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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Editor: Kim Scott
Editorial: 020 7647 3627
Email: bulletin@rcn.org.uk
Web: www.rcn.org.uk/bulletin
Address: 20 Cavendish Square, London W1G 0RN
Classified advertising
Tel: 020 8423 1333
Fax: 020 8872 3197
Email: advertising@rcni.com

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Members shape strategy to protect student funding

RCN Students Committee members met last month to determine how best to ensure trainee nurses get the financial support they need. The Government's decision to scrap bursaries and make nursing students in England pay tuition fees incited a huge backlash in November.

More than 1,300 members expressed their anger via the RCN's *Nursing Counts* website. Case studies were compiled into a book and sent to key politicians ahead of a debate in parliament last month. Labour leader Jeremy Corbyn, who is against the plans, referred to one of the cases during Prime Minister's Questions.

The RCN is committed to working with the Government to make sure the changes don't deter prospective nurses. A formal consultation is awaited.

IPC toolkit launched

The RCN and Infection Prevention Society have launched a revised infection prevention and control toolkit, aimed at reducing infections and managing the risks associated with antimicrobial resistance. It highlights the importance of sepsis and its two main causes – pneumonia and urinary tract infections. Visit www.rcn.org.uk/publications

Nurse language tests extended

All nurses and midwives coming to the UK for work will now have to demonstrate a high level of English. The NMC last month extended tests to potential registrants from the EU.

🕒 The RCN said the impact of the rules must be monitored. Visit <http://tinyurl.com/z5jlan> for more.

Ballot prepared as pay award rejected

As this magazine went to press the RCN was preparing to ballot members in Northern Ireland on taking industrial action, short of strike action, after rejecting a pay award for 2015/16.

Health minister Simon Hamilton announced last month that Agenda for Change (AfC) staff at the top of their pay bands will receive a one per cent non-consolidated payment. Those not at the top of their pay bands will simply receive the AfC spine point to which they would be entitled irrespective of the pay award.



Members are angry that nurses have been singled out when other public sector workers have had a pay rise

*Janice Smyth,
RCN Northern
Ireland Director*



Help decide competition winner

The RCN is looking for a member to join the judging panel of its centenary photography competition. The application deadline is 11pm on 21 February. Visit tinyurl.com/hn95czy to apply. Members can submit entries to the competition itself at www.rcn100photo.org.uk until 29 February. Meanwhile, Louise Alexander from Gloucestershire is the first lucky winner of one of 100 free RCN memberships being given out this year. Visit www.rcn.org.uk/centenary

RCN CONGRESS
DEBATES | LEARNING | EXHIBITION

Saturday 18 to
Wednesday 22 June
Glasgow

Get help with revalidation

RCN Congress is the biggest and most influential event in the nursing calendar. Held this year in Glasgow, it will give members the chance to meet many of the elements required for revalidation.

The debates and educational sessions offer professional development opportunities that will enable members to reflect on their learning and discuss how it relates to the NMC code.

RCN staff will also be on hand to answer practice-related questions and those about the revalidation process itself.

🕒 Visit www.rcn.org.uk/congress to find out more.

Ready for fight on unsocial hours pay

The Department of Health has published evidence to the NHS Pay Review Body (PRB) confirming the Government wants to extend plain time working.

RCN Head of Employment Relations Josie Irwin said: "The evidence isn't new. The department has been seeking to reduce the cost of unsocial hours pay 'to deliver seven-day services' for some time. We're keeping a watchful eye on the junior doctors' dispute because however it is settled, there will be implications for nursing staff."

RCN expresses new concerns over suspension of NICE safe staffing work

Leaked report shows more nurses are needed in A&E to deliver safe patient care



The RCN has expressed concerns about the possible reason why safe nurse staffing research carried out by experts at the National Institute for Health and Care Excellence (NICE) was suspended.

It's after an unpublished report, leaked last month, exposed evidence that A&E departments may be too short-staffed to cope with demand "almost half of the time". The report makes recommendations, such as minimum nurse to patient ratios, which may not have come to light had it not been disclosed.

RCN Director of Nursing, Policy and Practice Donna Kinnair said: "These guidelines were put together by experts, looking at strong evidence which found a very clear relationship between the number of registered nurses and patient care.

"The evidence for the importance of having the right number of nurses, and the right ratio of nurses to health

care assistants, would have led to new recommendations and guidance on the safe range of nurse staffing levels.

“ These recommendations would have exposed shortages

"These recommendations would have exposed shortages, and this would have had financial consequences. It is concerning that these consequences may have been a factor in the decision to scrap this important work."

