum
Proposer: Gillian Priday
Seconder: Claire Picton
Allocated Committee: Professional Nursing Committee
Committee Member: Lucy Mason, Mary Wells and Tracie Culpitt
Council Representative: Heather Mercer
Executive Team Lead: Susan Masters
Staff Leads: Nichola Ashby and Suman Shrestha, Nursing Department
Activity

Key messages

- Sepsis is known to be a global killer and many survivors face the reality of living with long-term physical and psychological conditions.

- There is a need for widespread education and training for health care professionals in all settings. In order to achieve this, education and training in sepsis needs to be part of the mandatory training requirement.

- Health care regulators across the UK should have a process in place to inspect how organisations deliver care for patients with sepsis and should include provision of education and training for health care workers.

Influencing activities

- All the health care regulators in the UK were asked about the processes they have for inspecting delivery of care for patients with sepsis and whether they enquire about training and education on sepsis for health care workers. The responses were varied and not all regulators currently undertake this.

- RCN has continued engagement with external organisations:
  - NHS England Acute Deteriorating Group: There is a change in focus from concentrating just on 'sepsis' to wider reasons of patient deterioration – hence the change in the name of the board from NHSE Cross System Sepsis Board. The RCN is part of this newly formed group.
  - NHS England and the Academy of all Medical Royal Colleges have asked the Faculty of Intensive Care Medicine to form a working group to develop guidance, consistent messaging and education strategy for health care professionals and the lay public on infection and sepsis; to include antimicrobial resistance, infection control and prevention. The RCN has been invited to be part of the working group.
• Work on PEWS is already underway, and it is expected to be rolled out in the summer of 2020. It is anticipated that this will provide a standardised way of recognising deteriorating paediatric patients across the country. There are two papers due to be published soon by NHS England and these have been endorsed by the RCN and the Royal College of Paediatrics and Child Health (RCPCH):

Towards a National Paediatric Early Warning System: Identifying acutely ill children: Case for change

Towards a National Paediatric Early Warning System: Identifying acutely ill children: Programme overview

Policy development
None.

Challenges
Opinion is still divided on how best to recognise and treat sepsis. The focus this year (2020) has been to try and agree a single system for recognition and management of sepsis; possibly utilising the NEWS2 system for adults and exploring a similar approach in paediatrics.

Stakeholder involvement and member consultation
The proposer and staff lead have been in regular contact – either in face-to-face meetings, or by telephone or email. However, work has been paused in March 2020, as we await national direction that is expected in August 2020.

RCN stakeholders
RCN members (specifically members in the Critical Care and Flight Nursing, Emergency Care Association, and Children and Young People Forums); Nursing, Policy and Practice Directorate

Impact
• It was agreed we should pause any further work on this resolution until we are clear on the national direction, possibly in August 2020.
• At present, there is uncertainty regarding how best to recognise and treat sepsis. National-level collaborative work (covering all four nations) is underway, and the RCN is well represented on those national working groups.
• The recent data suggests that the care we provide for patients with sepsis has improved in recent years and there is a reduction in the mortality of these patients.
• There is a general move towards focusing on deteriorating patients rather than on specific medical conditions. This is reflected in the new NHSE CQUIN 2020-21 which focuses on how trusts manage deteriorating patients.
19. Sexual harassment (Resolution)

You said
That this meeting of Congress calls on RCN Council to lobby employers to set up systems to protect health care professionals from sexual harassment by patients or their families/friends.

Key points in the debate
- Nursing staff are exposed to sexual harassment at work from patients or patients’ families and friends.
- Nursing staff too often accept third party harassment as part of the job or, when they do report it, are told to keep quiet.
- Third-party sexual harassment can have a long-lasting and damaging impact on the health and wellbeing of nursing staff.
- A recognition that employers need to do more to protect nursing staff from all forms of third-party sexual harassment.

Agreed scope of the project
- To develop a good practice framework to use to lobby employers at a national and local level to address third-party sexual harassment.
- To build the capacity of our reps to work in partnership with employers to tackle third-party sexual harassment.
- To support our members to recognise and report cases of third-party sexual harassment.
- To use additional opportunities to lobby for improvement in protections, for example, response to Government consultation on sexual harassment; discussion with Health and Safety Executive (linking to the International Labour Organization convention on violence at work); discussions with NHS Improvement and Social Partnership Forum in relation to work on violence, bullying and harassment in the NHS Long Term Plan.

Activity
Key messages
- Third-party sexual harassment is not part of the job.
- Nursing staff are particularly at risk and it can impact on their health and wellbeing.
- RCN members should be encouraged to report issues and should expect any concerns to be taken seriously by their employer.
- Employers should develop policies and practices that prevent and tackle third-party sexual harassment.
- RCN reps can work in partnership with employers to develop such policies.
Influencing activities
- The RCN responded to the Government’s technical consultation on sexual harassment in the workplace to support measures to reintroduce employer liability for third-party sexual harassment.
- *The RCN Manifesto* (RCN, November 2019) called on parties to tackle third-party harassment.
- Lobbying through the Social Partnership Forum for England (violence sub-group) that work on the violence and harassment within the People’s Plan includes third-party harassment.
- Pursuing the case of third-party racial harassment through the court system (Bessong vs NHS Pennine) to seek clarity on the law and all types of third-party harassment.

