The NHS Staff Side has agreed to accept the pay offer for staff in England

In last month’s RCN consultation, 60 per cent of members who voted accepted the Government’s pay proposal for England. Anne Wells, Chair of the RCN Membership and Representation Committee, said the results of the RCN’s vote reflected a level of demoralisation among members, but she vowed the fight for fair pay would continue. “It’s by working together and using our collective voice that we can be most effective. We need to support members to stand up and defend their profession against further erosion of their pay, terms and conditions,” she said.

Health unions and NHS Employers will now work on implementing the offer, including securing a written commitment from government to the NHS Pay Review Body. There will also be a more general review of pay structures and terms and conditions. Work will be undertaken to strengthen the Agenda for Change agreement on progression and agency costs will also be looked at with a view to securing national agreements that reduce spending.

“There will be no further changes to the NHS pay structure this year but we will work on a strategy for the longer term,” said Josie Irwin, RCN Head of Employment Relations.

The proposals will be implemented in England with effect from 1 April. Different pay arrangements have already been agreed in Wales. At the time of writing no offer had been made in Scotland or Northern Ireland.

Read more about the RCN’s next steps on page 4.
The RCN has written to the Migration Advisory Committee (MAC) urging it to reconsider its decision not to put nursing roles on the shortage occupation list.

Recruiting from overseas is not a sensible long-term solution to the nursing shortage, but it is absolutely necessary in the NHS as it operates today, the RCN has said.

“There is a huge difference between aspiring to be self-sufficient in nurses and saying that we don’t need to recruit them from overseas. We would hope that the Migration Advisory Committee would take on board the desperate need for more nurses in the immediate term,” said RCN Chief Executive & General Secretary Dr Peter Carter.

RCN representatives are being asked to review the use of e-rostering systems in their workplaces.

“We know this software is widely used and does bring some benefits,” said Anne Wells, Chair of the RCN Membership and Representation Committee. “But by conducting an audit of current processes we can ensure that patients are being cared for appropriately and the dedicated hard work of staff is recognised and valued. This is an opportunity for stewards, safety representatives and learning representatives to work together.”

The key questions

- Has e-rostering had an impact on your system of work?
- Have any e-rostering problems become normalised?
- How many staff have access to the system?
- Have there been any complaints from staff?
- Have extra hours been logged and later wiped from the system?
- Is this a safe way to manage work?
- When was the system last reviewed and how often should it be reviewed?
- What's happening elsewhere?
- Can we innovate?

Once you have the answers you’re looking for, the RCN advises that you take them to your partnership forum, to any regular quality meeting with your director of nursing and your RCN branch.

The issue of e-rostering came to the RCN’s attention after in-depth work at a trust during the RCN’s Get What You’re Owed campaign. It was revealed that although policies say nursing staff are responsible for documenting the times when they work extra hours, these staff do not have access to the e-rostering system and rely on managers to input information.

RCN evidence submitted to the MAC

- A fall in nurse training place commissions experienced in 2012/13 is expected to have an impact on the number of newly qualified nurses in 2015/16.
- Nursing staff shortages are reported across NHS and independent sector employers who are increasingly plugging the gap with expensive and unsustainable use of agency nursing staff.
- There is an ageing UK nursing workforce.
- Changes to the immigration system and eligibility for indefinite leave to remain may lead to many non-EU nurses leaving the UK from 2016.
- A lack of systematic workforce planning for nursing across the UK has contributed to the current problems.
- The UK has an ageing population with more complex health needs.

“Nurses will be utterly bemused as to how this conclusion has been reached,” he added.

Change in Manchester

There will be significant implications for patients if the health and social care budget for Greater Manchester is taken over by the region’s councils and health groups, the RCN has said in response to NHS England plans announced last month.

“No nursing staff know there are challenges when providing free health care and means-tested social care, which particularly affect vulnerable and older patients,” said Dr Peter Carter, RCN Chief Executive & General Secretary.

The RCN says the proposed changes would also have implications for the workforce, and staff should be fully engaged, consulted and supported. “Without thorough planning by the Government and regional council this runs the risk of being simply another failed reorganisation,” added Dr Carter.

RCN: Internationally recruited nurses needed

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What’s the impact of e-rostering in your workplace?

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- What's happening elsewhere?
- Can we innovate?
Members can now put themselves forward for a place on the RCN Agenda Committee, which leads the process of selecting agenda items to be discussed at RCN Congress.

Being on the agenda committee means representing the RCN’s voting entities and ensuring the success of nursing’s most prestigious event.

