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# CONSISTENT CARE

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

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## Up for debate

The agenda for this year's RCN Congress in Bournemouth has been announced. Visit [www.rcn.org.uk/congress/debates](http://www.rcn.org.uk/congress/debates) to see the range of debates. The outcome of each item will direct the work of the College for the forthcoming year. Members can put themselves forward for a place on the RCN Agenda Committee for 2016. This group of elected members leads the process of selecting agenda items to be discussed. Visit [www.rcn.org.uk/acelections](http://www.rcn.org.uk/acelections)

## Manchester questions

The RCN says there will be significant implications for patients and staff if the health and social care budget for Greater Manchester is taken over by the region's councils and health groups. "The RCN will be closely monitoring for more detail, and how it will fit in with NHS England's Five Year Forward View," said RCN Chief Executive Dr Peter Carter. The RCN is seeking answers to a number of important questions and concerns, particularly on funding. These need to be addressed to ensure the right staff with the right skills and experience are available to deliver quality care.

## 99 years on

Friday 27 March marked 99 years since the RCN was officially formed. A full range of celebratory activities is being planned for the centenary next year. Opportunities for member involvement will be promoted soon. Visit [www.rcn.org.uk/rcn100](http://www.rcn.org.uk/rcn100) to find out more.



## Award applications

Applications are open for the Mary Seacole awards which fund health care projects and educational activities designed to improve health outcomes for people from black and minority ethnic communities. Apply by 29 May. Visit [www.rcn.org.uk/maryseacole](http://www.rcn.org.uk/maryseacole). The deadline for the RCN Foundation professional bursary scheme is 23 April. Up to £5,000 is available to fund primary care projects.

Find details of all RCN Foundation bursary schemes at [www.rcnfoundation.org.uk](http://www.rcnfoundation.org.uk)



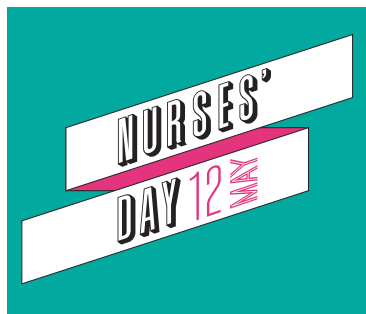
*Central government needs to address the funding gap*

## Cumbria concerns

Unprecedented demand has led to a major incident being declared at North Cumbria University Hospitals Trust, where members have contacted RCN officers about issues including staff shortages and a high reliance on agency nurses. Regional Director Glenn Turp said the trust had a history of underfunding and recruitment problems. "Until these are addressed, we will continue to see this trust struggle. Central government needs to address the funding gap urgently."

## Care compromised

An RCN Scotland briefing shows pressures on the care system are compromising care standards for older people in hospital. The report is based on an analysis of 35 inspections by Healthcare Improvement Scotland. The RCN says almost all the inspections found hospitals did not appropriately screen and assess older people for cognitive impairment or under-nutrition. Visit [www.rcn.org.uk/frontlinefirst](http://www.rcn.org.uk/frontlinefirst)



## Showing pride

The RCN is preparing to mark Nurses' Day on 12 May by celebrating the enormous pride that exists across the whole profession. The next issue of *RCN Bulletin* will publish highlights of inspirational nursing stories, with other contributions going online. To share what makes you proud to be a nurse email [bulletin@rcn.org.uk](mailto:bulletin@rcn.org.uk). Nurses' Day materials will shortly be available to order from [www.rcn.org.uk/nursesday](http://www.rcn.org.uk/nursesday)

## NHS pension changes

April sees the introduction of the new NHS Pension scheme. It is now a Career Average Revalued Earnings (CARE) scheme, with a higher build up rate than the former final salary scheme. The normal age at which full benefits can be claimed under the new arrangements is the same as a member's state pension age.

"Some nursing staff will now be members of two schemes but the benefits you've accumulated so far are safe," said Gerry O'Dwyer, RCN Senior Employment Relations Adviser. "I would strongly advise members not to make any rash decisions about their pension but instead make sure they're fully informed about these changes."

For films about the changes see <https://vimeo.com/user19451849> and information on the scheme go to [www.nhsbsa.nhs.uk/Pensions/4017.aspx](http://www.nhsbsa.nhs.uk/Pensions/4017.aspx). A state pension age calculator is available at [www.gov.uk/calculate-state-pension](http://www.gov.uk/calculate-state-pension)

# Parties pledge to protect nursing



*Don't let someone else decide your future on 7 May. Vote!*

Michael Brown, Chair of RCN Council, closing the debate.

The three main political parties have committed to the RCN's *Nursing Counts* election manifesto.