Policy development
- Development of an RCN position and communication of this position to members and RCN representatives via online resources.
- RCN workplace representatives’ resource contains a framework and supports the development of local strategies and policies to tackle the issue (to be launched in 2020 but not, as planned, at Congress).

Challenges
- Resources were due for launch at Congress 2020 through the member engagement sessions at the Inclusion Café. This has not been possible due to Congress being cancelled because of the COVID-19 pandemic. The staff lead will work with the TUC lead to identify future and timely opportunities to promote the guidance.
- Brexit, the UK General Election and the pandemic response have dominated the agenda and the Government has yet to respond to the technical consultation on sexual harassment.
- Challenges getting representation from a wide range of RCN stakeholders due to capacity and competing priorities.

Stakeholder involvement and member consultation
Between August 2019 and June 2020, the proposer and staff lead met at monthly Task and Finish group meetings. In June 2020, they met again to discuss how to promote the resources which had been developed – in light of the cancellation of RCN Congress.

**RCN stakeholders**
RCN members, specifically the RCN Safety Reps Committee; RCN Stewards’ Committee; RCN Trade Union Committee; Nursing, Policy and Practice Directorate; RCN Wales

**External stakeholders**
Government consultation on sexual harassment completed on 2 October 2019.

Impact
- Commitment to tackle sexual harassment/workplace harassment in both the Labour and Conservative Party.
- An agreement by NHS England to look at third-party sexual harassment as part of wider work on violence and aggression.
- Evidence of some action by employers on third-party harassment, for example, use of yellow and red card warning systems, although not universal.
- In 2021, after the guidance has been implemented by employers, we will evaluate whether the guidance has led to improvements within the workplace.
- Publication of *guidance for members and reps.*
20. Personal care (Resolution)

You said

That this meeting of Congress calls on RCN Council to lobby the governments across the UK and all social care providers to recognise that personal care is nursing.

Key points in the debate

- Delivering personal care offers an opportunity for prevention, however registered nurses are increasingly not involved in assessing or offering follow-up interventions.

- There are a variety of views on what constitutes ‘personal care’.

- In some parts of the UK, there is a divide between the funding of health and care, which causes barriers between nursing teams and those delivering personal care.

- The resolution introduced the Care Quality Commission’s (CQC) definition of personal care, qualifying the debate was about the delivery of professional personal care; as opposed to informal personal care delivered by family and friends. This definition is expanded in Scotland. The definition was compared with Virginia Henderson’s definition of nursing. However, it was acknowledged that these definitions do not state who should deliver care and how.

- The debate covered the divide in what is deemed ‘personal social care’, assessed by social care personnel and delivered by care assistants, and what is nursing health care assessed by nurses. Each UK country has different funding systems and eligibility criteria. In Scotland free personal care is available to those with needs as assessed by social service staff. However, an artificial divide is created by different funding streams between health and care, with social care in Northern Ireland, Wales and England determined by social care budgets and an ability to pay. This results in care prescribed on a basis of affordability rather than a person’s assessed needs.

- It was stated that personal care needs are assessed and delivered by those without the appropriate knowledge base, ongoing assessment and monitoring, so delivery ‘soon falls down’, requiring acute or emergency intervention.

- Congress concluded that personal care is fundamental nursing care and is a nursing responsibility. This principle should be established in all, pre-registration nurse education and duly claimed back by the profession. Accepting that this also requires appropriate delegation to other care roles, with the appropriate knowledge and skills.

- A principle repeated in the debate was that complex care needs and end-of-life care are nursing but are not always recognised as such. They should be free to all wherever you live. It was suggested oversight should sit with community nursing and more nurses are required in the community to meet demands for care now and in the future.

- Further scoping and research is required to clarify these matters.
Agreed scope of the project

Output: Developing an RCN position

- An overarching position statement, which responds to the debate outlined above (and any further issues identified through scoping work, to be ratified by the RCN Professional Nursing Committee (PNC) and Council).

- Supported by illustrations of personal care from members – case studies and narratives.

- This position and any related asks to be embedded into relevant policy content and briefings.

Scoping and evidence gathering related to the debate set out above:

- To research the literature, RCN and other key stakeholder position statements.

- Reference needs assessment and decision support tool(s), such as Roper, Logan and Tierney.

- Chronology of how the artificial division occurred.

- Reference funding and eligibility criteria. Appropriate care delivery to be based on personal needs assessment, not on budgets and affordability.

- Issue of skills substitution.

- Issue of age discrimination in service provision.

- Scope diversity of areas where personal care is delivered, for example, end-of-life care, domiciliary care, district/community nursing, learning disabilities, mental health, and intermediate care services.

- Consider the cost of bureaucracy to control access to care and funding.

- Improving integrated care, supported by robust workforce planning.

- Engage relevant stakeholders to develop and test position.

