



ISSUE NO. 328 JUNE 2015

REVALIDATION

ANALYSIS P5

REVAMPED FIRST STEPS

FEATURES P10

ADHD SPECIALIST NURSE

FEATURES P11

WORTHY WINNERS

NORTHERN IRELAND NURSE OF THE YEAR AWARDS P8





Photo © Nathan Clarke

New head of nursing

Dame Donna Kinnair joined the RCN on 1 June as the new Head of Nursing/Deputy Director, replacing Steve Jamieson who has left the College after 16 years of service. Professor Kinnair's last post was Clinical Director of Emergency Medicine at Barking, Havering and Redbridge University Hospitals NHS Trust. She has managed a number of hospital and community nursing teams and worked as a child protection service manager.

Election priorities

The RCN will be developing campaign priorities over the coming months for 2016 elections to the assemblies in Northern Ireland and Wales, and the Scottish Government. Building on the *Nursing Counts* manifesto, and setting out specific influencing priorities, the RCN in Northern Ireland will be encouraging members to use the power of their vote to shape health and social care.

RCN Wales is surveying members on their priorities ahead of a campaign launch in September; and members in Scotland should look out for an RCN email asking for ideas about improvements to their working lives and the health of patients. Elinor Jayne, RCN Scotland Parliamentary and Media Officer, said: "One of the key objectives for our campaign is to engage with members and encourage as many as possible to get involved in ways which suit them."

Members' views 'must be heard'



Out of hours payments are a red line that must not be crossed

The *Nursing Counts* campaign saw thousands of members engage with the democratic process during last month's general election. The RCN is committed to working closely with the Government to tackle the immense challenges facing the health service but fears employment issues will cause continuing tension.

RCN Chief Executive Dr Peter Carter said members had voiced strong demands for improvements to patient care and services during the election campaign. "Our members' views must be listened to in order to ensure a sustainable NHS," he said, adding that members also want to see the Conservatives' £8 billion NHS spending pledge honoured.

The priorities in the RCN's *Nursing Counts* general election manifesto will continue to direct campaigning as the new Government beds in. The College will fight hard to ensure safe staffing levels across all settings, demand access to training for nursing staff, stop cuts to nursing, increase resources in the community and match workforce planning to patient need.

The RCN's parliamentary team will be engaging with new MPs, providing them with details of RCN and nursing priorities. As well as holding the Government to account on pre-election pledges relating to health, the College will be monitoring the impact on nursing of other key developments, such as an impending referendum on membership of the European Union.

While the RCN is behind the principle of a "seven day NHS" as promised by Prime Minister David Cameron, it believes pressure to keep costs down means unsocial hours payments are likely to come under threat. The NHS Pay Review Body is due to issue a report in July on "barriers and enablers" to seven day working.

Dr Carter said further attacks on pay would have a detrimental effect on morale and would be strongly opposed. "Out of hours payments are a red line that must not be crossed, and we will make sure the Government gets that message loud and clear," he said. See page 5 for more.

▶ Find out what members said were the key priorities for nursing for the next five years on the RCN's *Nursing Counts* website at elections.rcn.org.uk



4 ANALYSIS

‘We must find a shared language’

A key RCN conference in Scotland examined what needs to happen to deliver a successful system of integrated health and social care

Nurses and other health and social care professionals need to show a real willingness to work differently to ensure health and social care integration works for people in Scotland.

This was one of the messages from the *Distinct Professions: Shared Care* conference held in Edinburgh and attended by more than 100 people from across medicine, nursing, social work, allied health professions and pharmacy. Senior leaders from professional bodies and the Scottish Government also took part.

Several speakers focused on the challenge of engaging in genuinely multidisciplinary working while retaining the distinct contribution and identity of each profession. How to share decision making,

between staff from different disciplines and between patients and clients and professionals, was also raised.

Theresa Fyffe, RCN Scotland Director, said nurses should not shy away from getting their voice heard within the new integration bodies.

“Our different backgrounds and cultures mean we think of things very differently. This is something to be celebrated – we must not lose our professional identities as we all have something unique to contribute to the care of people – but we must do more to share understanding and find a shared language,” she said.

The RCN’s high profile work on integration will help nurses fulfil a key role, by building on the networks the organisation has established across the professions and the third sector.

Work in other areas, such as on health inequalities through the



Our different background and cultures mean we think of things very differently

Nursing at the Edge campaign, seven day working and decision making by senior nurses, will also help to set out exactly how nurses will contribute to successful integration.

The event was organised by the RCN in Scotland on behalf of the Scottish Government as part of the integration leadership programme the RCN has been commissioned to deliver. The new integration bodies in Scotland must be up and running by April 2016.

Please visit www.rcn.org.uk/scotlandintegration for more.

Too few staff jeopardises training

Survey reveals many nurses miss out on training opportunities and professional development

Staff shortages and a lack of funds mean that nursing staff are being prevented from completing vital training and development.

The findings have emerged from an RCN survey of more than 14,000 nursing staff, carried out earlier this year. It shows that almost a fifth of respondents had been unable to complete essential training in the previous year, with almost half citing the reason as too few staff.

