



Keeping RCN members up to date with what's going on across the Northern Region

Agenda for Change agreement

The NHS Staff Council has agreed changes to the Agenda for Change pay and rewards framework, which will come into effect on 31 March 2013. The Royal College of Nursing has described the agreement as the "most effective way" to protect AfC as a national pay and rewards system.

Dr Peter Carter, RCN Chief Executive and General Secretary, said the present political and economic climate had to be taken into account. The overwhelming majority of health unions believe that the deal is the best that could have been achieved in the current climate, and that the decision had been taken for the benefit of NHS staff, RCN members and ultimately, patients.

Dr Carter said: "We are clear that we expect all employers to stick to this agreement. The RCN will continue to strongly resist any moves to introduce changes locally."

Regional Director Glenn Turp has written to all NHS Chief Executives in Northern region

formally drawing their attention to the agreement and reminding them of their responsibility to abide by it.

Glenn also reiterated the RCN's public statements that the College would be extremely concerned to see any moves by individual trusts or groups of trusts locally to pursue any further changes to Agenda for Change and will strongly resist any such moves. RCN representatives in the region will be closely monitoring and reporting back to the regional office any attempts to make changes locally.

Glenn has also written to all Directors of Nursing in the region, asking them to confirm that they will publish evidence to show that they have appropriate, safe staffing levels in place. He has also asked them to make clear which evidence based tool they have used to calculate their nurse staffing levels. The NHS Commissioning Board has made it clear that they expect all trusts to use a robust tool to calculate their staffing levels, such as the AUKUH safer nursing care tool.

Focus on: Raising concerns

In his latest column, RCN Northern Regional Director Glenn Turp writes about the importance of raising concerns.



The RCN Northern region believes that safe, compassionate care is everyone's responsibility and we are encouraging members to raise any workplace concerns they may have, and to be aware of the importance of preventing and eliminating wrongdoing at work. You should be watchful for unsafe, illegal or unethical conduct, and report anything of this nature.

In the wake of the Francis report on Mid Staffordshire, it has perhaps never been more important for members to be aware of the processes for raising concerns, and the support that's in place for those who speak out.



If you see poor care, feel you are being prevented from providing good care, or if patients, family or staff report a concern to you, doing nothing is not an option, it can lead to a situation becoming worse. While concerns may not have an immediate impact on patient care, there may be long term effects.

Examples of this could be:

- changes to the staffing or skill mix in an area may result/ is resulting in staff not having sufficient time to answer call bells promptly or monitor patients effectively
- changing mandatory training to an e-learning format that may not be fit for purpose or providing staff with the necessary skills to deliver high quality care
- changing shift patterns that may have an effect on the health and wellbeing of staff or effect their ability to deliver appropriate levels of care
- a lack of moving and handling equipment on the ward or poorly maintained equipment.

By raising concerns early, RCN representatives can support you and may prevent a problem emerging in the first place.

All employers should have a formal policy for raising concerns, usually known as the 'whistleblowing policy', and you should familiarise yourself with this at an early stage if you wish to raise a concern. Your employer has a duty to respond to your concerns, and you are protected in law from harassment, bullying, dismissal and other detrimental action when you raise a concern appropriately, even if you do this after the end of your employment.

In addition to the support structures provided in your workplace, the RCN is here to support you. All RCN Northern region representatives and branches have an important part to play in supporting members to raise concerns.

The RCN has published new guidance about raising concerns in the workplace. This covers practicalities, timescales, who to raise the concern with, the basic steps you should follow, raising a concern confidentially, the support you can expect, and how you can contact the RCN for additional help.

[Raising concerns: A guide for RCN members](#) (PDF 296KB)

[Raising concerns: A guide for RCN representatives](#) (255KB)

RCN members can contact the RCN whistleblowing hotline on 0345 772 6300.

Future uncertain for Freeman hospital child heart services



On 7 March 2013, Save Our Surgery campaigners won a High Court challenge against the decision to close Leeds General Infirmary's Children's Heart Unit, and centralise surgery to Newcastle's Freeman Hospital.

