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ISSUE NO. 343 SEPTEMBER 2016



# BUYING BETTER

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

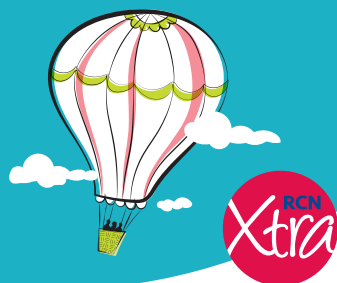
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*Ballooning in Barbados?*



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## School resource coming soon

The RCN is launching a free resource for history teachers working in secondary schools. *Nursing Through Time* comprises a series of 12 cards which chart developments in nursing in the last 150 years using key facts and historical images. The resource has been developed as part of the RCN's centenary celebrations and covers topics such as the image of nursing, nursing skills and nursing icons like Florence Nightingale and Mary Seacole.

The RCN is recruiting member volunteers to deliver facilitated sessions in schools. All volunteers will be offered training. If you would like to take part, email [RCN100@rcn.org.uk](mailto:RCN100@rcn.org.uk) with a short explanation of why you would be good for the job.

## A&E crisis solutions

Pressures could be eased if patients had access to care from specialist nurses, GPs, pharmacists and geriatricians in A&E hubs, rather than being treated by doctors in emergency departments, the RCN has suggested. The recommendation is one of three made in a joint report with the Royal College of Emergency Medicine. It says the current system is overwhelmed by the demands upon it and that a culture of collaboration across hospitals as well as better education and training for staff would help.

## Are you equipped to treat trans patients?

Your help is needed to find out what impact the increasing number of patients experiencing gender dysphoria or identifying as transgender is having on health services. Members can fill out a survey which aims to find out if nursing staff feel they have the capacity, skills and training to offer appropriate support.

👉 **Fill out the survey at <http://tinyurl.com/rcn-trans-survey> before it closes on 4 September.**

## Scotland's named person plan delayed

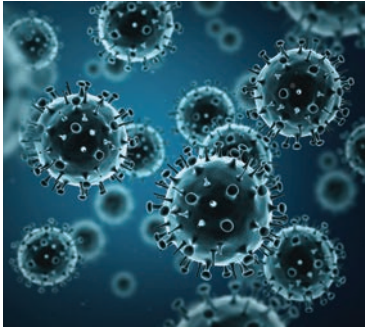
The RCN is seeking clarity on how members might be affected by the halt to the named person service in Scotland. The new service, which would see an individual appointed to monitor the welfare of every child, was due to come into effect from 31 August. But the Supreme Court ruled that some of the proposals around information sharing breached the right to privacy and a family life under the European Convention on Human Rights. The RCN will continue to raise members' concerns as a consultation gets underway.

👉 **Contact RCN Direct if you're worried about how the scheme might affect your practice.**

## Historic records released



The RCN records of more than 1.5 million nurses have been published digitally for the first time by specialist family history website Ancestry. The records span nurses' registrations and appointments from 1891-1968 and provide a unique insight into nursing and women's history in the UK. Visit <http://tinyurl.com/rcn-ancestry>



## Get vaccine to protect patients

The RCN is advising all health care staff to have the flu vaccine ahead of winter setting in. Although most people are well enough to fight flu and make a full recovery if they do get it, that's not the case for everyone.

Helen Donovan, RCN Professional Lead for Public Health, said: "Health care workers who have direct contact with patients are at a higher risk of getting the flu than the general public. The vaccine is the best way to protect you against flu. This is not just to protect workers, but to protect families and patients, who can be particularly vulnerable. All employers should have arrangements in place to vaccinate staff."

## Branch AGMs

The annual general meetings of RCN branches across the UK are fast approaching providing members a unique opportunity to find out about union action locally and get involved in tackling poor employment practices. Ged Swinton, Chair of the RCN Southampton and Isle of Wight branch, said: "Branch AGMs enable members to have their voices heard and actively challenge their local committee." Members should visit the events page on the RCN website and filter by region for further details of their branch AGM, including location and time.

# Questions remain over nursing associate role

The RCN is seeking to influence as implementation plans push ahead apace



With the first nursing associates due to start their training next year the RCN is closely monitoring and helping to shape the new role, designed to act as a bridge between health care assistants (HCAs) and registered nurses.

Health Education England (HEE) is set to announce the locations of test sites which will run a two-year pilot programme for 1,000 trainee nursing associates from January 2017.

As a member of HEE's nursing associate implementation group the RCN is playing an active part in determining what the nursing associate role will look like, as well as raising concerns about certain aspects of it.

RCN Head of Education Anne Corrin said the risks include a lack of understanding around the new role, as well as the speed with which it's being implemented.

She said: "It raises a number of questions. How will we ensure patients, carers and other

health care practitioners know what a nursing associate is and what they're able to do?"

"Although the scope of practice is yet to be finalised, it looks like nursing associates will be carrying out many of the duties of a graduate registered nurse, with the exception of diagnosing and prescribing, after two years' training rather than three.

**“ There are questions still to be answered around pay and regulation**

"There are also questions still to be answered around pay and regulation, as well as where this leaves current assistant practitioners."

Anne stressed the RCN is well-placed to ensure the best possible outcome for nursing staff and patients despite these concerns.

"It's important the RCN is included in the discussions about the new role as it gives us the opportunity to shape it," she added.