Of those who had been able to do this training, just under half said no cover was provided while they were away, potentially putting patients at risk. One in 10 had to use their annual leave, completing compulsory training in their own time.

“It’s absolutely critical that all nursing staff receive essential training each year to maintain standards of care for patients,” said Dr Peter Carter, RCN Chief Executive. “This is a profession that is constantly changing and developing and nurses need and deserve opportunities to keep up to date.”

The new findings come despite a similar RCN survey highlighting problems in 2010. Although there has been some improvement, the results suggest staff shortages and budget shortfalls are still significant barriers.

Access to continuing professional development for staff was also found to be poor, despite the Nursing and Midwifery Council’s requirement that all nurses should complete at least 35 hours over three years.

Find out more at www.rcn.org.uk/development



It’s absolutely critical that nursing staff receive essential training

Getting ready for revalidation

Members are encouraged to prepare for the three yearly checks

Revalidation is the process being introduced by the Nursing and Midwifery Council (NMC) that all nurses and midwives will be required to undertake every three years, in order to renew their registration. The new NMC code, which came into effect on 31 March, will be central to revalidation.

Those attending RCN Congress can find out more about revalidation at stand P62 in the exhibition and are encouraged to attend a session on revalidation on Monday evening. NMC Chief Executive Jackie Smith will also attend.

Howard Catton, RCN Head of Policy and International, said it is vital members engage with the new code and prepare for revalidation. "Registrants can start preparing for revalidation now by signing up to NMC Online and finding out your revalidation date, familiarising yourself with the revalidation requirements and the new code, and getting organised."



The NMC is currently piloting its proposed revalidation system in different settings across the UK. The evaluation of these pilots will inform the shape of the final revalidation model. This will be decided in October, with the first registrants due to revalidate from April 2016 onwards.

The RCN is closely monitoring the piloting exercise and is keen to hear from members who are directly involved in the pilots. If you are one of these, please complete a short survey at www.smartsurvey.co.uk/s/revalidationpilotsite/ and share the link with other members, as appropriate.

▶ Visit the NMC website for information about revalidation, including a tool for registrants to check when they are due to revalidate: www.nmc.org.uk/revalidation

What I'm thinking

Valma James
Carers' Hospital Discharge
Co-ordinator



My role has given me a real insight into what hospital discharge means for carers and how we can best help them. For many carers, the experience of hospital discharge can be very traumatic. That's especially true if they have no experience of formal caring or they also have long-term health issues.

Most carers have no training. They can't be expected to understand the signs and symptoms of someone deteriorating or when they might need to call the GP or district nurse. With discharge sometimes happening as little as 24 hours after admission, they may be expected to give or supervise medication and provide personal care.

Carers need to be engaged and consulted in the discharge process. And we need to improve partnership working, so that we can provide the best services. Find out more at a conference in Islington on 8 July. Email address below.

mprovenetwork@gmail.com

What is the modern nurse?

As part of this year's Nurses' Day celebrations the RCN hosted a public lecture examining the future of the profession

In a lively and engaging discussion a panel of nurse leaders shared their views on the state of nursing today and their hopes for the future. They also answered questions from the audience on topics including continuing professional development, excessive paperwork and the perceived identity crisis in nursing.

Panel member Jane Cummings, Chief Nursing Officer, NHS England, was optimistic about the future of nursing, but said it was important to move on from the negativity associated with the Francis report. "We run the risk of perpetuating it by always talking about it," she said. "The vast majority of people go into nursing because they care and they want to make a difference. We need to focus on the good things going on out there."



We need to focus on the good things going on out there



Feedback

Stuart McKenzie

Chair of RCN Congress on keeping up with action in Bournemouth



This year, like no other, I want to reach out to members who have never been to Congress before. I want them to share in the excitement and buzz of being part of one of the biggest and most influential events of its kind. There's still time to register to attend the free event. Simply visit www.rcn.org.uk/congress to pre-book your place before 10 June or come along to the Bournemouth International Centre when Congress is on between 21 and 25 June to register in person.

We've invested much time and energy this year in making Congress more accessible to those members who can't make it to Bournemouth. We'll have live Twitter feeds during all debates and the RCN's Facebook page and Congress website will be regularly updated with news, views and films from the event.

The popular *Daily Bulletin*, given out each morning at Congress, will also be available as an app from Google Play and Apple's App Store for the first time this year. Launched on 21 June, you'll be able to catch up on highlights from the previous day and look ahead to debates that day on your smartphone or tablet wherever you are in the UK. This is your chance to get involved. Be part of the action.

www.rcn.org.uk/congress ↗

What you've been saying

Avoiding blame

The term "bed blocker" has not been used by professionals involved in discharge planning in health and social care for many years for the reasons given by your correspondent ("Convince me", May). This term is, however, still unfortunately used by the media. The phrase "delayed discharge" was then used for several years but was discontinued in favour of "delayed transfer of care". This is now the preferred term of use to avoid any blame being apportioned to the patient/client and to better capture the issues involved.