The legal challenge stems from the decision by the Committee of Primary Care Trusts (JCPCT) last July, to concentrate paediatric cardiac surgery at fewer, larger sites to ensure better standards of patient care and safety. However, the court ruled that the decision to close the Leeds heart unit was unlawful, after campaigners argued that the consultation process had been procedurally flawed.

This decision could jeopardise the future of Newcastle's Freeman Hospital child heart surgery unit, if the JCPCT's entire selection and decision making criteria is overturned. The court will decide what action needs to be taken in the coming weeks.

RCN Regional Director Glenn Turp said: "While this ruling will be a huge relief to families living in the Leeds area, it has caused uncertainty and anxiety for the communities of the North East. However, it should be noted that a decision to overturn the Leeds child heart unit closure does not automatically spell closure for the Freeman hospital in Newcastle.

"This ruling demonstrates the strength of feeling which parents understandably have when change is considered. However it is important that these issues are resolved quickly, to ensure that every child receives the expert care which will give them the best possible chance."

Glenn added: "The NHS must continue to work to ensure better outcomes for children with congenital heart disease in the future. The Royal College of Nursing believes that concentrating surgical expertise and developing networks of expert cardiology care will give children born with complex heart conditions the best quality of care."

The child heart units the JCPCT selected to remain open are at: Bristol, Birmingham, Liverpool, Newcastle, Southampton and two London centres. It decided to close units at: Leeds, Leicester, and the Royal Brompton Hospital in London.

Castlebeck Care enters administration

Castlebeck Care Limited entered administration on 5 March 2013.

The Darlington based operator, which provides care facilities for adults with learning disabilities and mental health problems, has an estimated £250 - £300m level of debt. Administrators Grant Thornton UK LLP stated that the closure of Winterbourne View and two further units in 2011, along with a reduced level of occupancy, had "significantly diluted" Castlebeck's trading capabilities.

Castlebeck operates 20 units across the North East, Midlands, and Scotland with a total of 214 patients and residents. Nine of those facilities are in the Northern region, with sites based at Hexham, Barnard Castle, Bishop Auckland, Hartlepool and Darlington.

Grant Thornton, the administrators, will now run the business from its Darlington base while searching for a new buyer. They will sell Castlebeck's 20 units individually, in groups, or as a whole, and have indicated that a number of prospective purchasers have shown

an interest in acquiring individual operating units.

The administrators have stated that Castlebeck will "continue to operate and trade normally whilst such sales are progressed, and new owners for the operating units emerge," and that "the welfare of all patients and residents remains the priority."

RCN Chief Executive and General Secretary Dr Peter Carter said: "The first concern at this time must be to ensure that residents at these homes are not negatively affected by this news. This means that every effort must be made to retain skilled staff.

"We want Castlebeck, the administrators and receivers, to work with us, so that we can provide support for our members and residents can continue to receive safe and compassionate care."

Do you work for Castlebeck? Do you have any questions or would like to discuss your concerns with us? Contact us via RCN Direct on 0345 772 6100.

Francis report recommends health care support worker regulation

The [independent inquiry](#) conducted by Robert Francis QC into the care provided at Mid Staffordshire NHS Foundation Trust has implications Health Care Support Workers (HSCWs).

Francis makes seven recommendations which relate specifically to HSCWs, of the full 290 mentioned in the report. He highlights the importance of reform in these four key areas:

- Strengthening identification of HCSWs and other nursing staff.
- Registration of HCSWs.
- A national code of conduct for HCSWs.
- A set of common national standards for the education and training of HCSWs.

The RCN has been calling for mandatory regulation and standards of training and conduct for HSCWs some time, to ensure not only patient safety, but also that people working in these roles can be supported fully throughout their careers.

While the Government currently proposes a system of voluntary registration, the RCN believes that this is not robust enough to protect the public or to provide the standards of education and training required. Francis agrees with the RCN's position, stating that: "A voluntary register has little or no advantage for the public."