- Scope the inclusion and support from key professional nurse organisations, such as Admiral and Macmillan.

- Consult with BASW social care lead regarding the role of social workers, delivery of care and outcomes.

- Lobbying.

- Approach to lobbying to be developed alongside public affairs colleagues in each country, to create and respond to relevant opportunities.
Activity

Key messages

• An initial conversation with the PNC sponsor provided some helpful feedback on how to progress the work. She provided nursing stories that demonstrate the impact of personal care, to include in the work.

• A conversation with the resolution proposer about her expected outcomes and the proposed outline plan confirmed her priority for the work and the central importance of publishing a clear RCN statement, establishing personal care as nursing care. Funding issues are a secondary issue to the resolution.

• An initial library literature search has produced some recent articles to underpin the development of a statement.

Influencing activities

• Arrangements for the first task and finish group meeting were made, with a view to discussing and agreeing the work plan and informing an initial issues paper.

• A meeting held with Independent Age discussed mutual priorities around the shortcomings of personal care and development of their campaigning work.

• Subsequent meetings with the president and policy officer for Association of Directors Adult Social Services (ADASS) have also confirmed an interest in this work.

Policy development

• Key to the RCN’s current work regarding COVID-19 is the principle that personal care is nursing, and that all those delivering it require the same professional recognition to practice safely and effectively.

• Longer-term policy development that includes this resolution
  • Building data about workforce gaps across social care.
  • Establishing principles around funding for social care that may be used across four countries, their key bodies, commissioners and opportunities for lobbying.
  • Negotiating for improvements in recognition and pay, terms and working conditions that equally value the work of those delivering nursing care, wherever it is delivered.
Challenges

- Work was already underway, including initial planning and expert member considerations regarding the RCN Congress resolution. However, this work plan was paused in order for it to be integrated into developing a wider RCN UK Independent Health and Care Strategy.

- This resolution stimulated a debate within the College that resulted in a Council meeting on 17 July 2019 agreeing to set up a task and finish group to develop an organisation-wide strategy for independent health and social care. One of the aims of this organisation-wide strategy is to ensure a planned, proactive approach to effectively meeting the needs of members across the health and social care workforce.

- The work to progress the independent health and social care strategy is highly dependent on member engagement and stakeholder involvement. Given the current health care crisis, and subsequent pressure on both health and social care staff and RCN staff, progression of this work has not been possible within the previously agreed timescales.

- The work of the strategy has been realigned to the current situation and full advantage is being taken of the opportunity to provide support to the sector, influence on behalf of members and those they care for and add weight to their voice at this extremely challenging time.

Stakeholder involvement and member consultation

The proposer and staff lead were in contact regularly by telephone and email between August and October 2019. However, in October the proposer was advised of the work being paused due to the developing work on the Independent Health and Social Care Strategy.

RCN stakeholders
RCN members (specifically members in the District Nursing Forum); Nursing, Policy and Practice Directorate

External stakeholders
ADASS; Social Care Employer representatives; Skills for Care

Impact

- The impact of recognising the nursing role of health care workers in delivering personal care may be measured in time by increased recruitment numbers of RCN nurses and health care support workers from social care.

- It is anticipated that review of the wider impact of the RCN principle that personal care is nursing, and that all those delivering it require the same professional recognition to practice safely and effectively. This will become clearer following our current work supporting the social care sector through the COVID-19 crisis and through the outputs of the independent health and care strategy programme.
21. Loneliness (Resolution)

You said
That this meeting of Congress asks RCN Council to engage with governments across the UK on the National Strategy on Loneliness in order to improve the ability of nursing staff to recognise loneliness and its effects.

Key points in the debate
• Nurses are well placed to identify loneliness.
• Nurses need guidance to help them identify loneliness.
• Nurses need to know about resources that they can signpost people to.
• Nurses get lonely too.

Agreed scope of the project
Following discussion with key stakeholders from the four countries, the action plan reflected three areas outlined in the resolution and subsequent Congress debate, these being:
• The engagement with UK governments on respective national strategies.
• The recognition of loneliness by nursing/midwifery staff and subsequent signposting/referral to meet patients'/residents'/clients' needs.
• Guidance for nursing staff/midwives to prevent, recognise and manage loneliness experienced by nursing staff.

Activity
Key messages
• Loneliness occurs through the life course, particularly at times of transition.
• Nursing and midwifery staff can now identify and signpost individuals to organisations that can help using our identification resource and loneliness webpages. (Accessed 1 July 2020)
• Nursing and midwifery members now have support if they are experiencing loneliness based on our successful peer support network model. Member Support Services (MSS) will trial a new network for members and Lamplight clients who are referred directly through MSS. The purpose of this network is to reduce isolation by providing a platform
for members and clients of Lamplight to engage with other health care professionals who may be sharing experiences and issues.

• Assessment of loneliness and intervention cards were to be disseminated at RCN Congress, but will now be used differently.