## ‘The health of the nation is at stake’



The RCN is calling on the Government to halt health visitor cuts, in order to prevent further deterioration of the nation's health.

Five years since the launch of the Health Visitor Implementation Plan, which invested significant funds in training more than 4,000 new health visitors, posts are now being cut across England.

According to the latest workforce figures, the number of health visitors has been falling since the

start of 2016, with a significant drop of 433 posts between March and April alone.

Anecdotal evidence suggests this drop is just the start of a significant reduction in the number of these crucial services, due to cuts in local authority budgets.

In a letter to *The Times*, signed by major health organisations, the RCN has led the call for health visitor funding to be protected to

secure remaining services and their major contribution to public health.

RCN Chief Executive Janet Davies said: "Health visitors are simply too important to be forced out by financial concerns. Their role supporting families and children is invaluable and a reduction in services will only lead to more health problems. At a time of escalating obesity, rising mental health problems and growing health inequalities, these services have never been so vital."

The RCN believes the previous Government's boost to health visiting services was a vital step forward, but that these cuts risk the gains made and are a waste of financial investment.

Cutting health visiting roles will prove more expensive in the long term by putting added pressure on already overstretched GPs, hospitals and other health services.

"It is no coincidence that health problems are worsening as services are shrinking. The Government needs to protect the funding for these vital services – the health of the nation is at stake," Janet added.



Health visitors are simply too important to be forced out by financial concerns

🕒 Find out about the RCN's Children and Young People's Staying Healthy Forum at [www.rcn.org.uk/forums](http://www.rcn.org.uk/forums)

### War nurses project

The RCN History of Nursing Network in Northern Ireland has received a grant from the Heritage Lottery Fund to research First World War nurses. The network plans to gather information on professionally qualified nurses, including where they trained and were posted during the conflict.

The group would like to hear from members with Northern Irish relatives who served as nurses. Email [cst@rcn.org.uk](mailto:cst@rcn.org.uk)

### Walk the West Highland Way

RCN members are invited to take part in the largest fundraising challenge ever held on behalf of the RCN Foundation, as part of the College's centenary celebrations. The West Highland Way walk runs 96 miles from Milngavie to Fort William and takes place from 12-16 September. Members can do a one, three or five-day trek, raising between £150 and £500. Email [rcnfoundation@rcn.org.uk](mailto:rcnfoundation@rcn.org.uk) if you're interested in taking part.



## RCN defends overseas nursing staff

The RCN's legal team has successfully defended two internationally recruited nurses whose employer unlawfully deducted money from their wages. The nurses signed a sponsorship agreement with their care home employer that allowed money to be taken from their salaries if they left within three years of getting legal permission to stay in the UK. However, the nurses had to seek alternative employment when the home was removed from the Home Office list of approved employers. They were not given their final month's salary, their P45 or any of their training certificates.

## President elections

Long-serving activists Cecilia Anim and Mike Travis are standing for election to the prestigious role of RCN President. The successful candidate will represent the RCN and the nursing profession across the worldwide health community. Voting closes on 16 November and the results will be announced on 18 November. Look out for your voting papers in the October issue of *RCN Bulletin*. Find out more about Cecilia and Mike by reading their election statements at <http://tinyurl.com/president-election>

Meanwhile, Rod Thomson has been re-elected unopposed to the role of Deputy President for a further two-year term.

## WHAT I'M THINKING



**Jane Denton**  
Convenor of RCN Fellows

It has been a pleasure and privilege to help shape the RCN's centenary celebrations and contribute to planning the International Centenary Conference that will be the highpoint of activity this year.

The focus for the conference has always been clear – to create an inspiring, stimulating and informative programme that is relevant to nurses working in all health care settings from all over the globe. Our aim is to bring people together to reflect on and celebrate the unique qualities and achievements of the profession, while addressing the challenges of the present and the prospects for the future.

We will be welcoming eminent international speakers who will be sharing their knowledge and experience of leading health services across the world and running sessions that explore five core themes relevant to nursing. The social event will also be a wonderful opportunity to network and meet colleagues as we embrace members and nurses from the UK and abroad.

There are very few events where you could learn so much from so many people in such a short space of time. This is your opportunity to learn more about the work of colleagues, widen your perspective of nursing and be inspired with ideas for your own professional development.

**The RCN's International Centenary Conference is on 22-23 November at the QEII Centre in London.**  
[www.rcn.org.uk/icc](http://www.rcn.org.uk/icc)

## Campaigning continues following nurse staffing law

RCN Wales shifts its focus to the community as it sets out nursing priorities for the new Welsh Government

The RCN in Wales will link 60 nurses with 60 Assembly Members as it begins its campaign to influence the new Welsh Government. Following the historic move to introduce nurse staffing legislation into acute settings, the focus will shift to the community where the RCN is keen to secure greater dignity in care.

**“We hope to open their eyes to the challenges facing nursing staff**

It is demanding an increase in the number of district nurses and the publication of information on how many patients are being cared for. It wants to see an end to inappropriate time limits on home visits and more training opportunities for care workers.

In addition, it is calling for an extension of the nurse staffing levels legislation so that all patients, in whatever setting they're cared for, are guaranteed safe care delivered by nursing staff who are



paid fairly, have access to continuing professional development and have no need to fear violence at work.

