



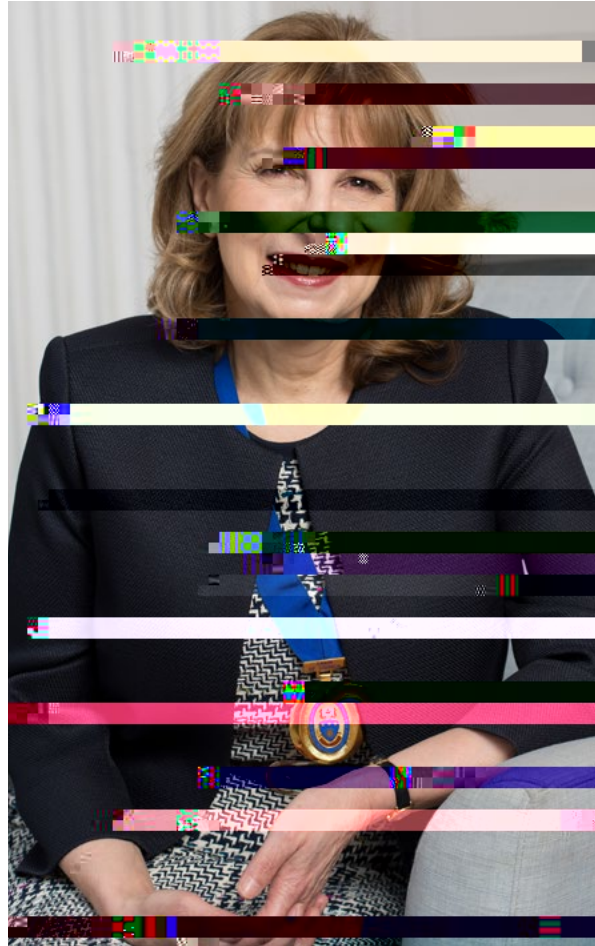
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RCN Council's report to members on Congress 2017



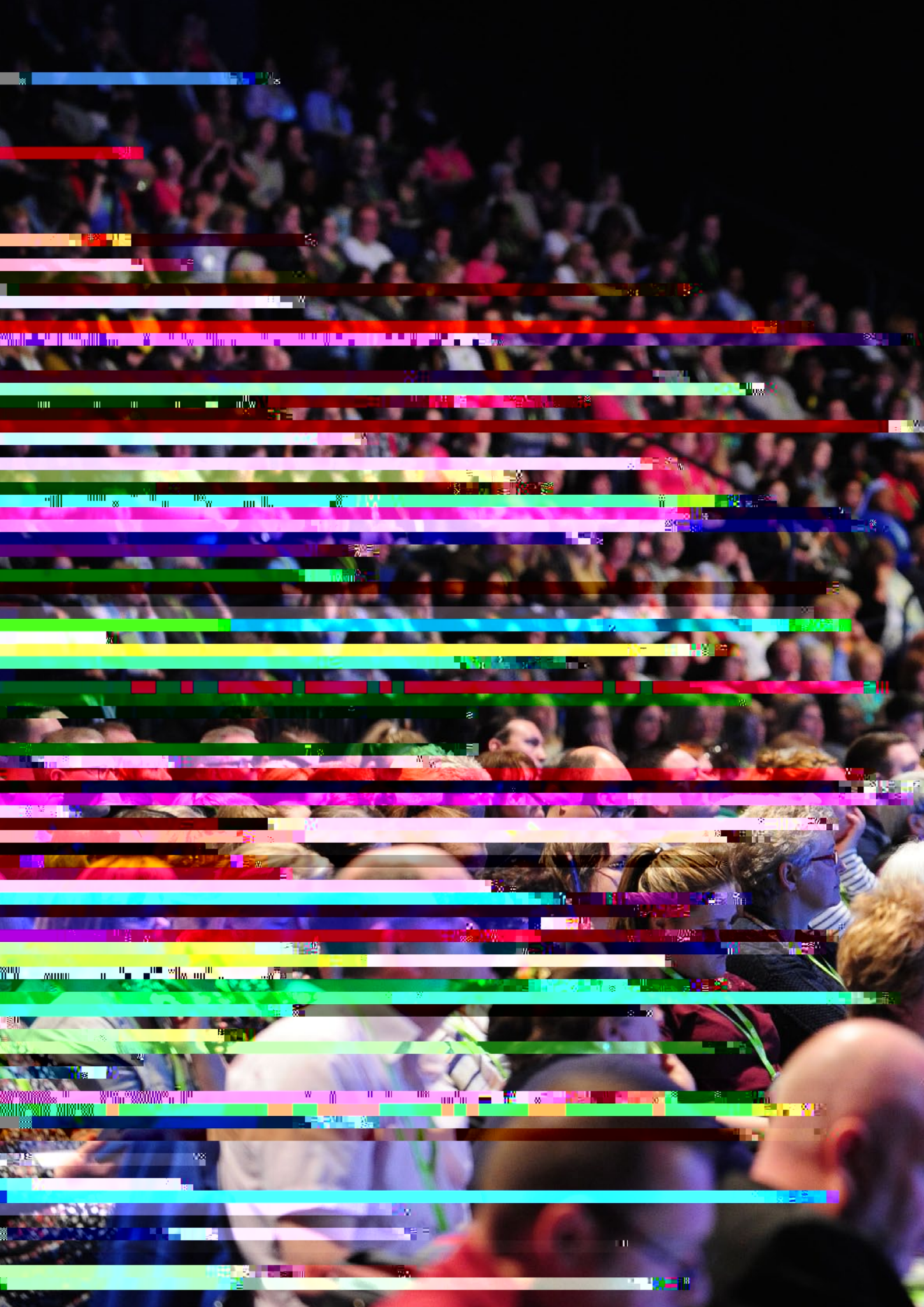
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This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but