Influencing activities
• The RCN is a member of the Loneliness Action Group.
• We have participated in an All Party Parliamentary Group on loneliness.
• Our work has been disseminated in articles and social media. A stakeholder event has been completed and has been well received by external stakeholders.
• The webpages have been shared with the Professional Nursing Committee representative, proposer and seconder, internal networks and professional networks, Loneliness Action Group/Department of Digital Culture and Sport, RCN countries and social media.

Policy development
A briefing document has been produced and will be uploaded on our website for members.

Challenges
There have been some capacity issues for staff leading the resolution due to the 2019 election and COVID-19, however activities have been successfully pursued.

Stakeholder involvement and member consultation
Between April 2019 and January 2020, the proposer and staff lead were in contact regularly – at least two to three times per month – to drive forward this piece of work. In May 2020, the proposer gave feedback on the final draft of this Congress report.

RCN stakeholders
RCN members (specifically members in the Nursing Support Worker Committee and the Older People’s Forum); Forum Steering Group; Communications Directorate; Nursing, Policy and Practice Directorate; Welsh Nurse of the Year

External stakeholders
*Age UK; *Alzheimer’s Society; BAPEN; Barts Health NHS Trust; *British Red Cross; Burnt Ash Surgery; Children’s and Young People’s Representative; *Dementia UK; Essex Community Nursing; Health Education England; *Hospice UK; Imperial College Healthcare NHS Trust; NHS Loneliness Action Groups; *Macmillan Cancer Support; representative of Long Term Conditions Alliance; *Royal Voluntary Service; Smarter Housing; St George’s University Hospital; Tunbridge Wells Hospital *Denotes UK-wide representation.

Impact
• Nurses/midwives have a significant opportunity to identify people who are lonely and to access interventions to help people resolve loneliness. Nurses and midwives are frequently the first point of professional contact for individuals. In order to maximise this opportunity, they need to have the knowledge and skills to address the needs of people who are lonely.
• There is potential for increasing nursing capacity by ensuring that people experiencing loneliness have improved quality of life and are less reliant on health and social care services.
• There have been significantly increased visits to the loneliness webpage following its launch in January 2020.
Climate change (Emergency resolution)

You said
Climate change is the biggest threat to humanity today. We are in a climate emergency and need to take action now for the sake of future generations to protect our planet, health, food and water supplies. Nurses must lead social change to influence health care providers to work and act in a more sustainable way.

Key points in the debate
Initially a matter for discussion, this was accepted as a resolution by Congress during the debate.

• The impact of climate change is increasing, with extreme weather events exposing the vulnerability of our planet and life on earth.

• The United Nations Intergovernmental Panel on Climate Change (IPCC) have warned that 12 years remain to reduce the impact of global temperature rises and ensure that global warming does not exceed 1.5°C of pre-industrial levels.

• The NHS, whilst providing health care services, is a major contributor to climate change through its use of resources. The NHS must lead by example.

• Opportunities exist to build on the impact and influence of safety representatives working with organisations to influence change. Likewise, as a profession we must look to capture nurses’ passion for delivering care in a more sustainable way that supports future generations.

• Members want to look to the RCN for support and advice on how to work as ‘green nurses’ to deliver care in a sustainable way, as well as influencing governments and health care providers to accelerate action and policies to reduce the UK and global carbon impact.

Agreed scope of the project
The approach to advancing this resolution was structured into two phases:

Phase 1 - to acknowledge the UK Government climate emergency declaration.

Phase 2 - to consider how to embed sustainability into RCN internal and external activity in order to maximise opportunities to lobby health care providers to develop policies and strategies that are environmentally sustainable.
Activity

Outputs
Phase 1 – publication of an initial RCN position on climate change in response to the resolution.
Phase 2 – building on the RCN’s position, to work with members and RCN governance/management teams on how to best embed sustainability in all RCN internal and external activity.

Key messages
• The RCN welcomes the statements by the Scottish and Welsh Governments to declare a climate emergency. We support the subsequent action by the UK Government to bring forward legislation setting a net zero target into law to meet net zero emissions by 2050.
• The RCN is working to embed sustainability across the whole organisation as part of routine practice. This has detailed UK-wide work with the RCN estate and procurement activities, governance policy and member activity/support to maximise the influence and impact of sustainability. Employee and member understanding of sustainability will then drive NHS policies and strategies to be environmentally sustainable.
• The RCN recognises that engagement and member-focused activity will be broad on this issue and require constant review and evaluation to maintain momentum and embed sustainability practice at the heart of routine practice for all nurses and employees of NHS Trusts.