RCN Wales Director Tina Donnelly (pictured) said: “The Nurse Staffing Levels (Wales) Act 2016 shows what can be achieved when frontline health care staff and politicians work together in the interests of patients. By matching our members with Assembly Members we hope to open their eyes to the challenges facing nurses and what needs to change to ensure safe, dignified and quality care.”

Visit <http://tinyurl.com/zlbnkj> to find out more about the *Leading Nursing Shaping Care* campaign.

## THE VIEW FROM HERE



**Laura Zito**  
Nursing student

Earlier this year I had a vision. Well, a thought. I felt like a lot was very superficial in my life. I would come home from work feeling, well, pointless. I knew I had the potential to be so much more.

So, in January, I quit my job to start an Access to Higher Education diploma in nursing. I found a part-time job, with plans to complete the course at leisure and apply for university in September 2017, or even March 2018 if I felt like it. Plenty of time to decide.

Except the Government had other plans. They wanted to remove the NHS bursary, a financial lifeline for thousands. Plans that earlier this summer were confirmed as happening.

The bursary is now going to be replaced with tuition fees and loans, meaning from 2017, student nurses are basically paying to work for the NHS.

My plans had to change. Ain't no way I was going to owe £60k when I graduated. So my course was sped up and I completed it in three months.

So now I'm due to start my nursing degree. I know it's going to be difficult. I know I'm going to want to quit. I know it'll mean lots of sacrifice. But if I can be known as "that nurse who really cared" then surely being that nurse is worth it all.

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

## What you've been saying

### Put off by the process

I retired from my post as a mental health nurse last year and came back to work via the bank system. I know it's not impossible to revalidate on reduced hours but I wonder if the nursing establishment realise how hard it can be to accomplish. It seems to me that many retirees who are capable and fit give up when faced with the challenge of revalidating, just in case they're one of the 10 per cent who have to present documentation.

If you only work a few (valuable) hours or are a lone worker, gathering evidence is not as easy as it may seem. We understand why ongoing development is necessary but few allowances or adjustments are made for this group of workers at a time when each and every nurse is needed.

Pat Kavanagh, by email

### Just talk and no action

I am well informed about the cultural ambassador programme (*RCN Bulletin*, 342, page 5) but don't believe the purpose of the project is appropriately acknowledged by the very people who decide on disciplinary matters. It would take some convincing that those in cultural ambassador roles can robustly challenge unfairness and not be apprehensive of some form of displeasure by their employer. We are in 2016 and I am yet to see genuine dialogue on discrimination against black and minority ethnic nursing staff whether in a disciplinary setting or otherwise within the workplace. I invite all those who express sentiments of a caring nature on the issue of discrimination to examine their consciences to determine whether it's just talk and no action.

Michael Baptiste, by email



### QUOTE OF THE MONTH

Unless unprecedented efforts are made, we will be storing up problems for years to come

RCN Professional Lead Fiona Smith, responding to the Government's childhood obesity plan

### I'VE BEEN READING...



I read *More from the Primeval Forest* by Albert Schweitzer as a teenager at a time when we all wanted to "save the world". Up until that point my future career plans were leaning towards architecture. This book put a thought in my mind of maybe doing something more "worthy".

There is a lot in this book which now seems inappropriate, but it remains an interesting account of an individual making a significant difference with compassion and dedication. The idea of a missionary is now very different than in Albert Schweitzer's days and it needs to be seen in its historical context.

Janet Davies, RCN Chief Executive

### 3 THINGS I BELIEVE



1. I believe in a publicly funded, delivered, accountable, comprehensive and integrated NHS.
2. Every £1 spent on health benefits the wider economy by about £5.
3. Stand up for what is right, especially for patients, staff and the NHS.

Karen Chilver, community palliative care clinical nurse specialist

### GOT SOMETHING TO SAY?

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

## HOT TOPIC



The Government's 2014 *Come Back* campaign was largely unsuccessful in bringing retired nurses back into the profession. Around a third of government-funded course places for nurses wanting to return to practice failed to deliver additional nursing staff.

### Why have campaigns to tempt former nurses back to the profession had limited success?

"It's a simple answer really," says **Lindsey** via email. "Ex-nurses can't afford to retrain." She thinks the cost of course fees and travel, combined with poor pay thereafter makes the process unaffordable.

**Ellen** and **Stephen** on Twitter echo this sentiment. Plus, adds **Sally**, "You register with no guarantee of a job."

**Karen** and **Mitzi** agree via email that poor work-life balance deters nurses from returning. Working arrangements are often inflexible with limited holidays and long shifts, especially for part-time workers.

**Katharine** notes on Twitter: "We are not caring for those in the caring profession." **Jacqui** adds that many ex-nurses have caring responsibilities of their own and cannot work night shifts or late hours.

**Dan** says: "Staff who leave the profession are burnt out". Many are too exhausted to return to work after retirement.

**Lindsey** isn't sure she would pass the fitness test and keep up with the intense environment of a ward, while **Heather** believes the motivational idealism of young nurses joining the profession is quickly lost.

## MESSAGE TO MEMBERS



**Janet Davies**  
RCN Chief Executive

We're starting to see a worrying trend in England – a return to the times when meeting financial targets overtook decisions about how best to deliver safe patient care. Wards are being shut, operations delayed and some trusts told they've recruited too many clinical staff.

