

Activate

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News, views and support for RCN activists

You
decide

[www.rcn.org.uk/
nursing-pay](http://www.rcn.org.uk/nursing-pay)

It's time for NHS staff in England to vote on the three-year pay deal

The RCN believes the deal, negotiated jointly by NHS unions, is the best that can be expected in a time of austerity and deep financial uncertainty. It's recommending that members accept it.

"We know the deal isn't perfect, but it's realistic in the current economic climate," said Lora Allford, Chair of the RCN Trade Union Committee. "It's the highest public sector pay deal in 10 years and we're asking reps to encourage members to fully understand it and accept it."

Voting on the deal is open until 5 June and it's absolutely essential that as many eligible members vote as possible. The RCN needs to get an accurate picture of what members think so its next steps can be representative of the views of nursing staff

who will be affected by the deal. You can help by spreading the word and getting members to vote.

"We hope you'll give members the opportunity to make up their own minds about the deal by giving out leaflets, putting up posters, signposting them to the RCN website and sharing our social media posts," added Lora. "Please encourage members to go to meetings where they can ask questions and decide about the deal for themselves."

Members can have their say via an online consultation which will inform the RCN Trade Union Committee's decision to accept or reject the deal.

Pay champions in England should have received *The NHS Pay Deal - a Guide for Pay Champions* in their pay champions pack. Read more on pages 4, 5 and 6. Cast your vote at www.rcn.org.uk/nursing-pay

Are you glove aware?



The RCN is hosting Glove Awareness Week from 30 April to raise awareness of skin health and appropriate glove use by nursing staff

Approximately one in five nurses develop hand dermatitis – a painful, debilitating condition which may require nursing staff to be moved out of clinical areas due to the risk of infection from damaged skin. It can be caused by frequent exposure to water, cleaning agents and inappropriate glove use.

“Using gloves can help protect nursing staff from exposure to harmful chemicals or infectious blood and body fluids,” said Denise McLaughlin, Chair of the RCN UK Safety Representatives Committee.

“However, inappropriate glove use can place staff and patients at risk of contact dermatitis, infection and missed opportunities for hand hygiene.”

An RCN Twitter chat (#RCNchat) on being glove aware will take place on 1 May at 7.30pm. Don't forget to use #gloveaware on your social media accounts.

Download a leaflet, poster and read updated guidance at www.rcn.org.uk/glove-aware

Safety reps' checklist

1. Ask if Control of Substances Hazardous to Health (COSHH) assessments have been carried out on harmful substances used at work.
2. Make sure you're consulted on the introduction of new chemicals, products or work processes that could affect members' health.
3. Find out if regular skin health surveillance is undertaken regarding skin exposures.
4. Make sure you have access to specialist occupational health providers.
5. Ask for all new cases of dermatitis to be discussed in health and safety meetings.
6. Ask for anonymous collective results by area to identify any hot spots and call for a review of risk assessments and health surveillance in those areas.
7. Investigate any new cases and ensure contact dermatitis cases are reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Find out what the process is for identifying cases, and who is responsible for reporting them.
8. Remember that reporting under RIDDOR doesn't override medical confidentiality. If an employee doesn't want to be named, it can be reported anonymously.
9. When undertaking workplace inspections, check product labels or safety data sheets for hazards statements, including the exclamation mark health hazard symbol.
10. Help managers raise awareness about dermatitis and remind them of their responsibilities.

A faster way to become a rep

A more streamlined process for rep accreditation is now in place, following a project and testing period in the Eastern, Northern, South West and Yorkshire & the Humber regions, and agreement from member committees.

The time it takes from a member's expression of interest to accreditation was considerably reduced in the pilot sites and more people went on to be fully accredited.

A South West region branch executive said: “The email communication with the branch is efficient and allows us to make contact with the new rep straight away. They don't have to wait long to be accredited and can quickly become involved with branch activities.”