Influencing activities
The resolution activity has used several approaches to maximise the impact of this work during 2019/20:
• RCN members have built on the success of the RCN Small Changes Big Differences programme to embrace sustainability as a core element of RCN member-facing activity. Members have shaped the proposed programme of activity and deliverables including Glove Awareness Week to highlight the contribution of nursing to sustainability and RCN influence on this issue.
• Recognising the importance of procurement on the reduction of carbon emissions, members have supported strengthening the RCN’s relationship with the Clinical Procurement Specialist Nurse Network (CPSN) to identify priorities and collaboration opportunities for environmental policy action associated with consumable/equipment use.
• Strategically the RCN has continued as a member of the UK Health Alliance on Climate Change (UKHACC) to influence UK and wider global activity on climate change. Members have contributed to its work on clean air and supported the RCN in its response to key consultations.
• Members have also been integral in scoping the educational needs of nurses in procurement and sustainability. Developing an education framework for nurses in procurement will build sustainability into this vital role in the future.
• The RCN has expanded membership of national fora on sustainability and contributed to the review of key national guidance such as the management of health care waste; members are passionate about improving. As a result, the voice of nursing has driven forward vital consideration of sustainable nursing practice in health care waste management in all care settings. The RCN will continue to work with national agencies to implement this as core practice.
• Internally, RCN staff have embraced sustainability and a desire to raise awareness of climate change and our role to improve RCN estate sustainability through the RCN ‘Team Eco’ work.

Policy development
• The RCN published Responding to Climate Change in October 2019. As a UK-wide organisation, the RCN recognises that climate change undermines the very foundations of our health systems and practices and the unique contribution and role nurses can play on this issue.
• The RCN is a member of the UK Health Alliance on Climate Change (UKHACC) and has supported its activity including:
• calling on the Government to adopt the advice of the Committee on Climate Change (CCC) on setting a net zero greenhouse emissions target before 2050
• supporting publication of the Lancet Countdown 2019 report
• welcoming the Government’s announcement that the Environment Bill will include a legally binding commitment to limit particulate pollution to maximum levels recommended by the World Health Organization
• responding to the ‘Greener NHS’ consultation on net zero
• RCN members have helped to shape the UKHACC activity on air pollution and reduction of nitrous oxide in anaesthetics and maternity care.
• The RCN also supported the NHS Plastics reduction pledge as part of the NHS Long Term Plan.

Challenges
The COVID-19 pandemic has had an impact on the ability to deliver some elements of planned 2019/20 RCN sustainability activity due to health care delivery need and social distancing measures, most notably:

• Cancellation of the RCN’s Small Changes Big Differences one-day conference Plymouth in April 2020, RCN’s Glove Awareness Week and one-day event 2020.
• Preparation for the United Nations Climate Change meeting (COP 26), which has been postponed.
• Expansion and adjustment of the RCN’s Small Changes Network to support members with an interest in sustainability.

Stakeholder involvement and member consultation
The proposer and staff lead worked closely together after Congress 2019. There were a number of meetings, plus regular contact by telephone and email. In April 2020, the Glove Awareness campaign was refocussed because of COVID-19 and it evolved into the online Skin Health Programme. The proposer has been involved in this work.

RCN stakeholders
RCN members (specifically the Student Committee and members from the procurement sustainability network – some of these were also members of the Perioperative Forum, Women’s Health Forum and Public Health Forum); RCN Council Student representative; RCN Chair of Council; Communications Directorate; Nursing, Policy and Practice Directorate; RCN Scotland; RCN internal ‘Team Eco’

External stakeholders
Centre for Sustainable Health; Clinical Procurement Specialist Nurse Network (CPSN); Newcastle upon Tyne Hospitals NHS Foundation Trust; Plymouth Hospitals NHS Trust; RCN Glove Awareness Week stakeholders; Sustainable Development Unit UK Health Alliance for Climate Change (UKHACC)

Impact
• An increase in activity and requests for nursing representation on local and national sustainability and climate change meetings is indicative of the success of the RCN’s visibility and commitment to this global issue.
• The RCN’s initial response acknowledging our support for the Government’s commitment to the climate emergency has been well received and represents the first step in our journey to influence more widely on actions to mitigate climate change.
• The development of a Skin Awareness programme was developed to replace Glove Awareness Week. This was launched in May 2020. (Accessed 1 July 2020)
Knife crime (Emergency resolution)

You said

That this meeting of RCN Congress pledges to support the UK Government’s public health strategies on violence prevention and reduction following the increase in violent knife crime across the UK.

Key points in the debate

• The scale and growing complexity of violence: from intimate partner abuse and violence to organised crime and structural violence. However, it was a focus on violent knife crime and the impact on young people that emerged during the Congress debate.

• The need for ‘visible, credible and purposeful nursing leadership’ in this space. Further contributions to the debate highlighted the largely preventable nature of violence and the importance of coherent, multi-disciplinary and agency working.

• The impact of Government spending decisions, which meant a reduction of funding available for key partners in delivering a public health-based approach to violence reduction.

• Concerns about an approach to tackling violence that framed the nursing contribution within a punitive reporting regime.

Agreed scope of the project

During the stakeholder engagement sessions, it was agreed that the focus of the resolution needed to be refined given the focus within the Congress debate itself on children and young people. It was therefore agreed that our new scope would focus on a revised wording: “That this meeting of RCN Congress pledges to lobby government to implement a coherent public health approach to tackling violence through appropriate investment in preventative multi-agency activity in order to significantly reduce levels of violence and in particular knife crime amongst children and young people.”

Four key outputs have been agreed for the work over a period of 18-24 months:

• Develop a position statement on the public health approach to violence reduction and the scope of the nursing contribution within that context.