Patients deserve better. You deserve better. It's not acceptable that, once again, our members are telling us insufficient staffing is their primary concern. There's strong evidence linking nurse numbers with improved outcomes and yet validated guidance on staffing levels and skill mix is being ignored when times get tough.

Cutting the pay bill may seem like an easy solution to escaping a financial black hole but it is such a risky and dangerous choice. We must not repeat the mistakes of the past. An unnecessary life lost will be the ultimate price paid.

And yet, across the border in Scotland and Wales, much progress is being made. Implementation of the new law ensuring nurse staffing levels are safeguarded in hospital wards across the Welsh NHS officially commenced last month and the process to enshrine workforce planning tools in Scottish law begins soon. But we must not stop here. All patients deserve safe care wherever they live and in whatever setting they're cared for. Let us know how staffing levels are affecting you.

[bulletin@rcn.org.uk](mailto:bulletin@rcn.org.uk)



## Hello my name is Amanda Cheesley

The RCN's Professional Lead for Long Term Conditions reflects on the legacy of Dr Kate Granger

#hellomynameis is one of the most profound and influential communications campaigns in recent years. It is synonymous with Kate Granger, the doctor and terminally ill patient who started it, and will be a constant reminder that we need to treat the people we care for with courtesy, compassion and respect.

Sad events are made unbearable if the memory is one of poor care, disinterested staff and bad attitudes and it is our absolute duty as nurses to make sure that we are not responsible for the level of distress that many families have expressed in recent years.

Small gestures of kindness, attention to people's wishes, moods, emotions and likes and dislikes often mean far more



to them and the people they love than absolutely fantastic technical skills. Holding someone's hand, giving a little time, stopping for a conversation and being thoughtful provides comfort and a belief that we care.

I am proud of what I have done in my nursing life and I am so pleased that I had the privilege of meeting one of the most courageous women to grace this earth. Goodbye Kate Granger. Your legacy will live on for generations.

# 8 FEATURES

## Caring through cameras

Alex Davis asks whether surveillance is the solution to improving quality and safety in care homes

The use of surveillance in care homes is a controversial issue with persuasive arguments on both sides. A lively debate on the use of covert video and audio surveillance in nursing and residential homes formed one of the highlights of last year's RCN Congress. At the time, members voted against the technology.

"Surveillance would not stop abuse and I believe there are better ways the RCN could go about addressing the issue," concluded Gill Cooksey, who proposed the motion.

Following the debate and an event held recently to unpick the pros and cons, the College will soon publish its position on the matter.

One person who has taken unprecedented measures to embrace the technology is Ann Willey (pictured right), a care home manager in Birmingham. Eighteen months ago she introduced electronic surveillance into Bramley Court making it the first UK nursing home in history to install cameras across its entire premises.

The decision wasn't easy. "I was sceptical at first," Ann recalls. "I thought, have things really got this bad that we need cameras everywhere?"

At the time the care home was struggling. Five years ago it was under investigation by the Care Quality Commission (CQC) and Birmingham Council. Urgent

action was needed. But why were cameras part of the solution? "The care home lacked strong leadership and trust among staff," says Ann. "We thought the cameras would be an innovative answer."

One hundred and twenty cameras were installed, primarily in corridors and social areas, but the decision wasn't without controversy. One staff member resigned, citing an unwillingness to work under surveillance. Most of the staff, patients and family members, however, were quickly on board.

### Additional level of safety

Privacy is a crucial argument against surveillance technology and with 90 per cent of its 76 residents lacking capacity, Bramley Court took seriously its best interest obligations.

"I sat down with our residents with capacity and the family members of those without capacity to explain fully our intentions behind installing the cameras and how they worked. Not one resident with capacity rejected it and family members felt it was a welcome additional level of safety and security," says Ann.

Ann also discussed the decision with her 89 staff members. While many were initially apprehensive, citing concerns that someone would be watching them all the time, Ann assured them that the system doesn't work that way.

"There's a misunderstanding that patients and staff are constantly



The cameras have been invaluable. I think it's got to the point where my staff would quit if we removed them



🕒 Watch the full RCN Congress debate at <http://tinyurl.com/rcn-cctv>



being watched. This simply isn't the case. Footage is only viewed if a trigger alerts the viewer to something which may be of concern or to review an incident," she says.

The cameras are also highly advanced. Most record both pictures and audio, with some offering infrared vision. To ensure privacy, particularly in bedrooms, Ann also has the option of setting up a redacted area in which parts of the room, such as the bed, are blocked from the camera's view. Residents and/or their families can opt in or out of this at any point.

### Exposing abuse

Surveillance footage has proved instrumental in exposing care failings and abuse in nursing homes. Recent scandals, uncovered through secret filming by the *BBC Panorama* programme, at Winterbourne View in 2011 and the Old Deanery care home in 2014, have increased pressure on care homes to install surveillance technology. Last year, the CQC issued guidance for people considering hidden cameras and for care homes themselves thinking about installing surveillance equipment.

"I don't want loved ones to feel driven to put in secret cameras," insists Ann. "By having CCTV throughout the premises we can anticipate and quickly solve problems as they arise."

Others are unconvinced. Laura Falconer, speaking in the Congress debate, said she saw no benefit of introducing surveillance into what is effectively a person's home. "We must instead ensure that people who work in care homes are properly trained and registered," she stressed.

Sheila Dunbar agreed. She felt getting the right staffing levels and skill mix in care homes is the only way to ensure good quality,

properly supervised care of the most vulnerable. "We should embark upon a campaign for adequate staffing levels of nurses in care homes," she said.