NICE's work on safe nurse staffing was controversially suspended last June and caused uproar with worried members at RCN Congress who voted to "deplore the decision" and lobby for its reversal.

It has since been announced that a new body, NHS Improvement, is to take over the safe staffing project.

RCN launches centenary celebrations with special event at London headquarters



Past presidents, prominent members, chief nursing officers, historians and educationalists were among those to help kick off a year of commemorative activities last month.

Welcoming the distinguished guests, current President Cecilia Anim paid tribute to the passion and commitment of the RCN's founders, who set up the College

in 1916 with the aim of advancing nursing. The organisation has come a long way, she said, with members at the forefront of every positive change.

In recognition of the two organisations' shared history of campaigning for women's rights, members of the Townswomen's Guilds unveiled a traditional marching banner they had sewn,

which was carried through the building before being handed over to the RCN. The banner, inspired by a 1930s picture found in the RCN archives and painted by an unknown member, will be displayed at centenary events.

The *Voice of Nursing* exhibition was also launched on the night. It explores the rich history of the RCN, transporting visitors through a century of one of Britain's most loved professions. The new, permanent RCN presidents' exhibition was unveiled as well, displaying portraits and information on the remarkable women who have served as the College's presidents over the past 100 years.

RCN Chief Executive Janet Davies said: "This event has launched a whole year of celebrations, showcasing the wonderful nursing profession and the inspiring people who have made the RCN what it is today."



We encourage everyone to join us in celebrating 100 years of nursing

*Janet Davies,
RCN Chief Executive*

🕒 Both exhibitions are on show at RCN headquarters in London and are free to attend. Visit www.rcn.org.uk/centenary to see online versions and find out more about centenary activities.

RCN worried by pension proposal

The RCN has written to Oxleas NHS Foundation Trust voicing concerns over its pension proposals. Nurses there are being offered a chance to leave the NHS pension scheme and receive the employer's contribution as part of their monthly salary. The RCN does not advise members to take up the offer and suggests seeking support from RCN Direct before considering leaving the scheme.

10,000 nurse vacancies in capital

New RCN research has exposed a critical shortage of registered nursing staff in London with more than 10,000 vacant posts in the capital's NHS trusts last year. The figure, gathered through freedom of information requests, is equivalent to 17 per cent of the total registered nursing workforce in the NHS in London in 2015.



Trust backs down over extended hours contract

Pressure from the RCN has seen a hospital trust in Southampton withdraw its “voluntary” 40 hours-a-week contract offer to nursing staff.

The contract meant workers wouldn't have been paid an overtime rate for the additional hours worked above their standard 37.5 hour contract.

The RCN argued this undermined Agenda for Change. It is fighting a number of trusts using underhand tactics to get more work for less pay in an attempt to reduce spending on agency staff.

Manifesto launched ahead of Scottish parliament elections

RCN members have shaped a manifesto of five key priorities to improve health outcomes north of the border. *Professional Voices: Practical Solutions* calls on MSPs elected in May to think longer term and make decisions to shape health care for future generations.

It says digital technologies should be used to open up smarter ways of working and that senior charge nurses should be recognised and properly remunerated. It also calls for Scotland's politicians to champion better pay for nursing staff.

THE VIEW FROM HERE



Katrina Thackray

Mental health nursing student

I believe compassionate, relationship-centred care is defined as treating people in the way you or your loved ones would want to be treated. It is a feeling that enables you to empathise, have an understanding nature and be considerate.

It is wanting to do your best by someone who is struggling or requires help. It is seeing the whole person, their likes and their dislikes, and viewing them as a fellow human being rather than as a task or object.

It is simple gestures or small acts of kindness that demonstrate an interest in who the person is and what matters to them.

Compassion is understanding that we are all individuals, each with our own story to tell and allowing it to be told.

It is not just about understanding the illness or disease of a patient but seeing the person behind it.

Quality of care is not just about treating someone and sending them on their way, it is about their experience of that care and the little things that make all the difference.

It is putting aside your personal opinions and prejudices to treat everyone with dignity and respect and ensuring that their experience in your care is remembered for all the right reasons.

www.rcn.org.uk/nursingcounts



Changes to visa rules could worsen staffing crisis

A proposed increase in the minimum salary for non-EU migrants could contribute to the shortage of nurses in the UK, the RCN has warned

The Migration Advisory Committee (MAC) has recommended raising the minimum salary requirement for those applying for visas via the Tier 2 route from £20,800 to £30,000.

This comes as figures reveal thousands of nurses were denied permission to work in the UK last year, despite health care providers struggling with chronic nurse staffing shortages.