Health ministers Norman Lamb (Liberal Democrat) and Dr Dan Poulter (Conservative) and Labour's Shadow Health Secretary Andy Burnham (pictured below, left to right) all agreed to support the RCN's priorities – to improve patient care, value nursing and invest in health and care – at a national hustings event in London last month.

Mr Burnham said that if he becomes health secretary he will repeal the Health and Social Care Act 2012 and provide 20,000 more nurses. He also said he would free up £4 billion for the NHS through integration of services and raise another £2.5 billion through a mansion tax.

Dr Poulter stressed the need to change how long-term conditions are treated by investing in training for the workforce and technology. He also said there was a need to promote nurse leadership and encourage specialist roles.

Mr Lamb argued for more investment in mental health and a

joined-up service for patients. He also said nurses should be given control over the services they provide and said the Liberal Democrats were the only party that would meet the £8 billion NHS funding gap by 2020.

One area of consensus among the three health leaders was on the need for more integrated care and care in the community.

In a robust discussion of the payments nursing staff get for working unsocial hours, currently under scrutiny as part of the debate on seven day working in the NHS, Andy Burnham committed not to attack the current unsocial hours payments for nurses. Norman Lamb recognised the importance of paying staff fairly while stopping short of a full commitment, and Dr Dan Poulter spoke of the need to improve patient care at nights and weekends and pledged not to cut nurses' pay further.

The event was chaired by the RCN's Head of Campaigns and External Affairs, Jane Hughes, and the audience was made up of RCN members, staff, stakeholders and journalists from across the UK.

🎥 An edited film of the RCN hustings event is available to view in the resources section of the *Nursing Counts* website at [elections.rcn.org.uk](http://elections.rcn.org.uk)



## Pay offer implemented after lengthy dispute

Staff will get a salary increase but the fight for fair pay continues

Most nursing staff working for the NHS in England will receive a one per cent pay rise this month after unions voted to accept a pay deal offered by the Government.

The NHS Staff Council, made up of government, employer and health union representatives, including the RCN, met in March and agreed the new deal was the best that could be negotiated. The decision followed a consultation in which 60 per cent of RCN members who responded voted to accept the offer. Michael Brown, Chair of RCN Council, said: "We know this offer doesn't make up for the years of pay restraint our members have endured, or for the intense pressures they face. Members may have accepted it, but that doesn't mean they're happy with it.

"Nor does it mean that the RCN's fight for fair pay for all nursing

staff is over. We know the Government is looking at how to get seven day working on the cheap, and we will do everything we can to defend the terms and conditions of our members."

Since the deal was accepted, the RCN has given oral evidence to the NHS Pay Review Body which was asked by the UK, Wales and Northern Ireland governments to consider seven day services.

Representatives from the College stressed the level of members' anger and anxiety over the threat to unsocial hours payments and expressed disappointment that the evidence submitted by the Department of Health England focused on cuts to payments rather than improving patient safety.

RCN Head of Employment Relations Josie Irwin said: "Many of our members are more concerned about this issue than they were during the NHS pay dispute last

year and tell us they're prepared to take action to defend unsocial hours payments if needed."

It was announced last month that all NHS staff in Scotland will receive a one per cent pay rise from April in line with the recommendations of the pay review body.

Different pay arrangements have been agreed in Wales. At the time of writing no offer had been made in Northern Ireland.

### The deal in detail

- A one per cent consolidated pay rise for all NHS staff in England up to pay point 42, the second point on band 8c (£56,504) from 1 April 2015.
- A one-year increment freeze for staff on pay point 34, the second point of band 8a (£40,458) and above.
- Additional changes to benefit those on the lowest pay scales.
- A commitment by government to continue using the independent pay review body structure.

## Small changes, big differences

Nursing staff should play a pivotal role in procurement, says the RCN

With around one-third of the average hospital's costs spent on clinical supplies, a new campaign is highlighting how nursing staff can add real value to procuring products and equipment.

Working with the NHS Supply Chain and the Clinical Procurement Specialist Network, the RCN has launched a new online resource showcasing the difference that nursing involvement can make to patient safety and saving money.

*Small Changes, Big Differences* includes best practice guidelines, practical tips and inspirational case studies. These include improving infection control in catheterisation in Rotherham; improving patient care by standardising dressings in Tower Hamlets; and setting up a clinical swap shop in Derbyshire.

RCN Director of Nursing and Service Delivery Janet Davies said: "Nursing staff are using clinical products and equipment on a daily basis. They know what works best for their patients and how to improve safety. Yet all too often they

are not involved in making choices or they're consulted late in the day. We want to change this by encouraging nurses, health care assistants and midwives to influence decisions from the very beginning."

### Tips for nursing staff

- Have a process for the review and introduction of new products.
- Share best practice.
- Tell someone if you have a good idea or see waste in practice.