Ann remains resolute. In her experience many of the causes of inadequate care, such as lack of training and poor morale, have been solved following the installation of surveillance equipment. "The cameras have greatly enhanced the quality of care we provide," she says. "There's been a big improvement in moving and handling. Many of our staff simply didn't realise they were engaging in bad practice and some didn't accept their mistakes until they saw the footage. By visually demonstrating to staff their bad practice, we've been able to work with them to bring about improvements."

Care assistant and activities co-ordinator Jessica Jenkins says the cameras have been crucial in reducing allegations. "Before the cameras were installed, a number of us were the victims of accusations from patients and sometimes staff members. Since electronic surveillance began, we've had peace of mind knowing our innocence can be easily proven.

"For example, there was one recent case in which a hoist broke whilst lifting a resident out of bed. The resident was injured and ambulance staff accused the staff member of bad practice. It was only through checking the CCTV footage that we could prove her innocence. Without surveillance the resident's family would have lost confidence in the home."

For now at least, the number of UK care homes with cameras is still less than one per cent. However, the RCN will shortly make its own position on the matter public, which could sway those sitting on the fence. "Few seem willing to just take that step," Ann concludes, "but I think that's going to change."



### How does it work?

The cameras at Bramley Court were installed by Care Protect. The company is less than two years old but already has 10 clients across the UK, with approximately 1,000 cameras installed.

The home pays £12 per camera per week for the surveillance and monitoring service from Care Protect. That's the equivalent of about one resident's fee per annum.

The cameras are monitored 24/7 by an external team of specialist consultants, who are all health and social care professionals with Security Industry Authority (SIA) licences to view the data.

Ann receives monthly reports from Care Protect detailing all notable activity witnessed by the reviewers. The reports also offer suggestions for improvement and training recommendations.

## Developing future leaders

The RCN's Clinical Leadership Programme aims to empower and inspire nurses to take the next step in their career. Tom Metcalf reports on how it has benefited members



Seeing Nicola Sturgeon deliver her keynote speech to a packed hall at RCN Congress in Glasgow earlier this year was an inspirational experience for Libby Griffin.

One moment that particularly sticks in her mind was when Scotland's First Minister quoted a phrase by former First Lady of the United States Eleanor Roosevelt: "Do what you feel in your heart to be right – you'll be criticised anyway."

This particular section of the speech was addressing the topic of leadership, which struck a chord with Libby as she was attending Congress for the first time as part of an RCN Clinical Leadership Programme (CLP).

### Encouraging innovation

The programme has been developed for clinicians like Libby, a ward sister at King's Mill Hospital in Mansfield, who are currently working at bands 6 and 7 or equivalent. It aims to build their confidence as clinical leaders so they can develop a culture

of innovation in the workplace and guide their teams through organisational change.

The course is delivered through a series of one-day coaching sessions, which include talks from nurse leaders and networking opportunities. Participants also take part in smaller action learning groups away from the main sessions, as well as working on a service improvement project in their workplace.

Libby was encouraged to go on the course by her manager and it came highly recommended. "The RCN course has a very good reputation," she says. "It's regarded as the best leadership course out there and everyone says you should do it."

She's now about halfway through the course, which takes place over 12 months or so, and says she is reaping the benefits.

"I feel more empowered and more confident about raising issues with senior staff," she says. "I've also found out more about myself –

what type of leader I am and what my qualities are – so I can learn and improve. They make you do things out of your comfort zone so you develop the strength to persevere."

Amelia Harding, a ward sister at Nottingham University Hospitals NHS Trust, is doing the training alongside Libby and also says she is finding the course immensely beneficial.

### Practical solutions

"It gives you real solutions to put into practice, which leadership courses don't always do," she says. "Since starting the course I've become more confident and I find it easier to have difficult conversations, which previously I might have shied away from. My deputies have told me they've seen a positive difference in my leadership style."

Amelia adds she thinks the course has an important role to play in encouraging more nurses to fulfil their leadership potential.

"There can be a reluctance about taking the next step. You need the right support in place and this programme certainly helps with that," she says. "Before I would have been more hesitant about pursuing my career goals, but now I've got the confidence and self-belief to achieve what I want to achieve."

"All of you are leaders – you're the leaders of today's health service and you'll be the leaders of tomorrows," Nicola Sturgeon said to the thousands of nursing staff at Congress. The RCN's leadership programme is there to ensure that happens.



I feel more confident about raising issues with senior staff

🕒 The RCN also runs a political leadership programme aimed at band 8 staff or equivalent. For more information about both programmes, including costs and dates, visit [www.rcn.org.uk/leadership](http://www.rcn.org.uk/leadership)

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\*10% of new RCN customers paid £189 or less between 01/05/2016 to 31/07/2016. †10% of new RCN customers paid £101 or less for buildings and contents between 01/05/2016 to 31/07/2016. The Royal College of Nursing acts as an Introducer Appointed Representative to the Liverpool Victoria group of companies for General Insurance and Life Insurance.

9549-2016

## Buying better

Daniel Allen explores how nursing staff can get involved in procurement to help reduce waste and cut the cost of clinical supplies

What's the cost of a single hip prosthesis? The short answer is, it depends who you ask. Some trusts pay £780, others more than £1,500. And it's not bulk buying that accounts for the difference. A report on NHS productivity and performance published earlier this year found that in 15 English trusts, more than 20 makes of hip prosthesis were being purchased. That proliferation of brands helps explain why those buying the most were not always paying the least.