 **Sarah Jopling, by email**

Paperwork pain

We do 12 hour shifts in my hospital ("Hot topic", May). Yes, they are tiring but they provide more continuous care and are better for patients. You also get a longer break than we used to get doing shorter shifts. It's all the paperwork that's making it so much harder. It is getting completely out of control and ruining the nursing profession. I wish agency shifts had never been started though.

Hot topic

What can employers do to better support your development?

Hannah Marriage, a nurse working in a dementia care home, says: "When I was looking for a new job earlier this year, it was important for me to find an employer who is welcoming and views me as part of a team. As a valued member of staff, I feel my employer should ensure there are training and development opportunities to allow my skills as a nurse to grow. It's essential that they are supportive and helpful when needed and can pick up on any development needs that will help me do my job better."

Nursing student **Louise Goodyear** says: "As a student nurse, I am aided by the university and also by my placements. Being a 50/50 course my development is aided quite well. However, as an adult learner, I feel it is my responsibility to ask for help and

They fleece millions from the health service. I would really object to working with someone who earns more than myself on the same banding and usually without the responsibility.

 **Elaine, by letter**

Inequality in practice

I agree there is a massive shortage of men in nursing ("The view from here", May). This has been apparent throughout my career. Asking females if they want care by a female nurse is great, but do you really think men are asked the same? The same goes for procedures. A female nurse doing catheterisation on a man is fine, but a man doing it on a female would need chaperoning. How is this not inequality in practice? I also hate the term "male nurse" as it only marginalises men in nursing. Please do not label yourself. My colleagues are not referred to as "female nurses" so why should I be labelled a "male nurse"?

 **Kev Hubbard, by email**

a quick question

What would you do if you were Prime Minister for a day?

“I would make St George’s Day a bank holiday and make it compulsory to celebrate all the great things about this country.”

Jo Hulme

“I would appoint Dr Peter Carter as Secretary of State for Health.”

Marie Therese Massey

3 things I believe

1. Nursing staff go to work each day with the intention of doing their very best for patients.
2. Any educational courses nurses undertake (if related to their practice) should be fully funded by their employer.
3. I believe in the NHS, but I wish all nursing staff would be more proactive in standing up for it.

Lorraine Scaife, senior research nurse

Foot to the floor

Work to ensure health remains at the top of the political agenda goes on

Election campaigns are long and bruising, and the uncertainty and speculation can be exciting but also disconcerting. Now, with the dust settling, we know where we are, and the RCN will work with the Government to ensure the best possible outcomes for patients.

We must ensure the election promises that sounded so positive for the NHS are kept. That means we must demand more for our hardworking nursing staff and the patients they went in to the profession to support. We must have safe staffing levels with a long-term workforce strategy. We must see more progress on shifting acute care to the community and we must be able to discharge patients into an established system of health and social care.

We’re not against the Prime Minister’s pledge on seven day services. Far from it. We want what is best for patients. Nursing is a key part of the solution to delivering modern health services fit for the future. But the systems and resources must be in place to support this aim. That includes the



full range of diagnostic and support services, and crucially it means we need the right number of nurses, with the right seniority and experience to provide care that is as safe and as good on a Sunday as it is on a Tuesday. What we will not tolerate is paying for such promises from the pockets of nursing staff.

We’ll work with renewed energy to persuade ministers they cannot achieve world-class health care by trying to get nursing expertise on the cheap. Our *Nursing Counts* campaign showed that we can convince candidates to consider the issues that matter to us and we can do the same in 2016 for elections to Scotland’s parliament and the assemblies in Wales and Northern Ireland. The fight goes on.

Dr Peter Carter
RCN Chief Executive

Convince me

There is an emphasis on payment by results and achieving targets in primary care. It feels like much of my work around health promotion and prevention goes unrecognised. If I provide outstanding advice about healthy lifestyle choices and my patient does not develop hypertension or diabetes this is not noticed or rewarded. However, if I support a diabetic patient who makes poor choices, we get paid via the Quality and Outcomes Framework.

Sarah Didymus, Queen’s Nurse and Darzi Fellow in Community Nursing

What I’ve been reading

The central premise of *Daring Greatly* by Brené Brown is that one should embrace vulnerability as a strength, because this leads to enhanced relationships. “Don’t be a wimp” is an often repeated sentence, yet Brown argues that admitting one’s vulnerability could actually help increase resilience. It is how you deal with problems that, as Brown says, “brings strength and meaning in our lives”.

Zeba Arif,
Chair, RCN Forensic Nursing Forum

From the heart

Asghar Muhammad
RCN steward



When my father died of a heart attack in Pakistan in 2001, no medical staff attended to him. I don’t want anyone else to die like that and have taken action.

The Professional Relief Organisation and the All Pakistan Nurses Association United Kingdom work collaboratively to help health care staff combat infection and tackle health problems in rural areas in Pakistan. I’ve visited to teach health care staff about the latest evidence-based practice and help enhance their knowledge in intensive care medicine and nursing practice.