RCN Head of Policy and International Howard Catton warned that unless nursing pay is raised accordingly, the threshold increase will affect health care organisations' ability to fill vacancies.

“It is extremely unlikely that salaries for nursing staff will be increased to the minimum salary thresholds suggested by the MAC,” said Howard. “This will have a significant impact on the ability to recruit nursing staff from overseas.”



A freedom of information request has also revealed 2,341 applications by trusts for certificates of sponsorship, which permit nurses from outside the European Economic Area to work in the UK, were refused between April and November 2015 when nursing was temporarily placed on the shortage occupation list pending review.

RCN Chief Executive Janet Davies said: “These figures show that when nursing is not on the list, many trusts are unable to recruit enough nurses, which could have an impact on patient care.”

The RCN has submitted evidence to the MAC arguing for nursing's continued inclusion on the list. The committee is likely to report in the next two months.

THE VIEW FROM HERE



Irene Murray
RCN Learning and Development Facilitator

My colleagues and I in the RCN employment relations department have been looking at how best to support members working later in life. The increase in the state pension age and the alignment of the NHS pension scheme with this means the vast majority of health care workers will have to work into their 60s.

In April last year we secured funding from Unionlearn and the TUC for a one-year project to assess strategies for an older workforce. Through our pilot work we gained an insight into provision for nursing professionals working later in life and the vital steps needed to support them.

As a result, we have developed a ten-step guide for RCN representatives to help build better support for an older health care workforce. We have also recommended that pension and financial guidance is needed at an earlier stage in workers' careers and that health and wellbeing support specifically aimed at older workers is required.

There is plenty of evidence showing that older workers bring experience, resilience and commitment to their role. However, they also need more recovery time from long shifts, night work and injuries sustained from physically demanding work.

Working late into their 60s is hard for nurses and we are striving to make sure employers adapt to their needs.

irene.murray@rcn.org.uk



What you've been saying

Reinvention of the SEN?

I am an ex-state enrolled nurse (SEN) and proud of it. Back in the 80s and early 90s we were all told there was "no place for the SEN" and the only way to keep our job was to become a registered nurse, which I did.

We lost many excellent SENs who just didn't want to convert. But now there apparently is a place for another level of nurse, whose role sounds eerily like the SEN.

I feel strongly that nursing associates should be regulated though and not just "used" as registered nurses.

[SW, by email](#)

Agency nurses should be valued

I am fiercely proud of my role as a lead clinical nurse for a staffing agency. Sadly, agency nurses are often undervalued despite being competent clinicians, usually with many years of experience.

Agency staff should be viewed as an extension of the team and given more support from the organisations employing them and the staff they work with. They can be a real asset adding experience and a safe pair of hands to help ensure the highest possible standards of care for patients.

[Helen Goldsmith, by email](#)

QUOTE OF THE MONTH

The Government should protect student nurse funding to secure the future of the profession and the safety and wellbeing of the public.

Sylvia Duval, Student Member of RCN Council

I'VE BEEN READING...



The Unpopular Patient (1972) by Felicity Stockwell is a book that has stayed with me since I first read it. The basic concept of "the unpopular patient" challenges nurses to consider both the values they bring to interactions and the extent to which the dynamics of hospital wards are designed to suit professionals – not patients. Times have changed considerably since Stockwell's study, but her insights can still shed light on care today.

Peter Griffiths,
Professor of Health Services Research

3 THINGS I BELIEVE



1. We have two ears and one mouth – use them proportionally in practice.
2. Nursing should be open to all those who want to give care, not those best placed to pay – keep the bursary.
3. I believe in unity amongst all health care professionals – we need to support each other in fighting for our NHS.

Ruth Francis, nursing student

Got something to say?

The RCN Bulletin team is always looking for members to contribute to the opinion pages. If you're keen to share your views, email bulletin@rcn.org.uk

HOT TOPIC



How do you prepare for job interviews?

Janet Dyson, an occupational health adviser, says: "I like to spend some time rehearsing commonly asked questions and thinking about questions I might wish to ask at the end of the interview. I also look up the organisation online to review its mission statement.

"Researching a prospective employer can give you a good sense of whether it may be the right fit for you as an employee."

Vicki Matthews, a retired MS specialist nurse, agrees: "Be sure you really understand the post you are applying for, and have some questions ready to ask your interviewers. Be excited and relish the opportunity to discuss what might become your

future. A curious, enthusiastic and animated applicant is a welcome one."