Reversing this “unwarranted variation” in the way the NHS does things could save £5 billion a year, said Lord Carter of Coles, who led the independent review team that produced the report. He found performance variation in all corners of the health service – from HR departments to pathology services – but it's probably the area of procurement that matters most to nursing.

In England alone, the NHS spends more than £4.5 billion a year on clinical supplies and services. The RCN says nursing staff only become involved in procurement – buying things – when the big decisions have already been made. But because they are on the frontline of patient care, the College argues, nursing teams are well placed to inform product suitability. They know what works and what's safe for patients so they should be more involved in purchasing – and involved earlier.

But how does that translate into practice?

An RCN campaign, *Small Changes, Big Differences*, has been collecting case studies that demonstrate the impact nurses can have on procurement processes. Rose Gallagher, RCN Head of Standards, Knowledge and Innovation, says: “In addition to being confident that nurses could contribute to making financial savings, we also knew there was a real potential to improve quality and safety around the types of products that nurses use.”

### Clinical swap shop

At Derby Teaching Hospitals NHS Foundation Trust, Stephanie McCarthy, a nurse specialist in clinical procurement, saved the trust thousands of pounds by setting up a clinical swap shop. The idea was simple: aware that large amounts of stock were going unused but were of too little value to return, Stephanie invited staff to donate redundant products to other departments. About £20,000 of in-date stock was eventually re-used. Besides saving money, the exercise freed up space and increased safety by ensuring that patients weren't treated with products that were past their best.

In the context of massive NHS budgets, £20,000 may seem negligible. But seen from a different angle it's a piece of new equipment, a wage or extra drug supplies.

Some procurement projects highlighted by *Small Changes, Big Differences* are designed to raise awareness of the cost of products used. A traffic-light

system devised by NHS Supply Chain was piloted at Pennine Acute Hospitals NHS Trust with the aim of encouraging staff to think before using the most expensive items. A survey undertaken at the start of the pilot indicated low levels of engagement with procurement. By the end, awareness of the cost of clinical supplies had risen and in all areas where the pilot ran, new ways of driving efficiencies and savings had been discussed.

For innovative approaches to be effective, the RCN believes the engagement of nursing staff in selecting clinical supplies is critical – and the *Small Changes, Big Differences* campaign suggests ways to do that. For example:

- sharing ideas and experiences
- listening and responding to staff suggestions and concerns
- raising awareness of the cost of products.

Nursing staff who are consulted, informed and collaborated with become empowered, and clear processes and roles can support their participation in procurement – through expert groups convened to work on specific projects, for example.

The aim should be to encourage a culture of partnership and shared responsibility, with safety and the patient experience at its heart and everyone involved. Rose says: “We do need nurses on board at all levels – students and health care assistants right through to ward managers, matrons. Anyone who uses products has a contribution to make.”



Anyone who uses products has a contribution to make



She acknowledges that in the past procurement has largely fallen outside the perceived remit of nursing. “It’s tended to be something others do and stuff just turns up on the ward.” But the *Small Changes, Big Differences* initiative is an indication of how that view is being reversed, and the RCN is now shaping the agenda at national level.

#### Quality, safety and value

Mandie Sunderland, Chief Nurse at Nottingham University Hospitals NHS Trust, represents the College on the NHS Clinical Evaluation Team, a group of nursing professionals established in April to assess health care products.

“Quality, safety and value are at the heart of our work,” says Mandie, “and it’s important that we use our clinical experience to deliver high standards of care, while also reducing cost and waste in the NHS.”

As she says, procurement is very much about the quality of care as well as the cost. But if “procurement” still feels remote and unconnected to your daily nursing practice, a glance through the *Small Changes, Big Differences* case studies confirms that ongoing assessment of products really is every nurse’s business.

See, for example, the report on Shropshire Community Health’s review of continence products, which was driven as much by reducing the risk of pressure ulcers as saving money. In the event, the review achieved both, with the added benefits of improved staff competence and good practice shared across services.

But in the context of the Nursing and Midwifery Council code, the safety element is critical. Ensuring that products do not cause harm to patients is good procurement – but it’s good nursing too.

#### The RCN believes that:

- every local procurement team should have relevant clinical expertise at the appropriate time
- health care organisation boards should include procurement as a regular agenda item at their meetings
- the procurement process should include identifying the need for a product, selecting suppliers, awarding contracts, managing delivery performance and, potentially, ending the engagement of suppliers
- procurement decisions should be transparent
- patient safety should take priority over cost
- health care organisations should, where appropriate, collaborate in procurement to reduce costs
- relationships with suppliers should be harnessed to stimulate innovation and deliver quality and value.

#### Join in

The *Small Changes, Big Differences* website includes “how to” guides, best-practice guidelines, quick wins, success stories and a wide range of other resources. It also has details of how to share with other members the changes you’ve made in your organisation.

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

## MND learning resource launched

Members of the RCN Neuroscience Forum have designed online training to support nursing staff caring for people with Motor Neurone Disease (MND)

MND is a progressive disease that attacks the neurons in the brain and spinal cord leading to muscle weakness and wasting and eventually death.

As no cure exists, patients, families, carers and health professionals must deal with complex and increasing care needs.