We want to encourage nursing staff to influence decisions

Find out more at [www.rcn.org.uk/smallchanges](http://www.rcn.org.uk/smallchanges)

## New ways of learning

**Nursing education and training need reform for standards to be maintained, report recommends**

A review commissioned by Health Education England, in partnership with the Nursing and Midwifery Council, has suggested new training models for registrants and health care assistants (HCAs) to reinforce skills and widen routes to the profession.

The report of the Shape of Caring review, chaired by Lord Willis and entitled *Raising the Bar*, was published last month. It says access should be widened for HCAs who want to become nurses and recommends an additional role for HCAs at band 3, with a clear training pathway and distinct qualification.

Within pre-registration education, the report proposes a new model: two years of “whole person” core training followed by one year in a chosen specialism and a year’s preceptorship. The NMC should gather evidence on this “2+1+1” approach, as well as alternative



models, and then consult on the way forward, Lord Willis said.

For registered nurses, the report recommends that to recognise advanced-practice credentials, nationally agreed “membership” and “fellowship” categories should be established by royal colleges as a way of marking proficiency in an elected specialty.

The RCN said Lord Willis’ report should generate a lively and important debate. “Not developing staff is a false economy and a lost opportunity for improving patient care,” stressed RCN Chief Executive Dr Peter Carter.



*Not developing staff is a false economy*

▶ Read the report on the Health Education England website: <http://hee.nhs.uk>

## International nurses needed

**Health services couldn’t cope without help from overseas staff**

The RCN has written to the Migration Advisory Committee (MAC) urging it to reconsider its decision not to put nursing roles on the shortage occupation list.

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

“In the long run, it’s absolutely right that we should be training enough people within the UK to meet the nation’s demand for nursing,” commented RCN Chief Executive Dr Peter Carter. “However, if every nurse from overseas left the UK tomorrow, there would barely be a hospital or clinic that could function safely. There is a huge difference between aspiring to be self-sufficient in nurses and saying that we don’t need to recruit them from overseas.”

▶ [www.rcn.org.uk/international](http://www.rcn.org.uk/international)

## Notice of RCN annual general meeting

This year’s annual general meeting (AGM) will be held on **Wednesday 24 June** at 2.30pm at the Bournemouth International Centre, Exeter Road, Bournemouth BH2 5BH.

*Dr Peter Carter OBE, PhD, MBA, MCIPD, RGN, RMN, Chief Executive & General Secretary*

### AGM agenda

- Welcome from RCN President Cecilia Anim.
- To confirm the 2014 minutes and matters arising.
- To receive the annual report of Council from Chair of Council Michael Brown.
- To receive the financial statements and the auditor’s report for the financial period 1 January 2014 to 31 December 2014 – Honorary Treasurer David Harding-Price.
- To discuss any matters of a professional nature which are of importance to the interests of members.

Please give advance notice of any issues you would like to raise to Jane Clarke, Director of Governance Support, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN [jane.clarke@rcn.org.uk](mailto:jane.clarke@rcn.org.uk)



## Feedback

**Michael Brown**  
Chair of RCN Council  
on getting involved



It is my experience that nursing staff have strong views and are passionate about issues that really matter. As the biggest nursing union in the world we could be a strong force and make decision-makers listen.

It was very disappointing to see that so many members chose not to use their voice in last month's RCN consultation on the NHS pay proposal from the Westminster Government. Only 16 per cent of those of you asked to vote on this crucial issue took the opportunity to do so.

We can't let this continue. Please let us know what is important to you. With the pay review body now focusing on seven day working there is no doubt that there are more challenging times ahead with serious implications for NHS terms and conditions of employment.

Get involved and tell us what you think about the issues that matter to you and vote in May to make sure the voice of nursing is heard.

[elections.rcn.org.uk](http://elections.rcn.org.uk)

# What you've been saying

## Bundles or burdens?

As a reaction, very possibly of the knee-jerk type, to recent-high profile public enquiries, the trust I work for has introduced care plan "bundles". They each take approximately 40 minutes to complete for each patient, provided no one interrupts you.

The dilemma is: do I complete the paperwork stating that I have carried out the care, or do I carry out the care and not have any time left to complete the paperwork?

We are nursing paperwork rather than patients. Surely this is the wrong way round? I agree accurate record keeping is important, but if completing the records takes longer than carrying out the care then there is something fundamentally wrong with the system.



Name withheld, by email

## Time to see sense

I can't keep quiet any longer! The RCN's *What If...?* campaign is interesting for us here in a medium-sized acute trust. We used to record extra hours and missed breaks, which are a daily occurrence for most nurses

on my busy acute medical ward. Some of us are owed more than 100 hours.

Occasionally, if we asked often enough, we'd get a little bit of time owing given back, though we'd often have to provide a good reason. It then had to be approved above matron level and we were always criticised for having such inadequate time management skills.