Lead nurse in pain management **Felicia Cox** says: "Always keep in mind that the first question you will be asked at interview is, 'Can you tell us about yourself and your career to date?'. The second question will be, 'What do you know about our service?'. There is no excuse for not preparing answers for both."

On Twitter, **Elaine Burgess** suggests asking colleagues what your best skills are and what you can improve on in preparation for a question on your strengths and weaknesses, while **Laura Finch** says: "Always arrange a short visit pre-interview...and dress far too smartly on the day." **Kate Kirk's** advice is: "Be as organised as possible pre-interview...and arrive early to give yourself time to get in the zone."

MESSAGE TO MEMBERS



Janet Davies
RCN Chief Executive

As the window opens for the first ever registrants to submit their revalidation applications, it's more important than ever that nurses and midwives get to grips with the process.

Reflection is a key part of demonstrating how you learn from your practice and change your ways of working to better meet the needs of patients.

It's something we do almost every day unconsciously, but having to write about that thought process will feel unfamiliar to some who perhaps haven't needed to do it since early on in their education. It's nothing to be afraid of. The only way to do this, and do it well, is to confront it and give it a go. As nurses, ever resilient and adaptable, I know how capable you are of tackling issues head on and getting the best out of situations.

Members are showing how skilled they are in adjusting to new ways of working and pushing the boundaries with new models of integrated care being trialled across the UK (see page 10). What we're perhaps less used to is prioritising ourselves and our development.

Revalidation provides the impetus for us to do that and to reflect how we, as nursing professionals, can live the values set out in the Nursing and Midwifery Council code; to prioritise people, practise effectively, preserve safety and promote professionalism.

www.rcn.org.uk/revalidation



If you put patients' needs first, you won't go far wrong

Beverley Barclay MBE
Director of Nursing at the J's Hospice

Receiving an MBE for services to nursing in the New Year honours list was such a shock, but I'm immensely proud of the J's Hospice and the pioneering work we do.

When the J's was created in 2009 there were just two of us – myself and a fundraiser. It was the first hospice at home for young people in the country and I've built it from the ground up.

Since it launched the J's has grown considerably, and we now care for about 100 patients in their own homes across Essex. We specialise in transitional services for young adults, who can often be hidden patients. We change lives and make a difference. It's amazing to get an MBE for doing something I love – I don't think I've stopped smiling since.



To get where I am I've had to be passionate, motivated, cheerful and determined – being stubborn also helps.

And I've never lost sight of delivering patient-centred care. If you put patients' needs first, you won't go far wrong.

Fighting for our future

Last month thousands of people protested against plans in England to scrap the student bursary and make trainee nurses pay tuition fees.

Kim Scott reports

In the Autumn Statement last November, Chancellor George Osborne announced a transformation of student nurse funding in England. Instead of receiving an NHS bursary, from September next year health care students will have to take out loans and pay university tuition fees just like other undergraduates.

The Government says it will save the NHS around £800 million a year and will mean the cap on the number of student nurse places commissioned can be lifted. It claims an extra 10,000 nurses and other health professionals will be trained during the course of this parliament as a result.

The RCN, and some of its members, can see the benefit of the plans if those ambitions are realised, however it also has significant concerns, which are shared by other members.

Bursaries provide vital financial support to help nursing students from a wide range of backgrounds complete their studies and become nurses of the future.

The changes will leave many nursing students with debts in excess of £50,000 and the RCN believes this could discourage people from applying to study nursing at degree level.

The College has calculated that the vast majority of nurses won't manage to pay off their loan within the 30-year repayment term and instead, the debt will remain

throughout their working lives, in effect, as a tax on earnings. The impact on access to nursing degrees for people from lower income households has not been fully considered, the RCN argues.

Taking student nurse funding out of the NHS also risks removing the precious link students have with the service from the start of their careers.

The Government has a duty to secure the supply of a multi-skilled nursing workforce and yet these proposals will compromise their ability to plan and deliver the health care workforce required to meet the complex needs of an ageing population.

It is also unclear how clinical placements will be funded and supported if additional training places are made available.

Members taking action

Since the announcement, there has been a huge backlash by members alarmed by the plans.

An online petition to keep the student bursary, started by RCN member Kat Barber (see cover), reached 100,000 signatures in less than three days and resulted in the issue being debated in parliament last month.

More than 1,300 student members have submitted their stories of financial hardship and reliance on the bursary via the RCN's *Nursing Counts* website and these have

been used to influence politicians. A number of protests have also been held across the country, with the biggest to date, in London on 9 January, attracting an estimated 5,000 people.

Some of the members involved told *RCN Bulletin* why they feel so passionately about the cause.