Visit www.rcn.org.uk/becomearep

What's changed?

- There's now a single application form (online and printed) and no need to be nominated by a workplace colleague.
- The branch sign off process has been simplified. A branch will receive an email and will be given 10 days to confirm accreditation. If no objection is registered, it will be presumed that the accreditation can go ahead.
- Once accredited, other reps in the relevant workplace will be advised, which will help them connect quickly with new colleagues.

Get in the know about staff side



It's important that reps become involved with their staff side

RCN activists and staff have produced new guidance designed to encourage more reps to attend staff side meetings

The guidance, created at the request of the RCN UK reps committees, explains the value of all reps participating in the meetings, and offers tips for those planning to attend.

It explains the significance of structured conversations with management and highlights the value of input from all three RCN rep roles – stewards, learning reps, and safety reps.

RCN steward Phil Noyes said: “I was delighted to be involved in the project group developing this guidance. Having attended a fringe workshop at a joint reps conference and argued for this kind of support, it’s great to see the practical results. It’s hugely important that reps become involved with their staff sides so they can work collectively in the interests of NHS staff.”

For those who have never attended staff side before, the guidance says planning and communication beforehand are key.

“Think about what you want to raise at/bring to staff side and gather information and member views in advance so that you are confident that you know what you are talking about,” the guidance advises.

Attending Staff Side as an RCN Representative is available on the reps hub at www.rcn.org.uk/reps-hub

Emergency items



Do you have something urgent to discuss that’s not yet on this year’s RCN Congress agenda?

Suggestions for potential emergency agenda items can be submitted by RCN boards, branches, forums or representative committee members by completing a form at www.rcn.org.uk/congress

Emergency agenda items must be on an issue or topic which has arisen since the closing date for agenda items on 2 January 2018. If you have an idea or there’s an issue you are passionate about but don’t know who your board or committee members are, email congressagenda@rcn.org.uk to be put in touch.

Subscriptions on the agenda at this year’s AGM

Members at this year’s RCN annual general meeting will be asked to vote on a resolution authorising Council to set subscription fees for the next five years.

In 2013, members supported a similar proposal. There was a 1% increase in fees the following year but there have been no further increases since then, despite growing demand for RCN services.

At its meeting in January, Council agreed to consult the membership on a proposal to seek similar authorisation for the next five years. Following that consultation, Council will now seek authorisation at the AGM to set subscription rates until 2023, while at the same time committing to keep fees frozen for this year and next, and as low as possible in the following years.

The AGM takes place on 16 May in Belfast. Members not attending the AGM will be able

to cast a proxy vote. An email was sent from the Electoral Reform Services on Thursday 12 April. Visit www.rcn.org.uk/agm



Reaching out

The RCN has signed a learning agreement with Interserve Healthcare. The newly recruited learning reps there will now develop a professional and trade union offer to a weekly nursing team of around 2,000 health care assistants and 500 registered nurses. Gary Kirwan, RCN National Officer, said: “We’re in a position to increase our engagement with often hard-to-reach agency nursing workers.”

Busting the myths about the NHS pay deal for England

You can't have missed the amount of opinion being shared about the NHS pay deal online and in print. In fact it's likely that you've been talking to members face-to-face about the deal and finding that some of what you're hearing isn't consistent

The RCN is recommending that members accept the deal, but incorrect information doesn't help anyone make a fair judgement about what's on offer. We've picked out some of the most frequently recounted myths to help you put the facts straight.

MYTH 1

"The RCN hasn't achieved anything"

Our campaign to scrap the cap saw the 1% pay cap on nursing pay removed in October 2017. However, the campaign had a more far reaching impact as it positioned NHS pay high on the political agenda. Our campaigning opened the door to a fully funded NHS pay deal.