The Government is set to formally respond to the Francis report in late March 2013. Health Secretary Jeremy Hunt has also commissioned an independent review into the training and support of healthcare and care assistants. This will be led by Times journalist Camilla Cavendish, who will report back to the Government at the end of May 2013.

Dr Peter Carter, Chief Executive and General Secretary of the RCN said: "We believe that Francis' recommendation on HCA regulation must be implemented if care is to be safe and of a consistently high standard. Improving training and support for Health Care Support Workers is a hugely significant part of improving patient care."



"Camilla Cavendish will bring a new perspective and we look forward to sharing the experiences of our nurse and HCA members with her. This review must build on the recommendations made by the Francis Inquiry, which was very clear that registration must go alongside improvements in training if care is to be improved across the board."

RCN HCA Adviser Tanis Hand looks at key themes affecting HCSWs post-Francis [here](#).

Read [FAQs for RCN members](#) on the Francis report.

Visit www.midstaffspublicinquiry.com to download the full Francis report.

Cumbrian Heart Centre extension

Extension work has begun to upgrade Cumberland Infirmary's Heart Centre, in the North Cumbria University Hospitals NHS Trust, from a day facility to a 24-hour service, open seven days a week. The new improved centre is expected to open in the spring, after work started on 25 February 2013.

At present the Heart Centre deals with mainly routine cases, and occasional emergencies. The extension will enable the service to deal with emergency angioplasty treatment for patients who are having an immediately life-threatening

heart attack, as these patients currently need to undergo surgery elsewhere.

The Trust are recruiting more staff onto the cardiology team, and have vacancies for healthcare assistants, registered nurses, cardiac psychologists, radiographers, registrars and two consultants at the centre.

Before the Heart Centre opened in November 2011, people suffering from angina or heart attacks could be assessed by the Trust but had to be transferred to Newcastle, Middlesbrough or Blackpool hospitals for further treatment. Over 2,000 patients have since been treated at the centre.

Focus On: CQC

As the independent regulator of all health and adult social care in England, CQC - the Care Quality Commission - plays an important role in making sure that care services meet national standards. So who are they and what do they do?

By CQC Senior Communications Officer (North), Kirstin Hannaford

About the CQC

The Care Quality Commission began operating in April 2009. We are the first regulator to cover both social care for adults and health care, NHS and the private and voluntary sector.

As the regulator of England's health care and adult social care services, it's our job to make sure that all providers meet national standards of quality and safety and ensure people have a positive experience of care. We do this by monitoring information we receive, particularly from people who use the services; by inspecting and by taking enforcement action when necessary.

Our inspectors come from a wide range of backgrounds - former nurses, therapists, social workers, managers, police officers, professional regulators. Our job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets national standards of quality and safety.

How does it work?

The National Customer Service Centre is based in Newcastle and employs more than 300 members of staff. The Centre receives calls, post and emails from the public, providers and people who use services. This includes the Safety Escalation Team, who handle all whistle blowing information received into the Centre,

as well as safeguarding information and mental health calls. The team ensure all concerning information is logged on our systems and escalated to Compliance Teams.

Each concern received is passed to the local inspector for that particular registered service, who decides what action is necessary. Depending on the concerns, there could be an inspection by the CQC or a referral to the local authority under the multi agency safeguarding procedures.

The Safety Escalation Team also 'track and trace' all whistle blowing information to ensure appropriate action has been taken. On average around 750 whistle blowing concerns are received each month from the NHS, independent healthcare providers, social care services and dental practices.

CQC values information from whistle blowers and we can be contacted by emailing: enquiries@cqc.org.uk or by telephoning: 03000 616161.

CQC in the regions



While it operates as a national organisation, the CQC has a distinct regional structure. In April 2012 the Commission was structured into four regions, aligning with

the NHS Commissioning Board structure.

In the North the regional director of Operations, Malcolm Bower-Brown is supported by Debbie Westhead, Head of Regional Compliance for the North East (pictured, previous page) and Ann Ford, Head of Regional Compliance for the North West.

Ann and Debbie lead a total of 27 local teams of inspectors aligned to each local authority area and this regional set up is supported by three local offices in Newcastle, Leeds and Preston.

