

RCN National Pensioners Convention Network Newsletter

Autumn 2024

In this issue

This newsletter is produced by RCN National Pensioners Convention (NPC) network members, including those RCN members elected to sit on the NPC National Executive Council, who between them also have roles across a range of NPC working parties. Views expressed are those of the individual contributors.

This issue shares a reminder of the range of advice and information members can access via the RCN's Member Support Services. Find out about RCN activity at the NPC and actions to protest the cut to the winter fuel payment. Other contributions explore ageing with HIV/AIDs and the valuable role retired members have in preserving nursing history.

RCN Member Support Services

As an RCN member, don't forget you can get expert advice and information on benefits, housing and more. There is a wealth of information on the RCN website, some highlights are shared below.

The RCN Welfare Service can offer advice and representation on welfare benefits and housing issues as well as un-regulated debts which include: overpayment of wages, NHS Pensions, DWP Benefits and HMRC Tax Credits

Debt and money management:

Information and resources to help you understand your financial situation, with tips on preparing a budget to manage your debts such as rental arrears. Find out more [here](#).

Financial wellbeing:

The RCN recently teamed up with MoneyHelper to bring members a range of tools and calculators to help you feel more in control of your finances. Visit the [financial wellbeing](#) pages for tips on how to make your money go further and support with financial difficulties.

Housing:

The Welfare Service cannot offer housing but may be able to advise on facing difficult housing decisions, for example, advice on negotiating with a landlord if in arrears owing to a change in circumstances.

Benefit decisions:

Offer advice on understanding and challenging benefit decisions such as a change or stop to your benefits. Before contacting the service you are encouraged to look at the [online advice](#) and complete the tools/checkers relevant to your situation, as this may answer your query without the need to wait for an appointment.

Counselling Service:

Free, confidential support and assistance to help deal with challenging emotional issues, whether work related or personal, in up to 6 phone counselling sessions. Resources and self-help tools on topics such as depression, stress, domestic abuse, grief, relationships, trauma, and more are offered.

Peer Support Service:

Join the network for members with lived experience of ill health, disability and neurodiversity to give & receive support. The networking service can put you in touch with other members in a similar situation to you, on issues such as dyslexia, mobility issues, sickness triggers and coping with fatigue. Ill health retired and age retired members with lived experience of disability or neurodiversity are welcomed.

Find out more about these services on the [Member Support Services](#) pages on the RCN website.

Winter Fuel Payment – impact on health

Pat Hughes, RCN NPC elected member and Secretary of the NPC Women's Working Party, reflects on the health impact of the decision to means-test the Winter Fuel Payment

There has been a lot of controversy in recent weeks about the means-testing of the Winter Fuel Payment. The announcement from the new Government came as a complete shock, with no notice and no compensatory measures to protect poor and vulnerable pensioners. The main concern is that some of the oldest, poorest pensioners, more women than men, will be unable to afford to heat their homes as energy prices continue to increase. This could have disastrous consequences for their health and wellbeing.

The Winter Fuel Payment is a state benefit of between £200-£300 paid once a year to pensioners in England and Wales to help with their fuel costs. The payment was introduced in 1997 to help tackle fuel poverty among pensioners who are particularly vulnerable to the effects of cold weather during the winter months.

The Treasury expects the number of people receiving help with their energy bills to drop from 11.4 million to 1.5 million. At least a further 2 million pensioners rely on this payment to help get them through the winter, especially those with high energy needs because of disability or illness. Undoubtedly, there are many pensioners whose lives will not be affected by this policy change and who can afford to miss out on this payment, though many argue that recouping this money through the tax system rather than means-testing would be fairer.

The new rules mean that for Winter 2024-25, only those pensioners born before 23 September 1958 who are currently in receipt of Pension Credit or other qualifying means-tested benefits are eligible. To be eligible for Pension Credit, you must be on an extremely low income of around £11,300 and have minimal savings. It is estimated that a million eligible pensioners do not claim Pension Credit. Anyone who gets the new state pension and has even a tiny occupational pension will not be eligible.

Older people are more likely to be suffering from long-term health conditions which may be harder to manage in winter, especially respiratory diseases and musculoskeletal conditions. Older people tend to be less physically active and

socially engaged in colder weather which can negatively impact mobility, strength and balance as well as increasing loneliness and social isolation. Because of age-related physical changes older people's temperature regulation is less effective, increasing the risk of heart attacks and strokes.

As well as the impact on physical health there will be a toll on mental health including elevated stress levels as people struggle with additional financial pressures, and reduced quality of life because of decreased privacy and usable space within the home.

Spending more time at home, as pensioners do, has significant implications for heating costs. The loss of this payment on top of the cost-of-living crisis could have a devastating impact on millions of older people who may be afraid to turn on their heating or prepare hot food with knock on effects for the health and social care system which is already under severe strain. Therefore, I maintain that dropping the Winter Fuel Payment is a step in the wrong direction for the new Government, and possibly a disastrous move for many pensioners, many of them women.