A few months ago we were suddenly told that no missed breaks or late finishes would be authorised for time owing, since our poor time management skills were to blame.

We still miss the same breaks and work the same number of extra hours – the only difference now is there's no record of it anywhere. If we're seen on the premises after we should have left, we often have to put up with sarcastic comments about inadequate time management.

We're mentally and physically exhausted, and our personal lives and physical health are suffering. We spend a lot of emotional effort looking over our shoulders to see who's watching, and we go about our duties in the knowledge that we'll be disciplined for something soon.



Name withheld, by email

## Hot topic

### What health policies would persuade you to vote for a particular political party?

"I'll be voting for the candidate who wants to protect the NHS from private takeovers," says district nurse team leader **Jane Carroll**.

Senior lecturer **Karen Sanders** thinks the most important thing is for everyone to use their right to vote and to establish whether candidates have the best interests of the NHS at heart. "We may all be cynical about politicians and whether we can really effect change by voting but if we all don't vote, we certainly aren't going to change anything politically," she says. "We shall only get the

government that others wanted and voted for. But vote for whom? While clearly there are other important issues, health care must be a very high priority for all of us. Beyond the rhetoric, you may believe that there is no 'best' party, only a 'least worst'. However, is the real question about detailed policies of what should be done in the NHS or is it a more basic question as to whether a party really does believe in the concept of the NHS or does it, in reality, contain the successors of those who opposed it?"

## a quick question

What nursing specialty intrigues you?

**“Critical care”**

*Michael Oyeleye*

**“Trauma”**

*Mike Smith*

**“Burns”**

*Christopher Starnes*

## Quote of the month

**“Cutting jobs can never again be seen as safe or sustainable”**

*RCN London  
Director  
Bernell Bussue*

## 3 things I believe

1. There should be matrons on wards at all times to combat the bullying culture in nursing.
2. All nursing assistants should be registered to reflect their increasing responsibilities.
3. Twelve hour shifts should be abolished and eight hour shifts reinstated.

*Rosemary Wills,  
agency nurse*

## Staying safe

**New NMC code obliges nurses to act on their concerns**

If a profession becomes complacent it is a profession no more. Cracks appear; standards slip.

Such a fate has never befallen nursing during the many years I have been involved with the profession – however, we have had some shots across the bows.

The Francis inquiry into poor care was one such warning. It reminded all of us what can happen if we fail to live up to the standards our patients have a right to expect.

The duty of candour outlined in the new Nursing and Midwifery Council (NMC) code (see pages 8 and 9) is a reminder that patient safety is the business of us all. Under the terms of the code, if, as registered nurses, we have concerns about care, we are bound to take action. That is how it should be; we cannot walk by if we believe patients are at risk. Few of us would, and we are now compelled by our professional code to act.

After the launch this month of the new code, revalidation will follow at



the end of the year. This is the process by which nurses and midwives will be required to demonstrate that they remain fit to hold a place on the NMC register. There is an obligation on registrants here – you must meet the criteria – but there are also opportunities. Revalidation is not about form-filling; it's about developing; demonstrating that you are extending your knowledge; increasing your learning; boosting your skills – and always looking to become better at your job.

That's what professionals do – and it's what nurses excel at.

**Dr Peter Carter**  
RCN Chief Executive

### Convince me

Public health carries across every aspect of nursing. From community settings to hospital settings, across the lifespan, it is the responsibility of nurses to provide health information and advice to encourage patients to make changes to improve their health. It is essential that all nurses and health care assistants understand the role they play in public health to improve the nation's health.

*Jason Warriner,  
Chair, RCN Public Health Forum*

### What I've been reading

I've been reading about valuing the contribution of health care support staff. A report last year showed health care assistants (HCAs) are at the forefront of care and are spending more time with patients than nurses. The report suggests HCAs are well placed to work with nurses and other professionals, and to work more independently. But this must go hand in hand with accredited training and education to ensure consistent standards.

*Sarah Didymus,  
Darzi Fellow in Community Nursing*

## From the heart

**Martin Tuckett**  
Mental health nurse



Nursing can be a stressful occupation which can take its toll on our own health and wellbeing.

But there is something practical that you can do to help alleviate some of the stress you may feel on a day-to-day basis. You can't change the things around you, but you can change how you allow them to affect you. The way you think affects how you feel. We spend a lot of time on automatic pilot, rushing from place to place. It's good to be mindful of this and pay attention to the present moment, being fully aware of it and how you feel in it.

Next time you feel stressed, take a minute to examine how you're feeling, breathe deeply into your whole body and follow the movement of your in and out breath for a few moments to relax your body and your mind. We need to take care of ourselves, too.