• Influence parliamentarians and policymakers and system leaders to support investment in infrastructure, training, and research in order to properly frame future legislative and policy interventions around violence reduction.

• Build an online CPD (continuing professional development) resource on the public health approach(es) to violence reduction.

• Deliver a high-profile learning event for RCN members.
Activity

Key messages
• A Twitter chat was held during December 2019 which focused on engaging RCN members across the UK on this issue and encouraged them to share their lived experiences. We had a vast number of responses from across the UK.
• An article was produced which profiled Dorcas Gwata, who was a clinical nurse specialist working with the Westminster Integrated Gangs Unit and embodied the public health approach to tackling youth violence.

Policy development
• A literature search was completed, and further research was carried out on public health approaches currently being used globally.
• Stakeholder engagement is scheduled for the summer; this will examine the wider public sector including safeguarding services as well as third sector and grass roots community-based organisations and enterprises.
• We engaged closely with the London Borough of Newham’s Youth Safety Board, which modelled local-level policy change and will evaluate the impact of additional investment in previously dwindling and underfunded youth service provision in the borough. This work is intended to inform policy asks and approaches more widely.

Challenges
The COVID-19 pandemic has created a need to rethink and reimagine delivery of a high-level learning event for RCN members as well as our approaches to engaging with external stakeholders in order to understand their positioning on these issues.

Stakeholder involvement and member consultation
The proposer and staff lead were in regular communication – by way of meetings or telephone contact. In March 2020, the work was paused due to many third sector and grass roots organisations being impacted by COVID-19. Plans are in place for a series of podcasts to start in the autumn.

RCN stakeholders
Jason Warriner (proposer of the resolution); Sally Bassett (seconder); Public Health Forum; Nursing Directorate; Denise Llewellyn (Professional Nursing Committee)

External stakeholders
Nicky Brownjohn, Safeguarding Lead, NHS England and Improvement; Michael Carver, Violence Reduction Nurse; Dorcas Gwata, clinical nurse specialist; Violence Reduction Unit (Scotland)

Impact
Our work has been paused whilst we respond to the COVID-19 pandemic but it is clear that there is scope for significant impact in relation to lobbying and transforming services.
Safeguarding the human rights of people with learning disabilities and autism (Emergency resolution)

You said

That RCN Congress calls upon the RCN Council to lobby government organisations across the UK to take urgent action that safeguards the human rights of people with learning disabilities and autism.

Key points in the debate

- Greater emphasis to be placed on the human rights of people who have a learning disability and/or autism across health and social care settings.
- The need to act as positive champions for people who have a learning disability and/or autism.
- Constructively challenge ‘limited’ activity and discrimination.
- Utilise/mobilise RCN members’ leadership to promote good practice.

Agreed scope of the project

- That the RCN Learning Disability Forum will plan an effective lobby of government organisations across health and social care. They will do this by using their nursing leadership to work with RCN policy, parliamentary and media/communications teams to constructively challenge current (limited) activity and to positively champion the human rights of people who have a learning disability and/or autism.
- Due consideration of current RCN strategic priorities and in particular ‘safe staffing’ will be included.

Activity

Key messages

- Working with existing key stakeholders will be crucial.
- Shared working to maximise collective impact.
- Human rights entitlement needs to be promoted and upheld for individuals, groups and communities.
**Influencing activities**

- Planning of a learning disability nursing summit event: *Respect, Protect and Fulfil*. This will involve around 30 key stakeholders who can assist the RCN and its members to raise the profile and importance of human rights, including ‘experts with experience.’
- Inform and enlist the support of the four country Chief Nursing Officers (CNOs).
- Email communication with RCN members to update on work plan and activities.
- Recruitment of learning disability nursing expertise over a period of four months (November 2019-February 2020)
- Scope learning disability nursing future work priorities.

**Policy development**

- Connect with existing stakeholders (Royal Mencap Society in particular) to work during 2019/20 on shared initiatives around meeting the human rights needs.
- Agreement gained to work with Mencap and National Autistic Society on mandatory training programme. Bid submitted to HEE.
- RCN paper to RCN Council on future work plan for learning disability nursing.

**Challenges**

The current pandemic has created a delay in the delivery of activity. Discussions continue to hold/host some online seminars to share with members and generate two-way engagement.

**Stakeholder involvement and member consultation**

Following Congress 2019, the proposer and staff lead were in contact on a weekly basis (either by email or telephone). This moved to every six weeks and covered planning for the summit in March. The purpose of the summit was to engage stakeholders to assist in highlighting the importance of human rights for the LD population. The summit was not progressed due to COVID-19.