Looking to the future

It is now three and a half years since CQC came into existence and during this time there have been important healthcare changes, which have led us to review what we do and how we do it.

We've taken on board comments and discussed our ideas with our staff, stakeholders, professionals, providers, and the public in order to develop our proposed purpose and direction for 2013-16. You can read more about this in the full strategy consultation document available on our [website](#).

Mary Seacole Leadership and Development Awards

The Mary Seacole Awards provide the opportunity to undertake a specific health care project or other educational/ development activity that benefits and improves the health outcomes of people from BME communities. The awards are open to nurses, midwives and health visitors across England.

There are two award programmes:

- **Mary Seacole Leadership Awards:** up to £12,500 each, these awards provide the opportunity to enhance effective leadership and communication skills.
- **Mary Seacole Development Awards:** up to £6,250 each, these awards provide the opportunity to develop leadership skills.

The awards are funded by NHS Employers and the Department of Health, and are awarded in association with Royal College of Nursing, Royal College of Midwives, Unison and Unite/CPHVA.

Applications are now open and close on 31st May 2013. For more information and to apply, please visit: www.nhsemployers.org/maryseacole.

The following workshops are also being held, to assist and guide potential applicants:

26th March 2013: 2-3.30pm at The Diskus Centre, Unite Central Office, 128 Theobalds Road, London, WC1X 8TN.

4th April 2013: 2-3.30pm at RCN West Midlands Region Office, Lyndon House, 58-62 Hagley Road, Edgbaston, Birmingham, B16 8PE.

Please contact governance.support@rcn.org.uk to reserve your place.

Congratulations!



Victoria Milburn

Congratulations to Victoria Milburn, an assistant practitioner with Cumbria Partnership NHS Foundation Trust, who was highly commended, and also to Barbara Wingrove, a specialist nurse from City Hospitals Sunderland NHS FT, who was commended, in the *Nursing Standard* 2013 Nurse Awards, for their outstanding work in their respected specialisms.

Barbara is a multiple sclerosis specialist nurse, who took the lead in the

establishment of a nurse-led lumbar puncture clinic that has reduced delays and errors in the regular clinic.

Meanwhile, Victoria cares for patients with chronic lung diseases at the end of their lives with excellence and dedication in a community setting.

Both clinicians have demonstrated, in a very competitive field, that once again, we can be proud of the truly excellent examples of care that are delivered by our colleagues across the region.



Barbara Wingrove

A regional history of nursing in the North East and Cumbria

At the RCN Northern Region, we're busy producing a publication on the History of Nursing across our region, to celebrate the experiences and memories of our nurses for Nurses Day 2013. You can read our latest extract, by retired RCN member Bernard Bennett, here.



Bernard's Story:

Bernard qualified as a state registered mental nurse in 1961, at Warley Hospital in Essex. He then worked as a general nurse, before moving overseas to work in Saudi Arabia. On returning to the UK, Bernard worked in a nursing home, at a number of different hospitals and then in occupational health. His most recent role was as Occupational Health Advisor for Caterpillar Peterlee Ltd. He retired in January 2011.

"I went into engineering when I left school but I didn't really enjoy it, and a friend of my father's, a youth employment officer, suggested to my dad that I go and have a look at the Psychiatric Nursing Scholars at Warley Hospital. He thought I'd like it because I was in the Red Cross at school, and enjoyed a bit of blood and guts!

“Warley Hospital’s Physician Superintendent, Sir Geoffrey Nightingale, started the Psychiatric Nursing Scholars because he’d seen that people left school at 15 in those days, but that you couldn’t become a student nurse until 18. I started in February 1956 with the hospital, essentially as a cadet.

“When I started it was wonderful. For engineering you were expected to bring all of your own clothes and equipment, but on my first day at hospital, I was measured up for my uniform, grey flannels and a blazer, and I got free meals when I was on duty, and a free education. I thought it was really quite good.