This report sets out an incredibly impressive programme of work, across all four countries of the UK, which has taken place as a result of the GHEDWHV LQ /LYHUSRRO ODVW \HDU

I would like to take this opportunity to thank all of the current and past Council Members who OHG WKLV ZRUN DQG WKR VH PHPEHUV DQG 5&1 VWDc who have together delivered this huge agenda. It



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Present

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of the RCN Branches, RCN UK Forums, the RCN Health Practitioner Committee, the RCN UK
6WHZDUGV 6DIHW\ DQG /HDUQLQJ 5HSUHVHQWDWLYHV¶ &RPPLWWHH

1. Welcome and introduction from the Chair

The Chair welcomed delegates to Congress.

2. Reports of the Agenda Committee

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

1. Nursing Associates (MfD)

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

2. Clinical placement hours (R)

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

This Resolution was rejected.

3. Education and development (MfD)

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

4. Mandatory training (MfD)

Note – At the meeting Congress agreed to the following wording was as follows:

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

5. Mentors (MfD)

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

6. Autism (R)

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

This Resolution was rejected.

7. Nursing with dementia (R)

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

This Resolution was passed.

8. Parity of esteem (R)

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

This Resolution was passed.

9. Wellness (MfD)

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

10. The NHS (R)

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

This Resolution was passed.

11. Nurse debriefing (MfD)

That this meeting of Congress considers that

12. Designated places of safety (R)

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

This Resolution was passed.

13. AfC re-banding (R)

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

This Resolution was passed.

14. Emergency departments (MFD)

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

15. Asylum seekers and refugees (MfD)

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

16. Clear helmets (MfD)

Note – At the meeting Congress agreed to change this item to a matter for discussion

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That this meeting of Congress discusses whether RCN Council should support any

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23E. Brexit (MfD)

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

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

Response to the Prime Minister

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

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What will this project create or make?

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

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

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

2. Clinical placement hours (R)

That this meeting of Congress urges RCN Council to demand that the NMC reduces student nurses' clinical placement hours in line with international (u)-4.(t)4.9Sie-

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

3. Education and Development (MfD)

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

Proposer	6 D U D K % X U G H Q
Submitting entity	5 & 1 (G X F D W L R Q) R U X P
RCN Lead	/ L V D % X Q J H U R W K
ET Sponsor	Donna Kinnair
Council Lead	- D Q H W 0 D U V G H Q W R t r r s r x & \ Q W K L D ' D Y L V
Governance committee	NPPC

4. Mandatory training (MfD)

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

5. Mentors (MfD)

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

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

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

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

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

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

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

What will this project create or make?

A position statement and suite of resources will be ready for publication and promotion after this year's Congress. The resources cover advice for members, reps and line managers and links with

8. Parity of esteem (R)

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

Linked with

Content out of date.

Please see pages 42–45

RCN Lead	Karen Brown
ET Sponsor	Donna Kinnair
Council Leads	Carol Evans (to 31/12/17); David Miller

9. Wellness (MfD)

That this meeting of Congress debates whether we are disabling our

11.