A new learning resource, released by the RCN in August, has been created to improve the quality of life and quality of care for people with MND. It has been developed with the help of Neuroscience Forum member Jan Clarke, who is one of only two MND nurse consultants in the UK, in partnership with the Motor Neurone Disease Association.

“The thing most patients say to me is that people don’t understand the disease,” said

Jan. “We designed this resource so nursing staff can find out more about MND and the basic do’s and don’ts when coming into contact with people who have it.”

Not all symptoms are common to all people with MND and it is unlikely they will all develop at the same time, or in any specific order, meaning people living with the disease may have as many as 18 health and social care professionals providing care at any one time.

This needs co-ordination to work effectively and so can present challenges for nursing staff, patients, families and carers.

“The main thing we hope to achieve is to improve the knowledge of nursing staff and educate them on the best ways to support patients,” added Jan.



🔗 Access the resource at <http://mnd.rcnlearning.org.uk/>. Take part in a Twitter chat on MND on 7 September @theRCN #RCNchat

## New report helps nursing staff tackle diabetes

The RCN has welcomed a report aimed at supporting nursing staff to act on the latest research into type 2 diabetes.

The National Institute for Health Research recommendations focus on prevention, better identification, self-management and reducing complications.

Amanda Cheesley, RCN Professional Lead for Long Term Conditions, said: “This report offers a welcome review of the evidence base on diabetes care.



We can support people to live longer and healthier lives

Clearly there are areas where nursing staff will have influence in implementing the suggestions from this review. For example, supporting initiatives to help prevent type 2 diabetes in high risk groups, preventing complications for those patients who have it and ensuring that people are able to access relevant structured education programmes.”

Nine out of 10 people develop the condition as a result of being overweight with almost £1 billion a year spent on treatment.

Amanda added: “By supporting our patients to understand how to manage their diabetes, or to avoid developing it in the first place, we will help more people to live longer and healthier lives with less cardiovascular diseases, reduction in weight-related disorders and reduced risk of some cancers.”

The report, entitled *On the Level – Evidence for Action on Type 2 Diabetes*, can be viewed at [www.dc.nihr.ac.uk/themed-reviews/on-the-level.htm](http://www.dc.nihr.ac.uk/themed-reviews/on-the-level.htm)

## Victory for school nurses

The RCN has secured the role grading of around 100 school nurses after winning an appeal.

Under new restructuring plans South Tyneside NHS Foundation Trust wanted to cut the number of band 6 school nursing posts and increase the number of band 5 posts. The RCN submitted a grievance against this happening along with other unions, which was passed at appeal.

RCN Professional Lead for Children and Young People's Nursing Fiona Smith said: "This is a victory for the RCN and school nurses who have specific qualifications and wouldn't have been able to revalidate as specialist community public health nurses if they'd been downgraded and their role and remit reduced."

To join the RCN's CYP Staying Healthy Forum, visit [www.rcn.org.uk/forums](http://www.rcn.org.uk/forums)

## THE VIEW FROM HERE



### Fiona Smith

RCN Professional Lead for Children and Young People's Nursing

The Government's childhood obesity plan is more notable for what it does not contain than for what it does. Nurses working in health visiting, school nursing and public health roles can make a huge difference to the health and lifestyles of families and these services must be given the sustained investment they so desperately need.

The fact that this long overdue plan is finally being published is a positive move, as are moves to reduce the level of sugar in many products. However, it is deeply concerning that there is no mention of plans to tackle the marketing aimed at children, which can normalise and incentivise unhealthy habits. As well as more concerted government action, food and drinks manufacturers must act responsibly to ensure unnecessary sugar is eliminated and consumers are properly informed.

Many obese parents go on to have obese children, and this can lead to a cycle of inequality, ill health and social isolation which continues through the generations.

There needs to be a much wider programme of work to ensure that the NHS and the nation can cope so future generations don't have cause to condemn the current one for failing to tackle the problem when the danger was known from the start.

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



## Share your specialist experience

Can you help the RCN raise awareness about the big issues affecting nursing?

The RCN's media team is looking for members who can share their expertise and experience to help generate positive coverage about nursing, and raise awareness about the things that matter most.

It could involve anything from writing about your experience of pay restraint to talking to a journalist about a specialist area of nursing. If you think you could help and would like to find out more, please get in touch with the media team by emailing [casestudies@rcn.org.uk](mailto:casestudies@rcn.org.uk)



## Two become one

The RCN's Forensic Nursing and Nursing in Criminal Justice Services forums are merging to provide a clearer focus and represent the broad range of skills of members in both forums.

Ian Hulatt, RCN Professional Lead for Mental Health, said: "This move will enable the newly merged forum to work on what were previously shared and overlapping agendas, and the newly formed committee will be able to share its diverse expert knowledge on caring for people in secure environments." The merge to create the yet-to-be-named forum is planned for October.

## Public health exhibition open soon

To celebrate the launch of an exhibition on the history of public health nursing in October, the RCN is hosting an expert panel discussion, *Vaccination Past and Present*.

The free event, which takes place on 4 October at RCN headquarters in London, will be chaired by RCN Professional Lead for Public Health Helen Donovan and includes speakers from the University of Oxford and UCL Institute of Child Health.