[www.rcn.org.uk/stress\\_at\\_work](http://www.rcn.org.uk/stress_at_work)

# Code carries clear message

A new code now governs standards of practice for registered nurses and midwives and it's vital that RCN members engage with it, says Daniel Allen



Are you a nurse or midwife registered with the Nursing and Midwifery Council (NMC)? If so, last month you should have received through your letterbox a 20-page document that is critically important to you and your patients: the NMC's new code, or, to give it its full title, *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives*.

As of 31 March, you are bound by the standards laid out in this slim publication. It replaces the old code of practice and includes several significant changes. It's important because others can judge you by it – and ignorance of its content is no defence. But as Jackie Smith, the NMC's Chief Executive, explains, the code should not be regarded punitively. "It should be seen as a positive opportunity to promote your professionalism."

The code governing professional practice in nursing and midwifery

was last reviewed in 2008 and, as Ms Smith explains, a lot has changed within health care since then. "Not only have we had a series of inquiries – Francis, Clwyd, Berwick, the list goes on – but I think public expectation has changed quite significantly too."

She adds: "We felt it was absolutely the right time to take a look at the code and ask ourselves, is it actually delivering what registrants need to be living up to and what the public can expect? Those are the two key drivers here."

## First draft

A consultation exercise on a draft drew many responses, including suggestions that more work was required. "Fundamentally people felt that it was a bit long, a bit wordy, that it was a bit prescriptive," Ms Smith says. "For me, there can be no doubt that you have to be clear about what people can and can't do

– it needs to be saying clearly 'you must do this.' But we very much responded to the concerns people had about the length and wordiness around some of it. We didn't get it right first time."

The redrafted version has, she says, been well received. The RCN called it "a more positive document relevant to modern-day nursing", and said many of the concerns raised by members during the consultation had been taken on board.

So what is different about the new code?

It's built around four principles:

- prioritising people
- practising effectively
- preserving safety
- promoting professionalism and trust.

In terms of detail, a significant change is a new duty of candour – the inclusion of which can be linked directly to the Francis inquiry into poor care at Mid Staffordshire NHS Trust, which stressed the importance of dealing with concerns in an open way. The new code says registrants must raise concerns immediately whenever they encounter situations that put patients or the public at risk. Acknowledging the importance of leadership, it adds that where appropriate registrants should take "necessary action" to address concerns.

## Twitter trap

There's also a new section on social media. Despite numerous warnings from the NMC, the RCN and others



*You're always accountable for what you do*



about indiscreet Facebook and Twitter posts, registrants continue to fall into the trap. “In the last seven years, social media has blossomed hugely and it’s an obvious tool for people to share best practice,” says Ms Smith. “But they also need reminding to think about the health warnings attached to it.”

There’s no such thing as “off duty”, she adds. Grumbling on social media about employers, colleagues or, worse, patients, is simply unacceptable. “Wearing the uniform or the badge is a 24/7 job and you’re always accountable for what you do and what you say.”

Ms Smith says that initial reaction to the new code has been favourable, although she acknowledges that some registrants are unhappy about it in the context of the fee they pay to the NMC. “I don’t think that’s relevant, but I understand how they feel.”

She expects this version of the code to remain current and relevant for some time to come. “I don’t know that we can give a time limit but you don’t want to go through a process of regularly reviewing the code – it’s a big undertaking. With a register of our size, we need to make sure it’s future proofed – and we’re confident it is.”

For now though, the focus is on ensuring that nurses and midwives are practising in line with the new version. “What we expect is for registrants to pick it up, read it – it won’t take long – and apply it. What we don’t want is for people to be saying to us: “The new code? What’s that?””

## Revalidation

The new professional code will be central to revalidation, the three-yearly checks on registrants being introduced by the NMC next year.

### What is revalidation?

It’s the process by which you will demonstrate your continuing fitness to practise. You will need to revalidate every three years to renew your registration. It will replace the current Prep (post-registration education and practice) standards from 31 December.

### How will it differ?

- More CPD: an increase in hours from 35 to 40 over three years.
- A requirement to reflect on your practice using feedback from others including patients, relatives and colleagues.
- Third-party confirmation of continuing fitness to practise.

### Is the process being trialled?

Yes. Pilots began in January and will run for six months. Registrants in a number of different settings across the UK, as well as managers and employers, will help trial revalidation and shape its implementation. Each pilot will be reviewed and the findings used to refine the revalidation model.

### How can I learn more?

- Search for “revalidation” on the NMC website: [www.nmc-uk.org](http://www.nmc-uk.org)
- Some RCN offices around the country are organising educational events on revalidation. Contact your local region or country RCN office to find out more. And look out for support and guidance from the RCN later in the year.
- A four-minute film produced by RCNi is available on YouTube: <http://bit.ly/1MxGmRm>

## The view from here

**Janet Davies**

*RCN Director of Nursing and Service Delivery*



The RCN is right behind the underlying intentions of revalidation. It will help protect patients and support a culture of professionalism. It will also provide an opportunity to highlight the value of continuing professional development and the need for this to be supported.