“This committee is key to the overall strategic planning of Congress. If you can champion and help shape the future of this important nursing event, please stand for election today,” said Billy Drysdale, from the RCN’s current agenda committee. Billy, along with Tom Bolger, Geoff Earl and Dominic Walsh, will be stepping down from the committee when Congress week concludes on 25 June.

Members of the new agenda committee will take up their roles immediately following Congress and will start to plan the event in 2016, to be held in Glasgow. Nominations close on 23 June. For details visit www.rcn.org.uk/elections

RCN Congress will be held from Sunday 21 to Thursday 25 June at the Bournemouth International Centre. It is free to attend and you can reserve your place today. To book, visit www.rcn.org.uk/congress/booking

Help shape the Congress agenda

The deadline for submitting items for debate at Congress has now passed and the agenda will be announced shortly. However, emergency items can still be submitted right through and up to the event itself. More details about the criteria and process for emergency agenda items can be found at www.rcn.org.uk/congress/emergencyitems

“I’m voting because…”

Activists are encouraging members to get involved in the RCN’s general election campaign, Nursing Counts.

This year’s campaign will have a strong digital presence so activists have had their photographs taken for social media websites. In the images, which are expected to be widely distributed on platforms such as Instagram, Facebook and Twitter, activists are shown holding pledge cards and encouraging nursing staff to vote in the May election.

“The pictures also show the vast numbers of the nursing workforce who want to make sure their voice is heard and we hope they will encourage members to vote,” said RCN London Board Member Matthew Hodson (pictured, right).

The RCN is asking members to contact their local candidates to seek support for the Nursing Counts priorities, as well as asking them to vote on polling day. Get involved by posting your picture on social media today using #NursingCounts. Download your pledge card from elections.rcn.org.uk

Tackling stress

An RCN task and finish group has been established to identify the causes and make recommendations to reduce the risk of role-related stress in workplace representatives. The three RCN UK representative committees will provide key evidence and other activists will be encouraged to get involved by taking part in a discussion at Congress. Resources will be developed to support representatives and a final report will be published in October.

Support standards

The Care Certificate will be implemented in England from the end of this month. It’s a set of standards developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. All local education and training boards (hee.nhs.uk/about/our-lethb) will hold launch events. Information for organisations is available at hee.nhs.uk/work-programmes/the-care-certificate-new

RCNi launches

RCN Publishing has changed to RCNi. A new website has been launched including a portfolio, a discussion board and online continuing professional development. Representatives will shortly be able to access this site as part of their subscription to Nursing Standard. Register now for free daily news and blogs. Visit rcni.com
Michael Brown, Chair of RCN Council, says campaigning on pay will continue

As you’ll know by now, RCN members voted to accept the latest pay proposal from the Westminster Government. This agreement doesn’t make up for years of pay restraint or for the intense pressures we’re all facing. Every nurse deserves to be valued and I don’t think the latest proposal reflected that.

We did all we could to help members get engaged, offering options to vote electronically or by post. Activists worked hard encouraging members to have their say but I’m disappointed that only 16 per cent of those who were given the chance to vote on this crucial issue took the opportunity to do so.

With the pay review body now focusing on seven day working, we must move forward and work together as members, activists, Council and with other health unions. Of course, we support the principle of improving patient care but we must consider the implications this new challenge will have for our terms and conditions of employment.

Finding a way to get members to engage with their branches and boards is essential. We need to know members’ views about what could be yet another attack on their working conditions. We must keep pressuring politicians. I urge every single member of the RCN to get out and vote in May. This is the start of the next chapter in our campaigning work and we must be heard.

elections.rcn.org.uk

“We must move forward and work together”

How does the Children and Families Act 2014 change the rights of adopters?

From 5 April this year, the statutory rights of adopting parents will change. Employees will no longer need 26 weeks’ continuous employment to be eligible for adoption leave. However, continuous service remains a requirement for Statutory Adoption Pay (SAP).

SAP will mirror Statutory Maternity Pay; the first six weeks will be paid at 90 per cent of normal earnings.

The main adopter will be able to take paid time off for up to five adoption appointments (of up to six and a half hours for each appointment). The secondary adopter will be able to take unpaid time off for up to two appointments. Intended parents in surrogacy and “foster to adopt” arrangements could qualify for leave and pay in certain circumstances and eligible employees can opt into the new shared parental leave scheme.

Employers’ policies should outline arrangements for any additional contractual entitlements. Read best practice guidance at www.acas.org.uk. The RCN Pregnancy, Maternity, Paternity and Adoption Advice Guide will be updated shortly. Visit www.rcn.org.uk/guides

You can also speak in confidence to an RCN Direct adviser any time between 8.30am and 8.30pm, 365 days per year.
Hidden pressures

Representing nurses in the community, I see the impact of understaffing all too often. There are nurses working in my area for whom crying on the way to work, and crying on the way home again, is by no means unusual because of the stresses and overwork they face every day.