We’re now building the Rasheed Health and Community Centre. It will be the first centre of its kind in 66 years of Pakistan history. Work is well underway and it will include a 24-hour ambulance service, a maternity service and a place for treating minor illness and referring people with more serious conditions. It will be a free service in a very rural area, hundreds of miles from cities. Many nurses and doctors from the UK have already volunteered to work here.

www.professionalrelief.org

Worthy winners

Susan Embley speaks to inspiring nursing staff who have been credited in the RCN's Nurse of the Year awards in Northern Ireland and Wales



A nurse who developed an innovative follow-up service for patients with cancer has been awarded the title of RCN Northern Ireland Nurse of the Year.

Macmillan Cancer Nurse Specialist Cherith Semple (pictured above) was named the winner at a ceremony last month. Cherith, who works for the South Eastern Health and Social Care Trust in Belfast, was nominated for her work in developing a patient-led clinic for people who have received treatment for head and neck cancers.

She became “fascinated” by the specialty while working as a junior staff nurse almost 20 years ago.

“There’s a huge degree of vulnerability in patients with this type of cancer,” she says. “It’s a disease often low on the political agenda so it has a hidden voice. That appealed to me and I wanted to make a difference for this patient group.”

In 2002, Cherith began working on her doctorate looking at the factors that contribute to post-treatment psychosocial difficulties for patients with head and neck cancers. “I found that post-treatment can be the most challenging time for patients as surgery can lead to external scarring on the face or difficulties with eating and speech, especially if part of the tongue or palate has been removed,” she says.

“In recent years we’ve had a greater number of younger patients diagnosed with head and neck cancer and I wanted to improve family care and support for all patients, including those with young children.”

Using findings generated from her PhD research, Cherith introduced a telephone follow-up service. She has also been instrumental in redesigning a clinic for patients after surgery for head and neck cancer. With the use of iPad technology, patients can air their concerns in



What drives me is to provide care with compassion

real time, allowing Cherith and her colleagues to tailor post-treatment care promptly. As part of the redesign of follow-up care a patient leaflet has been developed on how to check for signs of recurrence and fast-track back to the clinic. “These developments have helped empower patients to develop the confidence to self-examine, cope, adjust and reduce their feelings of isolation,” says Cherith. “As nurses we need to demonstrate strong leadership and to embrace innovation and technology. I’m in a frontline role, but I’ve also got an academic career. We need to integrate research and clinical practice as it will make a significant difference to care.”

Cherith is also leading on a Knowledge Exchange Award funded by Northern Ireland Health and Social Care Research and Development Division to provide staff with greater awareness of how to improve adjustment for children whose parents have cancer. “I’m hoping this will mean integrating family-centred care into routine daily practice throughout Northern Ireland,” she says. “What drives me is to provide care with compassion. I hope by winning this award the needs of people within the field of head and neck cancer will be highlighted.”

Public health pioneers

In addition to the overall accolade of RCN Northern Ireland Nurse of the Year, the awards feature nine other categories including mental health innovation, learning in practice, independent sector manager and those that credit the outstanding achievements of

► Find out more about the RCN Northern Ireland Nurse of the Year Awards at www.rcn.org.uk/ninoty15

nursing students and health care assistants.

Ann Lywood and Patricia Laverty (see cover image) won the public health award. The two district nurses provide a 24 hour, 365 day comprehensive nursing service to the people of Rathlin Island, Northern Ireland's only inhabited island, with 120 residents and around 40,000 visitors each year.

With no GP practice, health centre, pharmacy or other dedicated base, Ann and Patricia have built close relationships with members of the island community in order to deliver unique and holistic care.

"I've never had a job quite like it," says Ann. "It's so unpredictable. You can be visiting an elderly patient one minute then called to help rescue a fallen rambler the next. It's quite exciting. We have a huge degree of autonomy."

The nurses, who work alone seven days on then seven days off, are a vital part of the island community. They assess, facilitate, plan and deliver nursing care while also acting as advocates for residents. Consultations can occur on an ad hoc basis. Service provision has no boundaries and can be either formal or informal as appropriate.

Ann and Patricia place a strong emphasis upon health promotion, self-care and patient participation, evidenced by a weekly healthy living forum, smoking cessation clinics and exercise classes. "It can be quite hard to maintain your professional stance within such a small



It feels nice to know what we do is valued



community but it is so rewarding when things go well and you see how people work together," says Patricia.

As for the award win, it's a real privilege, says Ann. "Island life can be quite thankless at times. You don't go into nursing for the money or the recognition, but it feels nice to know what we do is valued."

Awards in Wales

Meanwhile, nominations for the RCN in Wales Nurse of the Year Awards are now open. Celebrating excellence in nursing, midwifery and health care support work, there are 15 categories to apply for before the deadline of 25 June.

Karen Bracegirdle, a community psychiatric nurse (pictured below), won the mental health and learning disability award last year. Since then the football programme she initiated has expanded thanks to its success in helping the recovery of patients with mental health problems.

"I wanted to make a difference to the lives of those who are socially excluded because of mental illness," says Karen. It was after watching a television documentary almost two years ago called *Football, Madness*

and *Me* that Karen was inspired to start a football team for patients within recovery services. The idea was to help with the rehabilitation of people being treated for serious and enduring mental illness.

Since starting the programme in September 2013, around 20 footballers play five-a-side every Friday. "It helps get them involved in something social and is somewhere they can forget about their illness. When they're out there playing football, they are not patients, but footballers, and it's lovely to see the camaraderie between players."