We have had concerns, though. When the NMC consulted on the draft proposals, our members, who responded in their thousands, said that infrastructure and resourcing had to be in place for the proposals to be effective. The pilots running at the moment should help clarify these issues but we will be watching closely.

Revalidation is going to make new demands of the nursing profession, including more stringent criteria to determine our fitness to practise. But we shouldn’t see it negatively or as a series of boxes we have to tick. Rather, it presents us with opportunities to advance our practice and to develop individually and as a profession. And that can only be of benefit to our patients.

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# Consistently caring

Stephanie Aiken, RCN Head of Education, and Tanis Hand, RCN Professional Lead for HCAs and APs, answer questions about the Care Certificate



## What is the Care Certificate?

The Care Certificate was launched at the end of last month. It is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings including personal development, equality and diversity, communication, and fluids and nutrition.

## Why is it being introduced?

Studies have shown that the training and education of support workers has been inconsistent, with some receiving very little preparation before caring for the most vulnerable of patients and clients. The certificate aims to reduce this inconsistency and to recognise the value of support workers in health and social care.

## How will it change care?

There is clear evidence that a person who has been trained and assessed as competent will provide higher quality care. The certificate focuses on the attitudes and behaviours required to give care in a compassionate way as well as the core skills and knowledge needed from the start.

## I am an HCA in England. How will it affect me?

From April, if you move to a new workplace, your employer will be expected to ensure that you meet the standards of the Care Certificate within the first few months of you starting in your new role. All support workers who are new to health care will be expected to achieve the certificate before they begin working unsupervised. Once the certificate has been successfully completed, it will be transferable between roles and employers.



*There is clear evidence that a person who has been trained and assessed as competent will provide higher quality care*

## I'm not moving workplaces so what do I need to know?

You need to be aware that your new colleagues will be undertaking training and assessment on the standards as you might be asked to be involved in supporting and supervising them. Experienced staff may become buddies and/or assessors for new colleagues.

## Why is it England only?

The Care Certificate was commissioned by the Department of Health in England, and does not apply in Scotland, Wales or Northern Ireland. Because health is devolved to these nation's parliaments and assemblies, each has a different structure in place for the education, training and regulation of HCSWs.

## Is it compulsory?

Sadly not. There is an expectation on employers to ensure new HCSWs meet the standards but it is not mandatory. This is disappointing as our position has always been very clear that it should be compulsory to ensure consistent standards of care. There is a real risk that some organisations may not implement it if achieving it is simply an expectation.

## How has the RCN been involved?

The RCN has called for standardisation of training and education for HCSWs for many years and has been involved in the Care Certificate's steering group from day one. Last year, members of the RCN Health Practitioner Committee met with the project leaders to provide feedback and ask questions about the emerging standards.

▶ The RCN's induction resource *First Steps* is being expanded to include more of the Care Certificate standards and will relate to codes and standards in use in all UK countries. Visit [www.rcn.org.uk/firststeps](http://www.rcn.org.uk/firststeps) or go to [www.skillsforhealth.org.uk/projects/item/24-care-certificate](http://www.skillsforhealth.org.uk/projects/item/24-care-certificate) to find out more about the Care Certificate.

# Channelling support

Members on the Channel Island of Jersey have shown how to get politicians on side when campaigning for better outcomes for patients. Sharon Palfrey reports

Jersey: a British island but constitutionally not part of the United Kingdom. Its status is that of a “Crown Peculiar”. There are no political parties, no cabinet and no prime minister, but it has its own government and its health service is completely independent of the NHS.

It’s a progressive place to work and the RCN is the island’s biggest support for nursing staff. The College fought for an improved nursing pay offer and is currently representing members as the modernisation plans that followed are implemented.

## Election opportunity

The RCN Jersey branch saw recent elections on the island as an opportunity to shape nursing services and opinion. Members were concerned about the cost of wound care products in the community. Most of the dressings required for the best outcomes for patients are not available on the subsidised product list and patients have to buy their own.

“We accept that these are austere times but believe that by providing the right products and associated equipment better value can be provided,” says Kenny McNeil, the RCN’s local steward. “At the moment you can only have the best treatment if you can afford to pay for it so we wrote to every candidate asking them to support our local campaign.”

Kenny adds: “It’s important to get politicians at this early stage, when they want to get your vote, but we’re now following up this work. By

“

*It’s important to get politicians at this early stage, when they want to get your vote*



focusing on an important issue which resonates not just with nursing staff but also with the public, we’re confident these newly elected politicians will listen.”