Nursing is in no way comparable to other degrees



'Nursing wouldn't have been a viable option'

"If it wasn't for the bursary, I wouldn't be studying nursing. I previously worked as a health care assistant and nursing was all I wanted to do. I'm a mum with two kids and I've done a degree before so I wouldn't have been able to take out another loan and look after my children if the bursary wasn't there.

"The fact that current students, who won't be affected by these changes, are so willing to fight against them tells you about the kind of profession nursing is. We're compassionate, fighting for our future, because we know the public will need us."

Sylvia Duval

Student Member of RCN Council

‘This will cut ties with the NHS’



“For me, it’s not so much about the money, it’s about the bond the bursary creates between nursing students and the NHS. It’s a foundation that’s built upon throughout your training and when you graduate.

“There’s already a lack of registered nurses, so if there’s an increase in nursing students, where will the mentors come from to help provide quality placements?”

Mark Jackson

‘It’s a complete false economy’

“I had my daughter at 16 and I’m a single parent so my financial situation is very difficult. Nurses have a starting salary of around £23,000 but under these plans I’d end up with £50,000 of debt. I have no idea how I would manage to pay that back. It’s a complete false economy and a further assault on nurses. It’s essentially giving us a pay cut before we even qualify.”

Marina Down

‘I feel angry and worried’

“I’m genuinely concerned about the future of the NHS and who is going to look after our patients because bringing in this loan idea is going to deter people from becoming nurses.

“It would cost me £64,000 to study nursing in London so I can only imagine that the shortage of nurses in the capital is going to get worse. Who is going to want to study, train and work in London with that level of debt and with pay so poor?”

“Nursing is for people who care, not just for those who can afford to study it. I find



it really sad that the Government is doing this. They came for the junior doctors, now they’re coming for the student nurses.

“Soon we’ll be qualified nurses and they’ll be taking away our unsocial hours pay.”

Danielle Tiplady



‘Students will be burnt out before they even graduate’

“Nursing is in no way comparable to other degrees. If students don’t get the bursary, it’s going to be like slave labour. They’re going to have to work longer hours in part-time jobs to help support their living costs. They’re going to be burnt out before they even graduate.”

Laura Cannon

Next steps

The RCN is eagerly awaiting more details on the proposals, which are expected to come when a formal consultation is launched. The

College will fight hard to voice its concerns and will be providing a robust response based on member feedback. Get involved in RCN campaigning at www.rcn.org.uk/nursingcounts

Driving forward the vision for integrated care

Daniel Allen explores nurse involvement in new models of care designed to streamline services and improve patient experience

Here's the problem: health care in this country is hospital-centric, we're all living longer, public health challenges are multiplying and capacity can't match demand. Major NHS funding issues are exacerbated by global financial conditions, services don't join up and "prevention" sits way down the health agenda. Result? Inefficiency and, often, a poor experience for patients.

"I think everybody recognises that we need new models of care for the future," says Howard Catton, RCN Head of Policy and International.

Across the UK, governments and services are grappling with these issues and although different solutions are emerging, a locally devised, integrated approach to meeting health and social care needs is common.

In Scotland, for example, nursing staff are working hard to understand and influence the transformation to an integrated care service, says RCN Scotland Policy Adviser Rachel Cackett.

Nurses have a central role

"We're going to need to move quickly to work out how quality integrated care is going to be delivered in this new world. Our members have a central role to play here, whether on the board or the frontline – but the proof of their voice being heard will only be clear over the coming months."

In England, new models of care are being spearheaded by 50 vanguards. These grew out of NHS England's Five Year Forward View, published in 2014, which set out a vision for the future of the NHS.

Drawing on a £200 million transformation fund, the vanguards are intended to be blueprints to help the NHS move forward and inspire other health and care services to work in partnership to better meet patients' needs.

"I believe nursing is the most important profession in terms of the vanguards"

But what's nursing's role in these new models? Are nurses helping to lead the change or is change being "done" to them as others seize the chance to shape the future?

"There's a very strong argument to say nursing is a key and leading profession in terms of the relationship between different organisations," Howard says.

"If you look at what nurses do and what their roles involve, they are frequently working at the interface between organisations – hospital and community services, care homes and hospitals, primary care and social care. That's a reality for many nurses. They, like the vanguard

programme, are focused on how we can better deliver seamless, integrated care." He adds: "For those reasons I believe nursing is the most important profession in terms of the vanguards and has a huge amount to offer."

Patchy progress

An RCN event held late last year showcased ways in which nurses are driving forward the vision for integrated care. But results of a survey of members involved in vanguards suggested that bringing health and social care closer together and making care more patient focused was, in some areas, an aspiration yet to be met.