Many areas are struggling to recruit and because of changes to funding for district nurse training we now have thousands fewer qualified district nurses than even five years ago. Yet the skills required to nurse people at home are increasing due to the relentless pressure for early supported discharge and to prevent admission in the first place. Added to this is a bullying culture developing in some parts of the community. Clinicians who dare to complain are treated to a few “targets to help them focus” under capability procedures. These are described as informal supportive action, so they don’t have right of appeal, and in some cases they are not even told in advance the nature of the meeting.

Community staff have greater difficulty proving missed breaks and late finishes simply because they work alone and may not always be logged on at the right time for that all-important evidential timed keystroke. We cannot ignore this. The community used to be the best place in the world to work, and in many instances still is, but for some the reality is very different.

Neil Thompson, RCN UK Safety Representatives Committee Member

Duty of candour

The statutory duty of candour on health care providers came into force in October 2014. NHS providers must be open and transparent with service users about their care and treatment, including when it goes wrong. A notifiable safety incident arises where any unintended or unexpected incident results, or could result, in “death, severe harm, moderate harm or prolonged psychological harm” to a patient.

The duty on providers is to be open and transparent, providing reasonable support, truthful information and an apology. The statutory regulations do not define an incident. Sometimes it’s obvious: for example, a patient falling on the ward; administration of incorrect medication dosage etc.

But not always. What about recognised complications or consequences of correct treatment?

Lessons learnt

In November 2014 the Care Quality Commission issued guidance on the duty, advising that during inspections it will assess whether lessons have been learnt when things go wrong, and whether the leadership and culture encourages candour, openness and honesty. This implies that the duty will be triggered if there is a deviation, error or mistake in respect of care or treatment, and not simply the occurrence of a recognised complication of the treatment.

The Dalton/Williams review into the duty of candour emphasised that training and support for staff to disclose information and communicate apologies is critical for effective compliance with the duty. This point was reinforced by RCN submissions.

The evidence I have received to date suggests that some employers are falling far short of this imperative, causing confusion and anxiety among professionals. This must be addressed.

Chris Cox
RCN Director of Legal Services
Updated representatives’ role descriptors will help you understand what you need to know and do

“Representatives’ roles are constantly developing and we want to ensure you’re working to descriptors which accurately reflect your work,” says Mairéad O’Siochhrú, RCN Learning and Development Facilitator.

The RCN reviews the curriculum for the UK learning and development pathway for representatives every two years. The process is based on feedback from the UK boards and representative committees, learner evaluations from representatives who have completed the pathway, and the latest quality review report from the RCN’s external accrediting body, Open College Network.

Finalised by the RCN Trade Union Governance Group last month, the revised descriptors will be used as a basis for the 2015 review of the UK learning and development pathway for RCN representatives. This will ensure that the pathway continues to meet the needs of representatives and the RCN.

“The role descriptors are the building blocks of our work to help you develop. Revising them regularly ensures the pathway remains fit for purpose and will continue to prepare you for the challenges you face,” adds Mairéad.

Working together

The latest changes have resulted in the three role descriptors being aligned with one another so there is now more clarity on how the roles differ but also how they can work together. There’s more emphasis on working with branches and a stronger statement around continuing learning and development for all three roles.

Mairéad says she hopes this will help representatives understand the RCN’s expectations and provide an improved framework for capturing evidence of practice and identifying possible development needs.

The updated descriptors have proved popular with activists. “I read through the revised role descriptors and I found the clear, plain language refreshing. I can identify an activity I have completed or am in the process of carrying out for each one,” says Michelle Parker, a learning representative at Partnerships in Care.

Download information from www.rcn.org.uk/publications

Pathway to knowledge

The pathway curriculum is built around the agreed representative role descriptors. By building evidence of learning against the resulting learning outcomes and assessment criteria representatives can ensure they are prepared for practice.

In the foundation module, representatives must demonstrate evidence of their understanding of the generic representative role through developing evidence of their learning against generic assessment criteria in a learning portfolio.

The development module is specific to the role of learning representative, safety representative or steward. Representatives are asked to demonstrate their understanding of their specialised assessment criteria and how they can be applied in the workplace.
Members are increasingly asking for advice on submitting reflective statements to employers

Representatives are often the first port of call for members asked to submit a statement to their employer. Nursing staff might feel daunted at the prospect of committing their views to paper so the advice of a knowledgeable activist can help them feel reassured that they are doing the right thing.