Calling themselves the "All Stars", the team play in the Street Football Wales league and have had one member fly out to Chile to represent Wales in the Street Football World Cup. Working with the Football Association of Wales, Time to Change Wales and Merthyr Tydfil Football Club, the programme is now being expanded to all mental health patients under the trust. Karen will also be involved in a UK-wide study to show evidence of positive patient outcomes.

She says: "The award has been a win for my team, my footballers and mental health services too."

Nominate now

The RCN in Wales Nurse of the Year Awards are a fantastic opportunity to offer recognition for nursing staff who demonstrate excellence in practice. Members can be nominated by peers, teams, managers, patients and the general public. Those nominated must demonstrate a passion for the nursing profession and exemplify distinction in care, leadership, service and innovation. The winners are selected by a distinguished committee of nursing leaders and will be announced at a ceremony on 19 November at Cardiff City Hall.

Find out more at www.rcn.org.uk/wales_noty15

Step it up

Resources for health care assistants may be thin on the ground but the RCN's revamped online tool *First Steps* is leading the way



Extremely useful, easy to use and leads to real improvements in learning outcomes – that's the verdict on the RCN's newly improved resource for health care assistants (HCAs).

Originally launched in 2011, *First Steps* has proven to be the most popular of the RCN's online learning resources, reaching up to 1,000 people a day.

Now, a new version builds on the success of its predecessor, incorporating a wider range of topics, improved access from smart phones and tablets, and more opportunities for reflection.

"It's really exciting," says Tanis Hand, RCN Professional Lead for HCAs and Assistant Practitioners. "We've taken everything users told us they think works well and added to it, making it even better. We know that there is a real lack of learning

resources for health care assistants. This is one of very few that's quality assured, plus it's free and open to anyone to access."

A good supplement

The launch is especially timely as the new Care Certificate for health and social care support workers came into being in April. "We've made sure that *First Steps* maps to the codes of conduct and standards in all the UK countries," says Tanis. "Employers will find *First Steps* useful to supplement their own induction training."

Coupled with this second major review, *First Steps* has also been thoroughly evaluated to explore the views and outcomes of those using it. One user said: "There isn't anything else I know out there that's supported by a reputed and credible organisation like the RCN, that is this robust."



Employers will find First Steps useful to supplement their own induction training

Access *First Steps* at <http://rcnhca.org.uk/>

So what can you expect to find in the new version?

- A new reflective resource at the end of each section, including a diary, which can be built into a professional portfolio.
- More information on caring for people with mental health issues and learning disabilities.
- Documents mapping *First Steps* to each UK country's codes and standards of practice.
- Extra clinical skills; for example, information on assessing skin.
- Plus all the previous features users enjoyed, including the search facility and quiz.

Taking first steps

Ava Neutrice-Tasker was practice development lead and is now clinical services manager at Princess Grace Hospital, an acute private hospital in London with 110 beds.

After recommending the resource to some of the hospital's support workers, she says: "It's useful for those HCAs who are just starting out in their careers, but it also has something to offer those who may have some years of experience.

"The staff here enjoyed doing it so much that they are now asking: what's next? It's given them a foundation and really inspired them to carry on learning, sparking an interest in finding courses to do."

One of those who did *First Steps* was Olukemi Sara Fasunle, who works in oncology. "Although I've been an HCA for almost 10 years it gave me a lot of things to think about, refreshing my memory and also highlighting some things that I need to change," she says.

"I found the section on communication among the most helpful. It reminded me that listening to patients without interrupting them is vital. We need to allow the patients to talk and hear what they're saying. Listening skills are so important to good communication."

Attention to detail

Specialist nurse Carol Cartwright tells Daniel Allen about attention deficit hyperactivity disorder and the challenges it presents for families



At a conference in Irvine, Ayrshire, last October a young man called Jack stood up to address the delegates. He wasn't used to speaking in public and his condition made it especially difficult for him. But by the time he sat down again he had wowed the audience and given them a powerful insight into how his symptoms affect him and his family.

Jack has attention deficit hyperactivity disorder (ADHD), a condition whose impact can, says RCN member Carol Cartwright, be "extensive and potentially lifelong". Carol is a community ADHD nurse with NHS Ayrshire and Arran and was the driving force behind the conference where Jack spoke.

Children with ADHD are often noisy and boisterous, Carol says. They may be intrusive, with little concept of personal space. Other children find them difficult to cope with and, as the symptoms of ADHD become more evident, the child can

grow more isolated. Birthday parties are arranged, for example, but no one turns up; or other mums and dads say they don't want the child mixing with their own children. "There are so many negative responses from others," says Carol. "And that causes confusion for the child and the parents."

Reaching out

The conference was a way of reaching out to such parents. The event was organised by ADHD Alliance Ayrshire, a support group facilitated by Carol and a group of committed parents that helps families find a way through some of the challenges presented by ADHD. As well as presentations from educational psychology and the child and adolescent mental health team, plus Jack and his mother, the conference included a "marketplace" where parents could meet representatives from local services that can provide help.