"What we found," says RCN Policy Adviser Mark Platt, "was what you find at the beginning of many pilot arrangements and new ways of working – in some places take up is better than in others."

Too early, then, to say whether the vanguard programme is proving a success and whether nurses are shaping and influencing it. More work is required.

To that end, the RCN is planning a project to explore how the eight urgent and emergency care (UEC) vanguards are helping support the provision of seven-day care.

"The reason for choosing the UEC vanguards is that people using urgent and emergency care



There is still work to do to ensure nursing leaders have a stronger influence

📧 Email mark.platt@rcn.org.uk if you would like to contribute to the RCN project on urgent and emergency care vanguards.

normally need follow-on services,” says Mark. “So this is a good way of seeing how the system is trying to deliver in terms of integration.”

In the meantime, Janine Dyson, RCN England Lead for Devolution and Integration, has begun mapping the vanguards and making contact with the nurses involved.

It’s still early days, she says, and the picture so far is unclear. “Some vanguards are really innovative and you can see where they’re coming from. But some are worrying in terms of their nursing input.”

Is that because nurses are being pushed aside or are they not grabbing the opportunity to be involved?

“A bit of both,” Janine says. “In some areas nurses don’t even hit the radar and it’s GP communities that are going after the vanguards. In other areas I think nurses are used to having things done to them.

Embracing change

“From my perspective, senior nurses need to be taking the bull by the horns and saying, ‘This is what we think the vanguard needs to look like and we need to shape it.’”

Nursing is certainly a dominant feature of the Airedale & Partners vanguard, a collaboration of 15 organisations in Yorkshire and Lancashire. Nurses are heavily involved in leading and shaping this “enhanced health in care homes” vanguard, whose approach has been praised by senior NHS leaders.

Howard says there are other examples of vanguards where frontline nurses feature prominently.

“It’s a mixed bag. I think we’re seeing signs that nursing is starting to be more engaged. But equally there is still work to do to ensure nursing leaders have a stronger presence and influence within the vanguards.”



Some vanguards are really innovative

Airedale & Partners

The aim of the Airedale & Partners vanguard is to enhance the quality of life and end of life care of people living in nursing and care homes. More than 15 organisations are involved, including hospitals, GPs, local councils, IT companies and care homes.

The vanguard builds on the partners’ experience of using telemedicine to assess and, where appropriate, treat patients remotely. Staff in care homes will now be able to use a secure video link to nurses based in a clinical “hub”.

Rachel Binks, a nurse consultant for digital and acute care at Airedale Foundation Trust, says: “All the homes that have the equipment can access our clinical hub 24 hours a day, and because we are based in a hospital, if we need to escalate to medical staff, specialist nurses or the palliative care team we can do so.” For residents, the service means fewer trips to hospital and a single point of access to specialist advice, including social care.

There are no care pathways, says Rachel, a former chair of the RCN’s Critical Care and In-flight Nursing Forum. “We base the service on nurses’ clinical skills and experience. We use high-definition cameras so we’re able to do a full assessment as if we were sitting by the bedside.”

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*10% of new RCN customers paid £172 or less between 01/09/2015 to 30/11/2015. †10% of new RCN customers paid £98 or less for buildings and contents between 01/09/2015 to 30/11/2015. The Royal College of Nursing acts as an Introducer Appointed Representative to the Liverpool Victoria group of companies for General Insurance. 3787-2015

Effective reflection

Nurses and midwives must write five reflective accounts as part of the NMC's new revalidation process. Susan Embley looks at what's required and how you can benefit

The Nursing and Midwifery Council's (NMC's) new process for registration renewal asks nurses to "live" the standards set out in the revised NMC code. It requires them to demonstrate they practise safely and effectively by reflecting on, learning from, and improving, the way they work.

Registrants must write a minimum of five reflective accounts in the three-year period since their registration was last renewed or since they joined the register.

Each one must be recorded on the approved NMC form and refer to an instance of continuing professional development (CPD) and/or a piece of practice-related feedback and/or an event or experience in their own practice. The accounts don't need to be lengthy or academic but they must note what was learnt, how it improved practice and how it relates to the code.

Gill Coverdale, RCN Professional Lead for Education Standards and Professional Development, says: "Reflection requires us to make a conscious effort to think about an incident that has triggered a lightbulb moment. It allows us to consider how we might improve, or indeed celebrate what we've done well. The key thing is that reflection helps us promote safe and effective patient care."

The reflection form can be stored electronically or in hard copy but registrants should be careful not to record any information which may identify another person. The NMC has produced guidance to help with this.