Many representatives are familiar with formal statements – those required for an inquest or coroner’s court, or during employment tribunal proceedings. But the RCN has noticed that increasingly members are being asked by employers to write statements reflecting on their practice, learning or development.

Ambiguous

The definition of a reflective statement is ambiguous and members need to establish exactly what is being asked of them, according to April Brown, Advice Information Co-ordinator at RCN Direct.

“There's a significant difference between writing a reflective piece on your personal development which you keep for yourself and producing a statement to be handed into your employer and put on record,” she says. “You would write them in different ways.”

Staff at RCN Direct have seen a rise in the number of calls from members who have been asked to write reflective statements by their employers in the past few months.

“Our advice to representatives who may be asked by members about reflective statements is to tell the member to find out what the purpose of the statement is. If it's purely for the member to keep for themselves then that's fine.

“But if it's for the employer the member should ask more questions to clarify the purpose of the statement. Members can say they are happy to write a personal reflective piece but that it's not appropriate for this to be kept on file formally. If the employer would still like it handed in then it should be treated as a formal statement and members should consult the RCN's guidance on statement writing before proceeding.”

Caution

Graham Revie, Chair of the RCN UK Stewards Committee, says representatives should advise members to exercise caution.

“If a reflective statement is provided to an organisation it becomes part of the organisation's property,” he says. “If that statement is then requested it has to be disclosed under law, so in theory it could be read out in court as the voice of the member who wrote it.

“As RCN representatives it's our duty to protect members when they're at their most vulnerable. If they are providing a statement to their employer they should stick to the facts and avoid including personal feelings or subjective opinions.”

RCN guidance

Updated statement writing guidance is now available on the RCN website. It includes information on when a statement might be requested, the different types of statements and preparing and writing a statement, as well as details of other useful resources.

Visit www.rcn.org.uk/guides
This month’s Tools of the Trade includes findings from the 2013/14 Crime Survey for England and Wales that show the number and rate of violent incidents at work has declined over the last decade. Read more at www.hse.gov.uk/Statistics/causinj/violence

There’s information on a new guide for businesses on tackling domestic violence and raising awareness of an issue that has an impact on health, wellbeing, absence and turnover in the workplace. Download the toolkit from 16daysofaction.co.uk

Activists can also look out for information on a new paper by the Work Foundation which argues that for those living with conditions such as asthma, depression or rheumatoid arthritis, the quality of support received fluctuates far too much.

Also included is a list of recent reports from the RCN library, including Saving Lives: Why The Media’s Portrayal of Nursing Puts Us All At Risk.

Visit www.rcn.org.uk/activate

Consultations

At this month’s RCN Joint Representatives’ Conference Michael Brown, Chair of RCN Council, Stuart McKenzie, Chair of RCN Congress and Jane Clarke, RCN Director of Governance Support, ran a consultation session for delegates to find out more about four ongoing College consultations:

- access to member information
- RCN branches: new regulation, constitutional documentation and branch resource
- RCN Congress: new regulation and policy and process document
- RCN awards.

The RCN needs comments on the access to information paper by 31 March. The other consultations are open until 30 April.

For information on how to respond, visit www.rcn.org.uk/councilconsultations

RCN representatives also discussed the factors that influence positive organisational culture and focused on how effective collaboration can have a positive impact and influence on workplace culture.

Fit for work?

The Fit for Work service is now being rolled out by the Department of Work and Pensions. Under the new scheme, a Fit for Work occupational health professional will identify obstacles preventing an employee from returning to work. They will produce a return to work plan tailored to the employee’s needs.

Most nursing staff are covered by in-house occupational health services but the default position will now be for GPs to voluntarily refer to the new advisory service. Representatives need to be ready to ask questions to ensure this complements rather than duplicates or contradicts existing arrangements.

“The will be of particular interest to stewards and safety representatives who are supporting members through sickness procedures,” said Denise McLaughlin, Chair of the RCN UK Safety Representatives Committee. “Members in the independent sector with no occupational health provision will also need to be aware of the service.” Visit http://tiny.cc/fitforwork

Preparing for working longer

“‘We want to support members to successfully manage these changes to meet their professional and personal needs,” said Irene Murray, RCN Learning and Development Facilitator. “This workshop will help College representatives to support colleagues to review their personal and work development.”

Aimed at learning representatives in England, but open to all representatives from across the UK, the free workshop takes place on 21 April between 10.30am and 3.30pm in Birmingham. There is limited availability so for more information and to book, visit https://www.eventbrite.co.uk/e/15755614467

Diary date

The autumn RCN Joint Representatives’ Conference will take place at the Europa Hotel, Belfast, on 8 and 9 October.