13.AfC re-banding (R)

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

Proposer	Mike Travis
Submitting entity	5 & 1 * UHDWHU /LYHUSRRO DQG .QRZVOH\ %UDQFK
RCN Lead	-RVLH ,UZLQ
ET Sponsor	Chris Cox
Council Lead	9LFN\ %URWKHUWRQ
Governance committee	05& 78&

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

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Does the resolution require any work to be completed?

Yes:

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14. Emergency Departments (MfD)

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

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

15. Asylum seekers and refugees (MfD)

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

Linked with

18. People trafficking (R)

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That this meeting of Congress Urges 196 Council on 216 / CSO CSO 0.259 0.511 1 so
systems that assist nurses to identify and support trafficked people.



Does the resolution require any work to be completed?

Yes.

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

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

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

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

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

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

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

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

Objectives identified:

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

Mitigation

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

Risk

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

Mitigation

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

Risk

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Mitigation

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

- Aligns with Healthy Workplace, Healthy You campaign
- Aligns with work to ensure employment and health and safety law is protected post Brexit and the (XURSHDQ 8QLRQ :LWKGUDZDO %LOO

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

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

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

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Step 3: Secure approval to proceed
Approval from manager and UK committee

Step 4: Delivery and implementation
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Step 5: Conclusion of activity
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Step 6: Evaluation and learning
Case studies, feedback from reps, members and organisations

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

UK committee will act as critical eye to work.

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

Context

20. Assaults (MfD)

External

21. Benefits (R)

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

Proposer	0DU\ 4XLUNH
Submitting entity	RCN Neuroscience Forum
RCN Lead	/LJLH 'RZG 9DO %DLOH\
ET Sponsor	Chris Cox
Council Lead	&\QWKLD 'DYLV DQG 6XH :DUQHU
Governance committee	NPPC

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

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22e. Pay (R)

23e. Brexit (MfD)

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

Proposer	-DVRQ :DUULQHU
Submitting entity	RCN Public Health Forum
RCN Lead	/DUD & DUPRQD
ET Sponsor	Donna Kinnair
Council Lead	0LFKDHO %URZQ WR tr rs rx
Governance committee	Council

Work on items discussed at Congress can often continue for a number of years. For many items there are a number of items affected. The following summaries detail aspects of some of the work carried out over the past 12 months as a result of previous years' debates.

Harrogate, 2009

There the go! (Resolution)

That this meeting of RCN Congress urges RCN Council to lobby governments to ensure that the value of facility time and our lobbying was key to deferring any possible reduction in facility time for three years.

RCN Representatives Guide to Facilities Time, which is available on the RCN website. We have also been successful in lobbying governments to ensure that the value of facility time and our lobbying was key to deferring any possible reduction in facility time for three years.

Bournemouth, 2010

Busting the myth on NHS pensions (Resolution)

Liverpool, 2014

**Revalidation
(Matter for discussion)**

That this meeting of Congress discusses whether the Nursing and Midwifery Council will be able
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- Finding information comprehensive and clear
- Those who contacted found help positive
- Almost two thirds reported no issues with gaining feedback and acknowledged this was now more
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- Registrants are preparing early and at point of regulation they felt they had a good understanding of the process.

Bournemouth, 2015

Continence training (Matter for discussion)

That this meeting of RCN Congress debates the issue of the lack of training for nurses and health

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how these should be mitigated.

We have clearly expressed concern that the new NA r3 p9-46neFP6 s2.93 004400525 000.4 2. 00419.5 00E19.5 00E
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On the strength of this item, the RCN has developed and secured a mandate, as part of the Future Nurse, Future Workforce programme, to establish a core strand of work for parity of esteem. The RCN's Parity of Esteem programme, including associated work, began in January 2018. It is intended that this piece of work will be delivered over the next few years and will involve a range of projects encompassing broader aspects of the mental health agenda.

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

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

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

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

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

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

In England, NHS England and NHS

Post-debate on this item in 2017, the RCN

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

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

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

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

In Scotland, the Mental Health (Care and Treatment) (Scotland) Act 2003 makes provisions for Places of Safety. Section 300 of the Act, states that a place of safety can include a hospital. However, the code recommends that these are not Emergency Departments and that any use of an Emergency Department as a place of safety should “be restricted to occasions where the person also has significant physical health problems related to, for example, self-harm or substance use.”