When negotiations began, items such as unsocial hours, sick pay and annual leave were all on the table. The RCN successfully protected these and looked for ways to get as much money into members' pockets as possible during a time of austerity. This has come through a proposed combination of a percentage pay increase, a cash uplift and contract reform. Our goal was to secure an increase for every member wherever they are on the pay scales in each year of the three year deal and overall at the end of the three years. We've achieved that and negotiated a pay rise higher than the 1% that NHS staff in England have received for the past eight years.

MYTH 2

"This deal does nothing to help retain experienced staff"

Most staff at the top of their band will get a 6.5% pay rise over the three years. Getting as much money as possible for these experienced staff to help persuade them to stay in the NHS was a priority going into the negotiations. Staff who are promoted will get to the top of their new pay band quicker.

Members told us they were unhappy it takes so long to reach the top of some pay bands. We made sure this was part of the deal. The deal removes overlaps between bands so those in higher bands won't be paid less than someone in a job that evaluates lower. The deal positions staff for higher earnings potential and faster progression. Different people will benefit differently from this deal, but this has been done to create a fairer system for the future.

MYTH 3

"We'll get something better if we don't accept the deal"

Negotiations have ended. The consultation on the deal isn't a chance to renegotiate it. If the package is rejected there's no guarantee that the Government will impose the proposals so at that point there'll be no pay offer for anyone. Instead we'll continue with the pay review body (PRB) process which could revert back to the 1% increases we've seen previously. We would lose the £4.2 billion of extra funding currently on offer.

MYTH 4

"It's below the rate of inflation so it's no good"

The official government measure of inflation (CPIH) fell to 2.3% in March and is expected to fall for the life of the deal. If members accept these arrangements they will do so in the knowledge that their pay will rise by a minimum of 6.5% - a guaranteed rise when Brexit is likely to bring more uncertainty and public sector austerity.

MYTH 5

"The cuts to unsocial hours payments are unacceptable"

Unsocial hours payments have been protected. For staff in bands 1 to 3 the percentage rates are decreased but the value of the payments remain the same. This is because the rates of pay in these groups have risen from £15,404 to £17,460. Currently, someone on the top of band 2 will earn an additional £4 for working one unsocial hour on a Saturday. It will remain at £4 but as their salary will have gone up, £4 is a smaller percentage of their new higher salary. This group of staff have also retained the benefit of unsocial hours paid while off sick - removed for everyone else in 2013. The rates of unsocial hours payments for staff in bands 4-9 won't change.

Share the message by pulling this out and pinning it to your noticeboard

MYTH 6

“You’re not holding a proper ballot”

This is a vote of RCN members working in the NHS in England to decide if they wish to accept the pay proposals or not. It is not a vote on industrial action. Voting on a pay deal does not have legal restrictions as one for industrial action would have, so whether we call it a consultation, vote or ballot, the process would be exactly the same.

MYTH 7

“You’re ignoring the PRB”

The NHS Pay Review Body (PRB) deals with annual pay uplifts and not redesigning the pay structure – that’s for negotiation within the NHS Agenda for Change (AfC) Staff Council.

We were asked by the Government and the PRB to hold these talks with NHS employers and we’ve kept the review body informed throughout our discussions. The review body has continued with its normal process of gathering evidence from all interested parties, so if the deal is rejected in June, the review body process will continue and the PRB will deliver a report.

MYTH 8

“This is a real terms pay cut”

This is the biggest pay rise for NHS staff in England in 10 years. Most will get at least 6.5% (except very top pay points 8C, D and 9). Some will get up to 29% at a time when inflation is falling too. Starting salaries will rise by £3,000 and nurses with three years’ experience get £6,000 during the deal.

MYTH 9

“No one’s actually going to get a 29% rise”

Someone on pay point 26 at the bottom of band 7 will see this rise in their pay over the three years.

MYTH 10

“The reduction in number of increments isn’t a good idea”

Members have said that it takes too long to get to the top of a pay band – in some cases it can take seven years (see AfC band 5). Shorter bands with fewer increments actually means staff reach the top of their band quicker and the jumps between incremental points will be bigger.