## Make people think

Jersey’s size means that the RCN can have a strong influence on the island’s politicians. As chair of the local staff side committee, Kenny has an opportunity to meet regularly with the health minister and the island’s chief nurse but he believes that wherever nursing staff are located, they have the right to be heard.

With a general election approaching in the UK, he advises each RCN branch to make direct contact with candidates in their area. “And if they don’t respond as you want them to, follow it up. Be informative and make people think,” he says. Kenny’s advice is reinforced by Di Francis, RCN Senior Officer, who supports Kenny and the Jersey branch. “The

systems are different in Jersey but the principles are the same. Kenny is positive and is effective when he contacts and meets politicians and working in this way can get results. He is a fantastic advocate for nurses on the island,” she says.

## Empowering members

*Nursing Counts* is the RCN’s general election campaign with a manifesto of priorities for the next UK Government at its core. The campaign is about empowering and informing RCN members to vote on 7 May, ensuring that they have the right information and tools to do it. As part of the campaign the RCN is asking members to contact their local candidates seeking support for *Nursing Counts* priorities, as well as pledging to vote on polling day.



Kenny McNeil

I'll be voting on 7 May because  
**#NursingCounts**

My vote will go to the candidate who supports the RCN's general election manifesto priorities:

**IMPROVE** patient care

**VALUE** nursing

**INVEST** in health and care

**[elections.rcn.org.uk](https://elections.rcn.org.uk)**

Cut out and keep this page, display the poster (above) and use the manifesto priorities to question candidates who come calling.

**The general election is just a matter of weeks away.**

Candidates will soon come knocking looking to secure your vote. Make sure you're up to speed with the RCN's general election campaign, *Nursing Counts*, and the manifesto of priorities that members helped shape. They are:

**IMPROVE** patient care through safe staffing levels, access to training and environments where staff concerns are listened to

**VALUE** nursing by giving staff the fair pay they deserve, putting a stop to downbanding and focusing on the future of nursing

**INVEST** in health and care instead of cutting the nursing workforce. Increase resources for community health care and implement a long-term workforce plan based on patient need

With nursing staff accounting for around 1,800 voters in each constituency, there's no doubt that #NursingCounts. **Make your vote count. Make nursing count. Vote on 7 May.**

**[elections.rcn.org.uk](https://elections.rcn.org.uk)**

## More investment needed



The RCN has welcomed a report setting out how the Government can improve mental health services for children and young people but has stressed the need for better education and training to improve awareness in this area.

Dr Laurence Baldwin, a nurse consultant and former chair of the RCN Children and Young People Mental Health Forum, represented the College on the Government's children and adolescent mental health services (CAMHS) ministerial taskforce.

Its report, published last month, makes several proposals to be implemented by 2020. These include tackling stigma and improving attitudes towards people experiencing mental illness, introducing waiting time standards for services and establishing one stop shop services in the community.

Dr Baldwin said: "Children's mental health services have experienced a period of extreme stress as community support has reduced, meaning more young people are ending up in crisis and needing specialist help.

"Restoring the emphasis on early intervention in schools and the community should help to ease that pressure and prevent some of the resulting distress for children and young people.



*Children's mental health services have experienced a period of extreme stress*

"This must be supplemented by investment in the specialist mental health services which can support young people and their families when they are experiencing a mental health crisis."

As one of only two nurses on the taskforce, Dr Baldwin said nurses have much to offer but often lack confidence in their own abilities. He added: "Often the things that we are able to bring to services are the very things that children and young people and their families value most.

"They want people with compassion and an interest in them as individuals; people who take the time to do the simple things like sitting, listening and understanding what they are really trying to say; people who are prepared to go on a difficult journey with them."

## The LV= CC Great Cricket Ticket Giveaway Is Back Again

Once again, we are giving away a pair of LV= County Championship tickets to RCN members to watch one days play during the 2015 season.

The 2015 season starts on 12 April and to be in with a chance of claiming two free tickets just fill in and return the coupon on this page, stating in order of preference the three counties you would most like to visit in 2015. Successful applicants will receive two ticket vouchers for a county of their choice, valid for one day of an LV= County Championship match. The vouchers are only valid for matches played at the First Class County Grounds (see list) – festival and secondary grounds are not included in this promotion.

**Please note that tickets are subject to availability and will be despatched to successful applicants within 28 days.**



Royal College of Nursing

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RCN Cricket Promotion, LV=, Freepost, County Gates, BH1 2NF.**

I would like to receive a pair of LV= County Championship tickets to one county ground for a day's cricket of my choice (maximum 2 tickets per household).

(Please state county in order of preference)

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

See below for list of First Class County Grounds

By giving you an email address below; I agree to you contacting me by email with information about other products and services.