It's essential that all people take time out to reflect and account for their practice

More information on reflection can be found on the NMC's recently launched revalidation microsite. Visit www.nmc.org.uk/revalidation

Jackie Downing is a clinical lead for community learning disability nursing at Guy's and St Thomas' NHS Foundation Trust and was part of a revalidation pilot run across 19 sites in the UK.

Digging deep

She says: "I found writing a couple of my reflections emotionally challenging, but that is the point of them, to dig deep and think about one's own practice. I think it is essential that all people working in roles where they hold responsibility for others, be it patients or staff, should take time to reflect and account for their practice."

You will also be required to talk about your reflections with another NMC registrant. This could be someone you work with or someone from a professional network. "I met with a senior nurse who read my submission," Jackie adds. "I found this both personally and professionally

validating. She helped me acknowledge the complexity of the situations I face and how far I have progressed."

Registrants with an April renewal date can now begin their revalidation application. Registrants will be notified at least 60 days in advance of needing to complete the process. Visit www.nmc.org.uk/nmc-online

Reflection checklist

- Prepare a minimum of five written reflections.
- Do not include sensitive patient information.
- Do include reference to the NMC code.
- Include learning, feedback or an experience.
- Use the NMC template to record reflections.
- Remember to discuss your reflections with another NMC registrant.

Ending ‘never events’

RCN Perioperative Forum members have been involved in the development of new safety standards designed to help reduce the number of preventable incidents occurring during invasive surgery. Tom Metcalf reports



“Never events” are every health care worker’s worst nightmare. The kind of mistakes – like operating on the wrong limb or leaving swabs in patients after surgery – which should not happen but, unfortunately, occasionally do.

From April 2013 to March 2014 there were 98 instances of wrong site surgery, 134 retained foreign objects post procedure and 54 wrong implants or prosthesis reported in England.

“In some cases these events can be fatal, for example removing the wrong organ,” says Tracey Radcliffe, Chair of the RCN Perioperative Forum. “And even if the impact is limited, these things should never happen.”

Although she works as a quality and practice development lead nurse in North Wales, Tracey

also represents the RCN on NHS England’s Surgical Services Patient Safety Expert Group.

She was part of a team tasked with producing new national patient safety standards to help reduce “never events”. These were published in the autumn as the National Safety Standards for Invasive Procedures (NatSSIPs).

Wholly preventable incidents

The NatSSIPs use the term invasive procedures to apply to those in which surgical “never events” can occur; “never events” themselves are defined as serious incidents which are wholly preventable if the available national guidance is properly implemented by all health care providers involved.

The NatSSIPs are presented in two groups: organisational (the

standards underpinning the safe delivery of procedural care) and sequential (a logical sequence of steps that should be performed for every procedure session or operating list, and every patient).

The organisational standards relate to things like ensuring the correct workforce is present for a procedure, lists and schedules relating to the procedure are unambiguous and readily available, and handovers are carried out in the correct way.

The sequential standards, meanwhile, are designed to ensure the right things happen in the right order, from confirming the procedure to be carried out at the start, to the debriefing at the end.

“The NatSSIPs provide a framework designed to be adapted in hospitals across England,” explains Tracey.

“The publication is just the beginning. We now need individual organisations to develop their own local implementation of them. Further down the line it will be a case of auditing the local standards and seeing if they’re being followed, so it’s an ongoing process.

“The RCN also has a role to play in promoting the NatSSIPs and educating members about them. You don’t want nursing staff to think it’s just another piece of paper. It’s got to be rolled out properly to ensure it makes a difference to patients.”



The publication of the NatSSIPs is just the beginning

For more information on the NatSSIPs visit <http://tinyurl.com/hppma6s>. Join the RCN Perioperative Forum at www.rcn.org.uk/forums

Influence decisions for ENT nursing

Members of the ENT-Maxillofacial Nursing Forum can influence policy and practice in the specialty by becoming a member of the forum's steering committee. Four vacancies are currently available.

Valerie Bailey, RCN Professional Lead for Primary, Community and Integrated Care, said: "As people are living longer, we need

more nurses working in this field. I would encourage interested members to join the forum and get actively involved in shaping decisions about how the RCN can help advance this area of practice."

The deadline for applications is Friday 12 February. Contact Valerie on valerie.bailey@rcn.org.uk

Care home dementia programme has lift off

An RCN development programme to support nursing staff in care homes to provide improved care for patients with dementia launched last month.

Funded by the RCN Foundation, the programme will help staff working in five care homes, covering all four UK countries, as well as a charity for blind military veterans, over the course of 2016.