For more information and to book your place visit <http://tinyurl.com/z32hh8a>

## Public debate

# Challenging perceptions of ageing

**5 October**  
Traverse Theatre  
Edinburgh

This public debate, hosted by RCN Scotland as part of the College's centenary celebrations, will explore the challenges of transforming care for older people. It will examine how today's "baby boomers", born between 1946 and 1964 in the population explosion following World War Two, are changing the way we think about growing old.

As the first lifelong members of the NHS, they have high expectations of care for themselves and future generations. So how should care provision adapt to keep pace

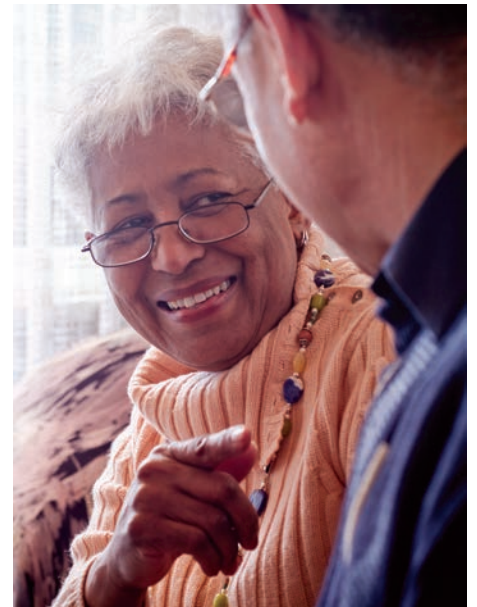
with their needs while maintaining their independence and dignity?

The debate will be chaired by dementia expert Professor June Andrews, with a panel including Theresa Fyffe, Director of RCN Scotland.

Michael Brown, Chair of RCN Council, hosting the event, said: "Today's 'baby boomers' are throwing away convention and writing a new set of rules. This unique debate will give members the opportunity to explore what services should look like as the meaning of growing old changes."

There will also be an opportunity to view items from the RCN's historical collection of nursing artefacts.

🕒 Visit <http://tinyurl.com/rcn-ageing>



## Autism

# Improving access to care

**1 November**  
Buckerell Lodge  
Exeter

Access to health services can be problematic for those on the autism spectrum due to sensory sensitivities, comprehension difficulties, fears and phobias commonly associated with the condition. This event, hosted by the RCN Devon branch, will include a talk by independent mental health and learning disability nurse Kevin Hickson, exploring how access to health care services can be improved for this patient group.

🕒 Visit <http://tinyurl.com/rcn-devon>

## Mental health

# Dispelling myths

**10 October**  
Nottingham Contemporary  
Weekday Cross

The myth of the mentally ill as dangerous persists despite evidence to the contrary. People living with mental health issues are frequently marginalised in their own communities as a result.

At this event Patrick Callaghan, Professor of Mental Health Nursing at Nottingham University, will argue that the ongoing focus on risk assessment in mental health practice is part of the problem. He will demonstrate why, whilst well intentioned, risk assessment reinforces the harmful



myth that people who are mentally unwell are an inevitable risk to society.

This RCN Research Society Winifred Raphael memorial lecture has been organised for World Mental Health Day and is free to attend. It will be followed by a question and answer session and audience discussion.

🕒 Visit <http://tinyurl.com/rcn-mental-health-lecture> to find out more and book your place.



## When to change jobs

How do you know when the time has come to break with what you know and take on the challenge of a new job? Erin Dean reports

Identifying the best moment to move to a new job can be tricky.

“For me, it’s a gut feeling,” says Teresa Chinn, a nurse and social media specialist. “It happens when I feel there is something more that I need and that the employer or the role isn’t giving me what I need to grow.”

Teresa felt her work as an agency nurse wasn’t as fulfilling as it could be when she started getting more involved with social media, which has led to a new aspect of her career through the #WeNurses community she runs on Twitter.

Research supports her views that many nurses change jobs when they feel there is little scope to develop new skills. A study using responses from more than 16,500 nurses in England, published in the *Journal of Advanced Nursing* in 2012, found that nurses who reported being psychologically engaged with their jobs reported a lower intention to leave their current role.

The scope for development opportunities, being able to achieve a good work-life balance and whether nurses’ encountered work pressures were also influencing factors on their intentions to move. Interestingly, relationships formed with colleagues and patients appeared to have little impact on whether they would leave.



### Making the leap

Heike Guildford, a recruitment and retention coach for learning disability (LD) nurses, and an LD nurse herself, says nurses should consider carefully what their career goals are and if their current job is helping them reach those.

“The decision to remain on a familiar path or go down the road less travelled is never easy,” she says. “Do the new responsibilities offer opportunities for you to stretch and challenge yourself? Will the new job enable you to be inspired and lift you higher?”

“Check your list of things that make you feel happy at work – would you be able to have more or less of those in the new job?”

While higher paid jobs may seem more appealing, they could have a negative impact on quality of life by increasing pressure and demands and taking time away from family, Heike says. “Find out as much as you can about the real ‘cost’ of any pay rise coming with the new job to see if the financial gain compensates for potential pain,” she adds.

Teresa’s advice is to seize any opportunities that crop up, as they can lead to unexpected career avenues. “If somebody says you can come and spend a day shadowing them, speak at a conference or write a research paper then just grab it, in case you don’t get a second chance. “It could lead to something fantastic.”



Find out about the real ‘cost’ of any pay rise coming with the new job to see if the financial gain compensates for potential pain