My insurance policies are due for renewal on:

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Contents:  M  M Travel:  M  M

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LV= may use information provided to process my ticket request. The information may be kept electronically or on paper file for as long as the offer is available and for an appropriate length of time after that. Subject to payment of a fee, you can ask for a copy of the personal information we hold about you by writing to the CCA Department, LV=, County Gates, Bournemouth, BH1 2NF. For details of the Liverpool Victoria group of companies please refer to www.LV.com

All fixtures can be found at: [www.LV.com/cricket](http://www.LV.com/cricket)

**First Class County Grounds included in this promotion:** Bristol, Gloucestershire CCC ■ Chelmsford, Essex CCC ■ Emirates Durham ICG, Durham CCC ■ Canterbury, Kent CCC ■ Derby, Derbyshire CCC ■ Edgbaston, Birmingham, Warwickshire CCC ■ Headingley, Leeds, Yorkshire CCC ■ Hove, Sussex CCC ■ Leicester, Leicestershire CCC ■ Lord's Cricket Ground, London, Middlesex CCC ■ Northampton, Northamptonshire CCC ■ Old Trafford, Manchester, Lancashire CCC ■ SWALEC Stadium, Cardiff, Giamorgan CCC ■ Taunton, Somerset CCC ■ The Kia Oval, London, Surrey CCC ■ The Ageas Bowl, Southampton, Hampshire CCC ■ Trent Bridge, Nottingham, Nottinghamshire CCC ■ Worcester, Worcestershire CCC

## New traction manual

The RCN has published new guidance for nursing staff working in orthopaedics and trauma.

*Traction: Principles and Application* provides information on applying traction and caring for patients' safety while traction remains in place. It also includes core care plans for adults and children and young people.

Improvements in technology have meant more fractures are now treated operatively but traction can still be used as a temporary measure.

Project Lead Sonya Clarke, from the RCN Society of Orthopaedic and Trauma Nursing, said: "The aim is to safeguard and improve patient outcomes as well as to maintain and develop the specialty of orthopaedic and trauma nursing."



Visit [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## Endometriosis booklets

The RCN has launched two new booklets on endometriosis. *Clinical Nurse Specialist in Endometriosis* is a skills and knowledge framework aimed at informing and enhancing local practice and establishing a baseline standard across the UK. Defining the breadth and depth of the endometriosis clinical nurse specialist (CNS) role will enhance career opportunities for nurses seeking to develop their own skills to become a CNS.

*Endometriosis Fact Sheet* has been designed to provide nursing staff with guidance on how to recognise symptoms, sets out pathways of care and signposts useful online resources. This publication will help those who do not work directly within the field of women's health.



Download from [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## IPC document

The RCN and the Infection Prevention Society (IPS) have published a joint paper highlighting concerns over the impact of fragmentation with infection prevention and control (IPC) arrangements within the health service in England.

*Infection Prevention and Control within Health and Social Care* is available in the publications section of the RCN website. Rose Gallagher, RCN Head of Standards, Knowledge and Innovation, said: "I would urge anyone involved in commissioning or scrutiny of health care to read this document."

## Positive and safe

NHS England's Positive and Safe community website is now live.

The RCN played a leading role in shaping the Positive and Safe programme, which was launched last year. The two-year programme aims to radically reduce restrictive interventions for people receiving care. The new website will act as an online community for sharing good practice.

Visit [www.6cs.england.nhs.uk/pg/groups/157116/](http://www.6cs.england.nhs.uk/pg/groups/157116/)

## iHV fellowship

A member of the RCN Public Health Forum steering committee has been awarded a fellowship by the Institute of Health Visiting (iHV). Denise Thiruchelvam, who recently joined the forum's committee, works as a public health project manager for NHS England. Fellowships are awarded to health visitors with exceptional leadership qualities delivering excellence in practice.

## What I'm thinking

Wendy Preston  
Nurse consultant



I welcome the recent decision by MPs to vote in favour of introducing standardised packaging for tobacco products. The RCN has had an important influence on the legislation and I represented nurses' views as part of the All Party Parliamentary Group on Smoking and Health.

If you look at the evidence from Australia, where they've had plain tobacco packaging since 2012, it seems to work. It's particularly important for protecting young people from the dangers of smoking, as research shows they are more likely to go for tobacco products with attractive packaging.

Standardised packaging is another piece of the jigsaw, along with the banning of tobacco displays in shops, cigarette vending machines and smoking in cars with children.

But with 18 per cent of the UK's population still smoking, the process is ongoing. Next on the agenda is a tobacco levy, which would help to pay for smoking cessation services.

[www.rcn.org.uk/forums](http://www.rcn.org.uk/forums)



THIS WAS MY FIRST TIME AT CONGRESS AND I LOVED IT. **I FEEL ENERGISED** BY IT. THERE IS **SO MUCH TO BE GAINED** BY ATTENDING.



*Congress delegate, 2014*



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