**RCN stakeholders**

RCN members (specifically the proposer, seconder and the Learning Disability Nursing Forum); Communications Directorate; Nursing Directorate; RCN Council; Professional Nursing Committee

**External stakeholders**

Care Quality Commission (CQC); Chief Nursing Officers (for England, Northern Ireland, Scotland and Wales); Foundation of Nursing Studies; Higher Education England (HEE); Learning and Intellectual Disability Nursing Academic Network (LIDNAN); NHS England; NHS Improvement; Queen’s Nursing Institute (QNI); Queen’s Nursing Institute (Scotland) (QNIS); Restraint Reduction Network (RRN); Royal Mencap Society; UK Learning Disability consultant nursing staff

**Impact**

- Significant impact around a proposal to work with Royal Mencap Society following HEE’s Instructions to Tender for the Oliver McGowan Mandatory Training in Learning Disability and Autism. This has been accepted within the RCN Nursing team’s future activities.
- There is also new work to contribute to QNI/QNIS CLDN voluntary standards.
- There are opportunities to reinforce human rights within the new workstream developed by HEE All England plan for learning disability nursing.
- Plans to develop new guidance to replace the learning disability/dignity guide with a new guidance document focusing on human rights and dignity.
Updates from previous Congresses

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 effected. The following summaries detail aspects of some of the work carried out over the past 12 months as a result of previous years’ debates.

Belfast 2018

**Immigration Health Surcharge (R)**

That this meeting of RCN Congress calls on the RCN to demand that the UK Government urgently waive the immigration health surcharge fees to nurses on work permits and their dependents [2018]

The RCN has been lobbying the UK Government to waive the Immigration Health Surcharge (IHS) since this resolution passed in 2018, and this policy priority has become a core element of our work in the international policy and influencing work. This ask formed part of our manifesto for nursing ahead of the General Election in 2019.

During 2019, the RCN took several opportunities to lobby the Government on this issue.

Throughout the COVID-19 pandemic, the contribution and dedication of internationally educated nursing staff has been further brought to the fore and the visibility of the IHS among the wider public has increased.

In March 2020, we led the development of an open letter calling on the Home Secretary to drop this fee. The RCN published an open letter with stakeholders including the BMA and Royal College of Physicians calling for the Government to scrap the IHS. The Home Secretary and Health and Social Care Secretary worked together to exempt health and care staff from the IHS.

Whilst the Government have confirmed that health and care workers will be exempt from the charge, there has been no further detail. A follow-up letter to the Prime Minister in June, calling for clarity on how the exemption will work and to tell the Government it must be an inclusive and equal policy.

The focus is now on ensuring the implementation phase of the exemption for health and care staff benefits our members.

**Recruitment and Retention (R)**

That this meeting of RCN Congress deplores and condemns the UK Government’s failure to recognise the impact of their policies on the recruitment and retention of registered nurses and demands credible action and engagement with the RCN.

Since this resolution passed in 2018, recruitment and retention has become a core part of the ongoing Staffing for Safe and Effective Care UK campaign. Our position is that, in order to support robust decision making, a national workforce strategy which is underpinned by workforce plans must be developed in each country.

**UK activities**

Although health and care, including recruitment and retention, are devolved issues, immigration is not, and the nursing workforce relies heavily on nurses from overseas. During 2019 and 2020, we responded to Migration Advisory Committee consultations on the future immigration system. We made the case that although the UK Government should invest in domestic supply, overseas recruitment is crucial to addressing workforce shortages in the short and medium term.

In January 2020 we also published a UK report outlining the progress which has been made in each country against the UK Staffing for Safe and Effective Care principles.
**England**

In January 2019, NHS England and NHS Improvement published the NHS Long Term Plan. This plan sets out how the additional funding will be spent, and how health services will transform to meet the future needs of the population. However, the NHS Long Term Plan did not include a workforce plan. We have been clear that the final version of the plan must include clear, evidence-based interventions for growing and retaining the workforce, alongside sufficient funding to deliver these interventions.

Following this, NHS England and Improvement published their proposals for changes to legislation to deliver the Long Term Plan. Over 10,000 people wrote to NHS leaders urging them to include accountability for workforce planning and supply in their proposals back to Government. This campaigning had real impact – NHS leaders have recommended that the Government review the national workforce roles and responsibilities.

In December 2019, the new UK Government announced new student funding for nurses in England. This package included a non-means tested maintenance grant of £5,000 for every pre-reg nursing student from September 2020 onwards. Additional packages of up to £3,000 will be made available for some students. This represents some traction for the student-led Fund our Future campaign. However, we continue our calls for student financial support to meet actual living costs and to cover tuition fee payments for future students and those affected by the funding reforms.

**Northern Ireland**

In 2018, the Department of Health in Northern Ireland launched a health and social care workforce strategy which set out a vision for workforce transformation by 2026. During 2019, activities which took place in relation to this strategy were limited due to a lack of funding and executive leadership. We have consistently highlighted the absence of effective workforce planning for nursing in Northern Ireland.

During 2019 and 2020, our nursing staff in Northern Ireland took the momentous decision to take industrial action over safe nurse staffing and pay parity. As a direct result of the industrial action, including strike action, the Northern Ireland Executive has published a framework document outlining ministerial commitments on safe and effective care. The Health Minister has committed to developing the case for safe nurse staffing at the earliest legislative opportunity.

This safe staffing framework includes specific commitments on the funding of an additional 300 pre-registration nursing places over the next three years and the restoration of the post-registration education budget to its previous 2008-2009 level (adjusted for inflation) before cuts were implemented by the Department of Health.