These kids are not being difficult for the sake of it

Carol brings a wealth of experience to her role. She qualified as a nurse in the early nineties and moved south from her native Scotland to work in London, where her various posts included deputy ward manager on the mental health unit at Great Ormond Street Hospital.

Always passionate about supporting children and families with ADHD, she moved back to Scotland in 2000. Her current post was established in 2011 after a review of ADHD services by Health Improvement Scotland, which found that most services working with ADHD were stretched and that potentially only a minority of children were being diagnosed.

Family attitudes can also be a barrier to diagnosis, Carol says. "Not all families believe in ADHD. Grandparents might dismiss it, for example." The belief that a child is simply "naughty" can be hard to shift and reframing perceptions is a significant part of her role.

Like most nurses, Carol is modest about her achievements. But by working in partnership with parents and other services, she exemplifies the difference that specialist nurses can make through a combination of commitment, passion and expertise.

Carol says: "I love what I do. But it's hard for the world to understand that these kids are not being difficult for the sake of it. You have to listen to the family and the child – get to know them, hear their concerns. There are core characteristics with ADHD but no two children and their families are the same – you have to see their uniqueness."

★ The RCN's Children and Young People: Staying Healthy Forum is for members with an interest in care aimed at promoting positive physical, mental and emotional health. Find out more at www.rcn.org.uk/cyp_stayinghealthy

A helping hand

Sharon Palfrey talks to a member who was facing the sack until the RCN intervened and helped build a case for disability discrimination

Life was going brilliantly for Holly*. She had been working for her employer for 10 years and felt secure in her job. Her personal life was good; she had recently given birth to her first child and was looking forward to the challenges that motherhood brings.

Holly had no idea that during her time on maternity leave she would develop severe dermatitis on her hands. Not only did this have a distressing impact on how she managed the care of her newborn baby but she also had to consider the clinical duties that awaited her on her return to work.

With years of experience behind her, Holly didn't sit back and wait for the problem to resolve itself. Instead she took a proactive approach and got in touch with her employer's occupational health team for advice. But when the human resources department got involved, she was shocked: there may be work available for her in an office but if she wasn't prepared to find another suitable role, she would be dismissed.

"Without the support of the RCN I would have been sacked straight away," she says. "I met with RCN staff from the regional office and I was found a ward clerk post. But I couldn't stay in this role. Excuses were made and I was invited to a sickness meeting."

Holly was a dedicated and loyal member of staff who in the past had worked extra hours for no recompense, and who had donated toiletries for the ward because she didn't like to see patients go without.



Without the support of the RCN I would have been sacked straight away

Find out more about the RCN's legal services at www.rcn.org.uk/support/legal



But now she says she was treated like a bad worker. "My employers made me feel useless at a very difficult and confusing time."

Reassurance

Holly was devastated when her contract was terminated but the RCN didn't give up. Her case was referred to the College's legal team.

"I immediately felt reassured," she says. "They advised me to write a clear statement and get my point across. I had no history with the RCN but they helped me so much. I'd started to believe what my employer was saying about me but my lawyer was right behind me."

Going to an employment tribunal is never easy. Holly was warned that she would be cross-examined. "It

felt like a character assassination," she says. "It was horrible but they prepared me for it."

Holly won her claim for disability discrimination and although she still can't work in a clinical role, she feels vindicated. "The process is horrible but don't be frightened to go to the RCN. Stick up for yourself and follow your gut feeling straight away," she says.

David Khan, RCN Senior Legal Officer, says: "This case is a warning to employers who fail to take active steps to redeploy a nurse who is unable to return to her clinical role because of a disability. It also shows that when dismissed, you can fight back and win, with the RCN's help."

**The member's name has been changed.*

New advert to be supplied

A voice for midwives at the RCN

One of the RCN's newest forums is appealing for members to share best practice and keep up to date with the changing landscape of maternity care in the UK

The RCN Midwifery Forum is in its second year and has four active members on its committee.

RCN member Pat Lindsay joined the committee towards the end of 2014 after leaving her role as the lead midwife for education at Anglia Ruskin University.

Pat, a midwife for 40 years and a midwifery teacher since 1991, says: "There's a lot of change in health care at the moment and a lot more to come with new government policies that will affect women and midwives. There are issues around funding and organisation of care, education and training of midwives. Joining the forum is a good thing to



do for all RCN members who are midwives as we hope to promote excellence in standards of care and

education through the forum and identify how policy change affects midwives and women's health care."

Pat attended her first committee meeting earlier this year and believes the forum is important due to the changing health needs of maternity services. "Years ago when I started as a midwife, the majority of pregnant women were relatively fit, but now we see more women with complex medical needs including some who have had organ transplants, so there is a different demand in the knowledge and skills of a midwife," says Pat.

The forum aims to promote midwifery and to help midwives access knowledge to carry out their duties. "Joining the forum, you can be involved as much or little as you want to be," concludes Pat.

Join the forum at www.rcn.org.uk/midwifery

Spread your wings

An RCN Pain and Palliative Care Forum committee member reflects on her eight-week Winston Churchill travel fellowship

Olwen Minford recently completed an eight-week trip to North America and Australia. The trip was financed by the Winston Churchill Memorial Trust, which funds UK citizens to travel overseas to study areas of topical and personal interest with the aim of bringing back best practice.