They will be supported by RCN dementia resources and specialist staff. The College's five "SPACE" principles for good dementia care will underpin the programme. Visit <http://tinyurl.com/z2ru7na> for more.



Discounted rate for RCN members at national public health event

The RCN is a partner in the UK Faculty of Public Health (FPH) conference on 14 and 15 June in Brighton. A special rate is available to members.

Helen Donovan, RCN Professional Lead for Public Health, said: "Funding cuts mean public health nurses have an ever greater responsibility to implement systems, policies and services that are as efficient as possible. This conference will give staff the ideas and inspiration to push boundaries within this important field of practice."

👉 Visit www.fph.org.uk

Oral histories reveal the nature of nursing on the frontline

Stories from nurses working in war zones are available to listen to as part of the RCN Defence Nursing Forum's oral histories project.

The project details medical advances and anecdotes from UK defence nurses deployed to Iraq and Afghanistan.

There is also an accompanying booklet *Defence Nurses' Experiences from Iraq and Afghanistan: The Defence Nursing Forum's Oral History Project*.

👉 Access the audio recordings by contacting renarchives@rcn.org.uk

WHAT I'M THINKING



Professor Brendan McCormack Older People's Forum

Polypharmacy – the use of multiple medications by a patient at any one time – is usually couched in negative terms. Overprescribing, unnecessary prescribing and using medicines when non-pharmacological interventions would suffice are all common accusations.

Most often it is defined by the number of medicines that someone – often an older person – is prescribed at any one time. But there is little consensus on how many is too many. Is two medicines too many? Is four to six too many? This seems a bizarre way to determine inappropriate prescribing.

Patients with six or more conditions taking four to six medicines are no more likely to have an unplanned hospital admission than those taking one to three medicines. But those with six or more conditions taking no medicines are much more likely to be admitted to hospital than those taking one to three medicines.

So, no medicines are not the answer and some medicines are important. This surely challenges the idea that polypharmacy can be determined only on the basis of the number of medicines someone is prescribed.

As nurses we also need to challenge this view. Yes of course, prescribing is predominantly the realm of doctors, but all experienced nurses know we play a significant role in influencing prescribing patterns.

www.rcn.org.uk/forums



Defence nursing

Refugee health workshop

14 April

RCN headquarters
20 Cavendish Square
London W1G 0RN

Mass movement of people due to ongoing instability around the world is having an impact on demand for health care overseas and in the UK.

Providing care to refugees is challenging for a variety of reasons. Many are victims of trafficking, have experienced violence and have unmanaged long-term physical and mental health conditions.

This workshop will be relevant to Defence Medical Services (DMS) nurses who

may be required to support contingency operations. It will also be of interest to those who work in refugee health care, either in non-governmental (NGO) or third sector organisations, and the NHS.

Delegates will leave with an understanding of the unique health care and safeguarding needs of refugees. They will explore issues relating to entitlement and ethical/legal considerations when caring for undocumented persons.

The programme for the day includes a talk by RCN Head of Nursing Practice JP Nolan on NGOs in the UK and an update on female genital mutilation from Carmel Bagness, RCN Professional Lead for Midwifery and Women's Health.

📍 Details at <http://tinyurl.com/z2a3bg9>



West Midlands

Education network event

23 February

RCN West Midlands Office
Lyndon House, 58-62 Hagley Road
Birmingham B16 8PE

This free event will include opportunities to learn about and inform: the context for current and future nurse education and professional development, priorities for nurse education and practice learning, and sharing good practice for the development of the pre-registration and post-registration nursing workforce. Local members working in education are encouraged to attend.

📧 Email ruth.burey@rcn.org.uk

Fertility

Assisted reproduction

16 April

RCN headquarters
20 Cavendish Square
London W1G 0RN

This conference is aimed at nursing staff working in the public and private sector in the highly specialised field of assisted reproductive technology.

Nurses are key health professionals in the provision of effective fertility treatment, supporting women and men undergoing in vitro fertilisation and using their full range of skills to provide care. The programme will deliver clinical and legal advances within

embryology and fertility nursing as well as networking opportunities for nurses in this specialist area.

Sessions include a patient's experience of overseas egg donation, parenthood and the law, and a step-by-step guide to revalidation from RCN Head of Education Stephanie Aiken.

The delegate fees for this one-day national event are £150 for RCN members and £220 for non-members.

There is a 10 per cent discount for group bookings of three or more delegates and a 40 per cent discount for retired and health practitioner members.

📍 Details at <http://tinyurl.com/z27qmxq>