**Scotland**

In 2019, the Scottish Government passed the Health and Care (Staffing) (Scotland) Act. Campaigning by our nursing staff and the public across Scotland resulted in substantial changes to the legislation, with over 85% of our asks addressed in the final Act. The law sets out the process for decision making on safe staffing and is clear about who is accountable for providing the right numbers of staff with the right skills to provide safe and effective care.

In December 2019, the Scottish Government confirmed a 5% increase to nursing and midwifery student numbers for 2020/21, formally announced as part of the Health and Social Care Integrated Workforce Plan. We successfully influenced the duties in the Health and Care (Staffing) (Scotland) Act on Scottish ministers regarding nursing supply that the Scottish Government must take ‘all reasonable steps’ to ensure registered nursing supply, with an annual report to the Scottish Parliament on this once the Act is implemented. We will continue to maintain pressure on government around the implementation of the Act and work to ensure members are prepared to monitor and challenge the impact of the legislation.

**Wales**

We published a report looking at the implementation of the Nurse Staffing Levels (Wales) Act, which came fully into force in April 2018. This contained high-level recommendations for the Welsh Government and Health Boards looking at effective practice, the sustainability of the workforce and progress needed.
Our campaign to secure an extension of section 25B of the Nurse Staffing Levels (Wales) Act (the duty to calculate and take steps to maintain nurse staffing levels) has resulted in a commitment from the Government to extend this to children’s inpatient wards and an investment of £1.23m in further work on extension. We have also secured an increase of 200 commissioned nursing student places from the Government and a commitment to keep the nursing student bursary until 2023.

During 2019, the Welsh Government, in response to campaigning by us and other health organisations, moved to significantly strengthen workforce planning this year. This included the creation of Health Education Improvement Wales (HEIW) and consultation on the first national health and social care workforce strategy.

**Belfast 2018**

**Prison nursing (R)**

*That this meeting of RCN Congress calls on the RCN to work with employers to improve the morale and working conditions of prison nursing staff across the UK.*

Seeking to improve conditions for members working in prisons continues to be a key priority for the RCN. The RCN co-founded the Joint Unions in Prisons Alliance (JUPA), which brings together nine UK trade unions and professional organisations with members working in the justice sector. JUPA addresses issues affecting workers in prisons. In early 2019, JUPA surveyed their respective members working in prisons. The survey feedback resulted in the JUPA “Safe Inside” calls for action, launched in June 2019. In addition to tackling violence against staff, the calls for action included a demand for a national safety framework to include those who work inside prisons.

In February 2020, JUPA held a safety summit which the RCN co-chaired. The summit brought together the Health and Safety Executive, employers, JUPA members and RCN and resulted in the production of a JUPA “Safe Inside Prisons Charter” to take to the various employers of those who work in prisons.

RCN Wales has established a Prison Nursing Group which produced a call for action in March 2020 urging the Welsh Government to establish a work stream to make recommendations on improvements to workforce planning, recruitment and retention of health care staff in prisons.

The RCN’s Nursing in Justice and Forensic Health Care Forum has delivered the Time and Space” resource to support the mental health of members working in justice health care and beyond. This has been widely promoted and accessed during the COVID-19 pandemic.

**Belfast 2018 (R)**

*That this meeting of RCN Congress considers the need for funding and resource to follow the patients so that community nursing capacity is able to meet increased demand.*

A resolution was passed regarding community workforce funding. The first phase of the work following this resolution was a joint QNI/RCN publication which was launched at Congress 2019.

Following this, there has been a joint roundtable facilitated by the QNI/RCN to consider the implications of the recommendations in the report. These have also contributed to our input into the current NMC Post Registration Standards review, which includes the Specialist Practice Qualification for District Nursing.

To strengthen this intelligence a roundtable was led by the Community and District Nursing Forum with newly qualified District Nurses and their educators in the autumn of 2019.

Work is being developed with the forum to articulate the impact of the workload demand on community and district nurses, to support the safe and effective staffing campaign and link into the international community observatory work that has been established by the QNI.
Belfast 2018

Therapeutic Staffing in Mental Health (R)

That this meeting of RCN Congress calls on Council to commission research into therapeutic staffing levels for mental health nursing.

The agreed focus of this work was to commission the Sheffield Research Alliance (SRA) to undertake a scoping review outlining the scale of the therapeutic staffing level issues for mental health nursing and identify papers for inclusion. Having excluded over 300 papers, the final submission reviewed 11 papers that met both relevance and quality standards (January 2020). The SRA produced a report that contains several outcomes from the scoping work undertaken. These have been reviewed by forum committee members, key stakeholders and a UK-wide Expert Working Group. The Expert Working Group was established in March 2020; invited members included the Chair of the Mental Health Forum. This is one of the work streams supporting the development of professional guidance, which is an output from the Staffing for Safe and Effective Care work.

The group aims to reconvene post-COVID-19 to expand on the outcomes identified in the SRA report, work with RCN Fellow Professor Jane Ball and to survey UK-wide members. The outcomes will be used to inform UK policy developments and safe staffing guidance.
The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

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