Olwen, a London-based end of life care facilitator and psychotherapist, used the trip to research improving communication training and compassionate care using arts-based methods.

During her travels she met with clinicians, academics, art educators, artists and therapists who are leading on innovative evidence-based education programmes.

"Meeting everyone was so exciting and energising," says Olwen. "The arts can be seen as a bit peripheral but in this whole journey they've been really central. Everyone was on the same wavelength and had a shared understanding of the power of the arts to transform health and education."

One highlight of her travels was a visit to the Yale Center for British Art, where she was invited to join a

group of medical students in a visual arts training session.

"It was amazing to witness how training medical students in an art gallery takes them out of their comfort zone and how art opens up the possibility of listening," she says. "It would be wonderful to see this implemented widely in UK health care education."

Olwen says she would encourage anyone to apply for a fellowship. "The trust is keen to get more nurses and other health care workers involved. It's a great opportunity to pursue something you're interested in and I was blown away by the hospitality I received."



It's a great opportunity to pursue something you're interested in

▶ Read Olwen's report at <http://tinyurl.com/kvhy234>

Welsh weight watch

RCN Public Health Forum member Linda Bailey is the author of a recently published report by the Child Measurement Programme for Wales.



The programme standardises the way primary school children are measured across the country and the information collected helps those working in health and other public sector services to understand patterns of child growth so they can plan accordingly.

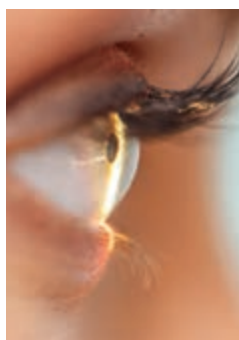
Key findings from the 2013/14 annual report include a strong relationship between levels of obesity and social deprivation.

“This report provides extremely valuable information to assist us in helping children to achieve a healthier weight,” said Linda

Read the full report at: <http://tinyurl.com/pka7gyv>

Seeing eye to eye

The RCN Ophthalmic Nursing Forum is working on a joint project to look at the establishment of standards for the education and training of the ophthalmic workforce.



Working with the Royal College of Ophthalmologists, the College of Optometrists and the British and Irish Orthoptic Society, the project aims to create multidisciplinary standards to inform commissioners, course providers and managers. As a first step the colleges are planning to publish a position statement in the early autumn to affirm their roles, contributions and strengths in the world of eye care.

The RCN Ophthalmic Nursing Conference is at RCN headquarters, Cavendish Square, on 2-3 October. Visit www.rcn.org.uk/ophth15

To join the RCN Ophthalmic Nursing Forum visit www.rcn.org.uk/forums

MNDA collaboration

The RCN, in partnership with the Motor Neurone Disease Association, is holding a free evening lecture on Tuesday 9 June at RCN headquarters in London. The event is called *Thinking Outside the Box!* and is open to members of the public, students, educators and all health and social care professionals with an interest in motor neurone disease. The speaker is Sarah Lavender, a senior occupational therapist at the Wisdom Hospice in Rochester. Advanced booking is required. Visit www.rcn.org.uk/mndpl for more information.

New appointment

The RCN Executive Nurse Network has a new Network Overview Group Chair, Irene Gray. Irene has a proven track record as a director of nursing and nurse leader, both in the NHS acute care sector and also in the independent care home sector. A consistent supporter of the network since its inception, Irene's vision for the group includes engagement of nurse leaders in their national agendas and the power of nurse leaders to express their collective voice.

NICE consultations

About 2,000 members who expressed interest in National Institute for Health and Care Excellence (NICE) consultations were approached to contribute to 420 consultation requests last year. Of the 62 NICE pieces of guidance published, there were 115 nurses on guideline development groups and committees. Visit www.rcn.org.uk/nice for more information. Email nice.collaboration@rcn.org.uk if you would like to contribute on behalf of the RCN.

What I'm thinking

Rachel Hollis
CYP Specialist Care Forum



Our forum has an item on the agenda at this year's RCN Congress to discuss whether the four “branches” of nursing lead to nurses working in silos, or meet the needs of vulnerable patients.

Recommendations in Lord Willis' *Shape of Caring* review about undergraduate nursing preparation suggest a review of the branch structure, and propose that nurses specialise in the third year only. As a forum we believe paediatrics should not sit as a “specialty” in this model.

We need a workforce in this country specifically trained to look after children and young people, who have some of the worst health outcomes in Europe. Colleagues in mental health and learning disabilities will have their own viewpoints, as will nurses working in a range of different settings.

This Congress debate offers us the chance to come together and share our views on the *Shape of Caring* review as a whole. Come along and have your say.

www.rcn.org.uk/congress

Critical care nursing: challenges and changes

Saturday 4 July, 10.30am-3.30pm
RCN HQ, 20 Cavendish Square,
London W1G 0RN



This one-day workshop from the RCN Critical Care and In-flight Nursing Forum will include keynote presentations, interactive talks and panel discussions that will:

- explore recent advances and innovations in critical care nursing, considering the implications for patient care and professional practice
- share the latest research in the field of critical care nursing
- look at updates in the practice and effective management of sepsis patients
- consider what changes are needed to train and develop the critical care nurse of the future.