“During that time we worked in departments like the X-ray department, in occupational therapy, and we did one day a week in the hospital school to learn anatomy, physiology, and hygiene, and spent one day a week at a college of further education. In those days things were very hard. You started at quarter past seven, and worked until half past eight at night, five days a week. I didn’t live in at the hospital and had to travel, and I had to get up at half past four to catch the bus. Those were very long days.



“I went on to do registered mental nurse training at Warley in 1958. Our hours were much longer then than what they are now, and shifts were more predictable. At first when I was in as a student it was very straightforward – all day every day! I think it was 1960 when they went onto a shift system, and then we did two longer days, and three normal days a week, but I think shift working now is more higgledy piggledy than what it was.

“From the NHS point of view then, you could come into hospital, and get treated and get discharged, but there was really no help in the community for people leaving hospital. The wonder drug Largactil had only just been discovered, and they were only just starting to use drugs in psychiatry. Eventually the big asylum hospitals closed down and people were cared for in the community.

“I think the NHS has changed a lot, people now are given more choice to what they had then, and certainly it’s expanded with ancillary staff out of recognition. When I went out to do general training you had the matron who more or less controlled the whole hospital. They have modern matrons now, but it’s really not the same thing at all. There was much more discipline then, and people showed more respect.

“They were probably the happiest years of my career, because the camaraderie was so great and everybody knew everybody. If there was a celebration or party, and you were working a late shift, someone would come to see you and say, “We’re arranging for someone to fill a bath for you, so you can jump in as soon as you finish work.” And they’d say, “We’re getting the taxi there, and we’ll send it back to pick you up when you’re finished.” It was really a wonderful place to work and train. I spent eight years there, and then I moved on to do general nursing at Mount Vernon Hospital.

“I’d had a yearning to travel, and I wanted to see different cultures and see different parts of the world. I was working in Intensive Care, and Accident and Emergency at the time, and a recruiting

agency said to me, “They really need someone like you with your experience in handling emergencies in Saudi Arabia” – and I was quite interested in it.

“My company had five sites in Saudi Arabia, and there was only one they couldn’t get an aircraft down at, so they needed someone on the spot who could deal with emergencies. And I thought I’ll stay for a year, and I stayed for five years. They were a very good company to work for.

“While I was there, I had an attempted murder to deal with. There was a dispute between some South Korean workers over money, and this fifth dan in Taekwondo took a man out into the desert, and the man realised what was going to happen and that he couldn’t fight back, so he kicked the Fifth Dan as he was getting off the bus, then started bashing his head in with a stone. This was at the end of a year’s contract, when my nurses had just left the site because they were going home, and I didn’t get to bed for a week because I needed to stay with this guy looking after him, waiting for the new intake.

“Eventually I said “I’m going to bed, don’t disturb me,” and I’d been asleep for an hour when I was called to the radio room. There was an urgent radio message from the headquarters saying, “We need you in Riyadh tonight, there’s been an outbreak of tuberculosis and we need you there.” And I wasn’t fit to take a journey across the desert for five hours, so I said you’d better send me with a driver, and if we take the ambulance I can sleep in the back – so there were some very interesting times!

“I’ve always enjoyed emergency work. I’ve always enjoyed a bit of blood and guts – that might sound terrible, but when you’ve got people who’ve come in in a critical condition and you can do something for them, it’s very satisfying. I’ve always loved my job, and being able to help patients.

“Now I’m retired I enjoy being on the computer, I like to read, and I like to get away for a day or two whenever I can. I’ve been involved with the Chernobyl Children’s Charity since retiring, and we host children for a couple of weeks each summer, as they suffer from health problems. I felt that we could make a contribution and we would be helping somebody. It’s very satisfying, and also very tiring!”

Online learning resources from the RCN

The RCN's Learning Zone provides online continuing professional development (CPD) topics that are relevant across the whole nursing and health care team. The RCN has recently launched a new resource about genetics:

The future is in their history demonstrates the important role genetics plays in everyday nursing care. The resource is focused on the practical, ‘must know’ knowledge that you can put to immediate use in your day-to-day work. You will also find links to other references and learning resources, if you wish to find out more about the underlying biology of genetics and inheritance.

You can access this resource, and other learning tools, [here](#).