Nursing pay

Find out what the pay deal means for you

www.rcn.org.uk/nursing-pay

The deal and vote is for staff working for the NHS in England only. Find out more about the pay situation in:

- **Northern Ireland:** www.rcn.org.uk/northernireland
- **Scotland:** www.rcn.org.uk/scotland
- **Wales:** www.rcn.org.uk/wales

We will listen



“This isn’t about imposing a deal on members, but we are recommending members accept it”

We need as many people to vote on the pay deal as possible, says Lora Allford, Chair of the RCN Trade Union Committee

Last year, you made your voice heard like never before. RCN members campaigned against the 1% public sector pay cap throughout the summer and in the autumn the cap was officially scrapped.

Now it’s time to have your say again. Alongside other NHS unions, we’ve negotiated the best pay deal in 10 years from a Government still committed to austerity. We’re not under any illusions. We know this deal isn’t perfect. But it does commit significant Government cash to overlooked NHS staff without making any unpalatable demands in return. That’s why we’re asking members to “do the deal”.

The RCN Trade Union Committee will make the final decision about the pay deal, but it’s a decision that needs to be informed by members.

For that we need a good turn-out to ensure we make a decision that is truly representative of members’ wishes. This isn’t about imposing a deal on members, but we are recommending members accept it. And we’re asking you to help encourage as many people as possible to take part in our consultation.

You can help secure a deal that gives every member working in the NHS in England a pay rise, but what’s most important is that members have their say. The RCN is its members and we will listen to you.

ASK AN ADVISER



Bullying at work



It is sad but true that the RCN continues to receive a large volume of calls about bullying and harassment

Bullying is unacceptable, and constitutes a violation of human and legal rights that can lead to criminal prosecution and civil law claims. The effects of bullying can be devastating and long lasting. They can lead to poor work performance, and feelings of fear, anger, powerlessness and hurt.

Employers have a clear duty of care to provide a safe and healthy working environment, and this duty is also an implied term of every contract of employment. For those who experience bullying it can be hard to decide what to do but the first step is to keep a diary of events and to read the employer’s policy. The RCN’s bullying diary at www.rcn.org.uk/get-help/rcn-advice/bullying-and-harassment may help.

Members could also find it useful to talk to friends, family, trusted colleagues or a workplace counsellor. Next steps depend on what feels most comfortable but there are various options.

For more information, speak in confidence to an RCN Direct adviser any time between 8.30am and 8.30pm, 365 days per year.

RCN DIRECT
www.rcn.org.uk/direct
0345 772 6100

View from the frontline



Looking back

I've just received an award for 40 years' service in the NHS. I trained at Poole Hospital in the same building where I work now, and I've been a steward for 13 years. I've been chair of staff side for two years and was vice chair for several years before that. When I was first a rep the role mainly involved casework and now it's more challenging.

Through my roles I've become increasingly involved with organisational change, policy, job matching, and I sit on our local sustainability and transformation programme social partnership forum as well as various policy groups. We have a governance responsibility as staff side to ask the important questions.

Policy is very important because it's the foundation of everything we do. You have to be very careful when agreeing policy wording. That's why staff partnership forums are so important, because different people will pick out different points. I really enjoy staff side negotiation and working with directors and HR to find a way forward in difficult times.

When I trained as a rep it was much easier to get released for union activity than it is now. It would be great to support new reps by encouraging them to shadow other reps when they're representing someone, but time off is a massive problem now – ward nurses frequently can't leave their patients to attend meetings. I often wonder what the future will look like.

Hilary Fenton-Harris, steward at Poole Hospital

LEGAL UPDATE



Working time

In a case that will have ramifications for the health care sector, the European Court of Justice (CJEU) had to determine whether stand-by time spent at home, within eight minutes of the claimant's workplace, amounted to working time.