Visit www.rcn.org.uk/cc15 or email liz.russ@rcn.org.uk for more information.

Northern Ireland

www.rcn.org.uk/northernireland

Belfast

Monday 15 to Friday 19 June,
10am-4.30pm

(registration from 9.30am)
RCN Northern Ireland HQ,
17 Windsor Avenue, Belfast
BT9 6EE

RCN Northern Ireland
leadership programme for
registered managers and deputy
managers in nursing homes

Contact the Corporate Support
Team on 02890 384600 or
email cst@rcn.org.uk

Scotland

www.rcn.org.uk/scotland

Edinburgh

Wednesday 2 September,
9.30am-4pm

RCN Scotland HQ, 42 South
Oswald Road, Edinburgh
EH9 2HH

Care home managers' event:
Quality Partners, Quality Care

An educational event for care
home/nursing home managers
in Scotland. For more
information email

LDScotEvents@rcn.org.uk
or call 0131 662 6165.

Wales

www.rcn.org.uk/wales

Cardiff

Thursday 2 July
RCN Wales HQ, Ty Maeth,
King George V Drive East,
Cardiff CF14 4XZ

Two RCN Wales seminars. In
the morning, *Accountability and
First Steps for Health Care
Support Workers*. In the
afternoon, *Record Keeping and
Delegation for Health Care
Support Workers*

For an application form or more
information email
rhona.workman@rcn.org.uk
or call 029 2068 0713.

East Midlands

www.rcn.org.uk/eastmidlands

Sutton in Ashfield

Monday 6 July, 7pm
The Green Room, Millbrook
Unit, King's Mill Hospital,
Mansfield Road, Sutton in
Ashfield, Nottinghamshire
NG17 4JL

RCN North Nottinghamshire
branch meeting

Eastern

www.rcn.org.uk/eastern

Stevenage

Novotel, Stevenage,
Hertfordshire SG1 2AX
[Bedfordshire and Hertfordshire
county conference](http://www.rcn.org.uk/eastern)

For more information or to
book a place, email
karen.edwards@rcn.org.uk
or call 01284 717711.

London

www.rcn.org.uk/london

London

Wednesday 17 June
Venue TBC

London revalidation event

RCN London is hosting a
listening event for members who
have taken part in the region's
NMC revalidation pilots. As the
pilots are assessed, ahead of the
full launch of revalidation in
2016, the RCN wants to hear
members' views on how the
process has gone. If you have
been involved with a
revalidation pilot in London and
would like to attend, please email
zoe.jammeh@rcn.org.uk.

North West

www.rcn.org.uk/northwest

Oldham

Friday 3 July, 6.30-8pm
Horton House, Southlink
Business Park, Hamilton Street,
Oldham OL4 1DA

RCN Greater Manchester
branch meeting

Northern

www.rcn.org.uk/northern

Sunderland

Dates and times vary
RCN Sunderland Office, Avalon
House, St Catherine's Court,
Sunderland Enterprise Park,
Sunderland SR5 3XJ

RCN Northern region branch
meetings: Northumberland, Tyne
and Wear branch (Tuesday 22
September, 10am), Tees Valley
branch (Wednesday 23
September, 9.30am) and County
Durham and Darlington branch
(Wednesday 23 September, 2pm)

Visit www.rcn.org.uk/northern

South East

www.rcn.org.uk/southeast

Halland, near Lewes

Tuesday 9 June, 9.30am-4pm
The Forge Hotel, Halland, East
Sussex BN8 6PW

East Sussex branch study day

A one-day event including
workforce race equality
standard and legal update
sessions, with special guest
speaker RCN President Cecilia
Anim. Free for RCN members
(£10 for non-members or free if
you join on the day). To book
your place email
ian.ginno@rcn.org.uk

South West

www.rcn.org.uk/southwest

Plymouth

Tuesday 14 July, 5.30-7.30pm
Beauchamp Centre (top floor),
Mount Gould Hospital, Mount
Gould Road, Plymouth
PL4 7QD

RCN Plymouth branch meeting
All members welcome.

West Midlands

www.rcn.org.uk/westmidlands

Stoke-on-Trent

Thursday 18 June, 1.30pm
Haywood Hospital, High Lane,
Burslem, Stoke-on-Trent
ST6 7AG

RCN North Staffordshire Local
Learning Event: *Waistlines
Service – Weight Management
for Your Patients and You*

This event, presented by
Roger Craig, Specialist Weight
Management Dietician,
Staffordshire and Stoke-on-
Trent Partnership NHS Trust,
will provide an outline of how
the weight management
service Waistlines operates
throughout Staffordshire, and
how it helps individuals to
manage their weight.

Yorkshire & the Humber

www.rcn.org.uk/yorkshireandhumber

Leeds

Tuesday 7 July, 4-6pm
Room 125, Level 3, Bexley
Wing, St James's University
Hospital, Beckett Street, Leeds
LS9 7TF

RCN Leeds branch meeting