Northern Regional Media Watch

Catch up with media coverage of the RCN Northern Region and local healthcare issues

Worry in NHS over declared interests (15 March 2013)

The Journal reports on a BMJ survey looking into potential conflicts of interests of board members on local CCGs.

<http://www.journallive.co.uk/north-east-news/todays-news/2013/03/15/worry-in-north-east-nhs-over-declared-interests-61634-32992133/>

Staff morale under pressure at Cumbria hospitals (8 March 2013)

The *News & Star* reports that the NHS Staff Satisfaction Survey 2012 showed that many staff at Cumbria Partnership NHS Foundation Trust and at North Cumbria University Hospitals Trust would not recommend their place of work to either patients or prospective employees.

<http://www.newsandstar.co.uk/staff-morale-under-pressure-at-cumbrian-hospitals-1.1040894?referrerPath=home/2.1962>

Concern over North Cumbria hospitals Staff Survey results (6 March 2013)

The *News and Star* reports on North Cumbria University Hospitals NHS Trust's results in the NHS Staff Satisfaction Survey 2012.

<http://www.newsandstar.co.uk/news/concern-over-north-cumbria-hospitals-staff-survey-results-1.1040166?referrerPath=home/2.1962>

Nurses warn of break-up of the NHS (27 February 2013)

The Journal reports that the House of Lords Secondary Legislation Scrutiny Committee will consider Statutory Instrument 257, The NHS (Procurement, Patient Choice and



Competition) Regulations 2013 on 5 March 2013.

http://www.thenorthernecho.co.uk/news/10252920.MP_welcomes_Select_Committee_decision_to_debate_controversial_NHS_plans/

Investigation into North Cumbria University Hospitals NHS Trust (12 February 2013)

The Journal reports on NHS Medical Director Sir Bruce Keogh's announcement that the North Cumbria Trust will be investigated as one of a number of hospitals that were persistent outliers on mortality indicators.

<http://www.journallive.co.uk/north-east-news/todays-news/2013/02/12/cumbria-hospital-trust-among-nine-in-death-rates-inquiry-61634-32791436/>

Crunch meeting held today to solve crisis of ambulance queuing (5 February 2013)

The *Northern Echo* reports that the North East Ambulance Service held a summit to tackle the growing problem of ambulances queuing for hours outside local A&E departments.

http://www.thenorthernecho.co.uk/news/10205362.Crunch_meeting_held_today_to_solve_crisis_of_ambulance_queuing/

Northern Regional Events

Find out what's going on across the Northern Region

26 March 2013: RCN Northern Multicultural Nurses Group

Time: 10.00am – 1.00pm

Venue: RCN Northern Region Office

The first quarterly meeting of the RCN Northern Region's Multicultural Nurses Group.

For more information: Please contact Janet MacLean at janet.maclean@rcn.org.uk

21 – 25 April 2013: RCN Congress

Venue: Arena and Convention Centre in Liverpool

Congress is open to both RCN members and non-members, and is free to attend.

For more information: Please see <http://www.rcn.org.uk/newsevents/congress/2013>

26 March 2013: Newcastle LINK legacy event

Time: 12.30pm to 2.00pm

Venue: Bewick Hall, Newcastle City Library

A free event to say goodbye to LINK and to provide more information about its successor, Healthwatch Newcastle.

For more information: Please see www.newcastlelink.org.uk

28 March 2013: Involvement and influencing mental health across Newcastle and Gateshead

Time: 9.30am

Venue: Royal Station Hotel, Newcastle

This event and workshop run by NTWSU&C aims to establish a framework for mental health users and carers to be actively involved in developing health and social care structures across Newcastle and Gateshead.

For more information: Please contact Alisdair Cameron at 0191 233 0382 or launchpadncl@aol.com

23 May 2013: Essentials in Care event

Time: To be confirmed

Venue: The Open University, Gateshead

Forthcoming RCN Northern region and OU event. For more information, please contact colette.ross@rcn.org.uk

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Source: Sun Life, 2012-2013. Figures are subject to telephone call rates.



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