Under the Working Time Directive, working time means any period during which the employee is working at the employer's disposal and carrying out his or her activity or duties.

The claimant in *Ville de Nivelles v Matzak* was a volunteer retained fire-fighter in the Belgian town of Nivelles, a position he had held since 1980.

For staff assigned to the Nivelles fire station there is a requirement that they should live not more than eight minutes from the fire station when traffic is running normally, and to remain within that distance and be contactable when on stand-by.

In 2009 the claimant brought judicial review proceedings for compensation for failure to pay him remuneration during his years of service and, in particular, for his stand-by services while at home.

He succeeded with his complaint but the town appealed to Belgium's higher labour court, which referred to the CJEU the question of whether the claimant's stand-by services could be categorised as working time.

The CJEU held that stand-by time which a worker spends at home, and in this instance a place determined by the employer with the duty to respond to calls within eight minutes, restricts very significantly opportunities for other activities and must be regarded as working time.

We must ensure members in similar circumstances are provided with adequate rest breaks and remuneration in line with the National Minimum Wage Act 1998.

Joanne Galbraith-Marten
RCN Head of Legal
(Employment)



NOTICEBOARD

Five weeks and counting...



There's not much time left to get ready for GDPR, which will come into effect on 25 May, strengthening the UK's data protection laws

Being practical

As part of the RCN's preparations for the introduction of the General Data Protection Regulations (GDPR), we've introduced a document viewer on the steward's portal. When you open the document in the portal it will open in the document viewer rather than as a Word or PDF document, email attachment or uploaded file. This will protect you from accidentally downloading and saving any documents to your local drives.

"We've introduced the viewer to help keep members' data secure," says Jonathan Bowker, RCN Member Representation and Support Programme Lead. "It's a simple way to prevent sensitive member data from not being password-protected or being stored on local drives that can be used by others, which is a risk which we need to prevent."

You'll still be able to search for specific words or terms when using the new viewer.

Top ten tips for GDPR

1. **Know what data you have and why you have it.** If you don't need it, delete it.
2. **Don't keep stuff just because it might be useful.** Delete old emails and folders you no longer need.
3. **Don't use your work email for RCN business.** If you don't have an RCN email address, set up a separate, easily identifiable email address in Hotmail or Gmail.
4. **Complete the RCN training by 25 May.** Visit <https://learn.rcn.org.uk>
5. **Don't keep your own member lists.** All communication to members should be through the member communications centre (MCC), your branch or local office. If you don't have access to the MCC, arrange your access and training through your local office and use your branch or local office to send your email communications in the meantime.
6. **Record all case work on the RCN case management system.**
7. **Use the document viewer on the steward's portal** (see left).
8. **If RCN work isn't related to a case, remember it's still good practice to keep it secure.**
9. **You can continue to use social media groups, but remember these are broadcast mediums so never use identifiable information.**
10. **The fact that someone is a member of the RCN must not be revealed without explicit consent.** Being a member of a trade union is classified as a special category of personal data and this is as sensitive as medical records.

Tools of the trade



Guidance on improving support for a neurodiverse workforce has been launched by the Chartered Institute of Personnel and Development. Neurodiversity describes a range of diagnoses such as autism, dyslexia, dyspraxia and ADHD. Visit <http://tiny.cc/neurodiverse>

The Institute of Occupational Medicine has reviewed the impact of shift working on the risk of cancer and the steps that could be taken to reduce the risks. Read more at <http://tiny.cc/cancerrisks>

NHS Employers has compiled an infographic providing facts, figures and useful information about the impact of working shifts. Visit <http://tiny.cc/nhsshift>. A Business in the Community *Sleep and Recovery Toolkit* is available at <http://tiny.cc/sleptoolkit>

Read the TUC reports *Fixing the Retirement Lottery* at <http://tiny.cc/retirementlottery> and *Protection from Sexual Harassment* at <http://tiny.cc/sexualharassment>