National Pensioners Convention Activities

Learn more about the activities of RCN members at the National Pensioners Convention. First up is a report by Sue Warner, RCN NPC elected representative, on a meeting with the CEO of the Irish Senior Citizens Parliament.

NPC Northern Ireland

We had the opportunity to meet with Pat Mellon, Chief Executive Officer of the [Irish Senior Citizens Parliament \(ISCP\)](#) at a committee meeting of the NPC Northern Ireland in Belfast on 20 June 2024. The aim of the meeting was to enable comparison of policies and provision for older people in Northern Ireland and the UK, with the Republic of Ireland.

A parliament for older people in Ireland was first mooted in 1994 and then established in 1997 with 350 people. The Parliament is constituted by a Board and an Executive. The current President of the Board, Imelda Browne, is a retired nurse from the Irish Nurses and Midwives Organisation. The Board meets

immediately before the Executive. The Parliament received 90,000 Euro from the state. In addition, it has a subscription of two Euro per member, mostly mediated by group or corporate membership, with 200 affiliated organisations. A challenge is to recruit further members.

The Parliament works with other unions. It meets in full annually – whereas the NPC's Biennial Delegate Conference, in the UK, is every two years. The challenges experienced by member organisations of the ISCP have strong mutual similarities and the Parliament amalgamated motions submitted. The annual meeting sets the agenda for the Parliament for the forthcoming year.

During the year, the Parliament makes submissions to different organisations. It has participated in the National Economic Dialogue at Dublin Castle in May 2024. The Parliament, like the NPC, is a significant advocacy group. Other organisations take a sectoral view, stemming from their own concerns, whereas the Parliament takes a holistic overview. It has strong sources of information on older people and can expose significant issues. For instance, issues connected with branding – signage on vans or other vehicles used in domiciliary visits – had arisen, as they may advertise the vulnerability of people served. Mandatory retirement was a further crucial issue – many employment contracts end at 65, despite a state pension age of 66. The abruptness of retirement could be viewed as discriminatory – you should not have to stop working just because you passed your 65th birthday. Many need to continue to work, due to the financial challenges of retiring.

The Parliament is campaigning for the equivalent to a Commissioner for Older People, in Ireland. It would be important for such a commissioner to have legislative influence. Ireland does have a Minister for Mental Health and Older People, but a political minister may not take the long-term overview of a Commissioner.

A range of other issues were addressed. Pension poverty continues to rise – the guarantee of 34% of average incomes is not happening. Inflation has reduced the value of pensions, particularly over the last 5-6 years. Retired members are not retired voters – over 55s make up 35-40% of those who can vote – and they do vote. Means testing of old age pensions was a danger. The Parliament needed members for protests which were seen as the only way of making progress. The NPC presented a petition to Downing Street for a Commissioner for Older People and Aging in England in April 2024 and launched its Manifesto for Older People in June 2024.

There are many commonalities between Ireland and the ISCP and the UK and the NPC. The value of pensions, although nominally protected by the triple lock, may be reduced by the absence of changes in the tax threshold. Rates of inflation are different for different goods and noticeably higher for the day-to-day essentials purchased by pensioners. Means testing of pensions is also emerging as a threat. The NPC has a similar organisational structure, with member unions, a board, and a recurrent conference, equivalent to the annual meeting. It was also an advocacy group. Common concerns held by the ISCP and the NPC include campaigning for improvements in buses in rural areas, end of life care, digital inclusion, and deprivation of liberty safeguards. The emergence of similar concerns could be traced to the growth of the older people's sector, across the different jurisdictions. These issues are likely to gain in significance over the coming years and one suggestion would be more collaborative working.

On a further note, the Irish Nurse and Midwives Organisation (INMO) describes itself as the largest professional nursing and midwifery trade union and association in Ireland, with members across all areas of the health service. It has similar concerns to the RCN. For both older people, and nurses and midwives, the meeting revealed similar challenges that the ISCP and INMO are seeking to address in Ireland with those faced in the UK by the NPC and RCN.

NPC National Executive Council meeting report

Members Fiona Milner, David Vickers, and Liz Curr represented the RCN, at the NPC National Executive Council meeting held on 24 September 2024. RCN NPC elected members Fiona Milner and Sue Warner summarise the key issues discussed.

There is a high workload on the NPC General Secretary. She has a good team around her, and her hard work was appreciated.

There was feedback from the Labour Party Conference on the Winter Fuel Payment. Conference speakers had defended the cuts but there had also been protests.

The validity of the CPI as an indicator of real changes in living costs was questioned. A call was made to review state pensions and to establish what proportion of earnings they should be. The pension age was already due to be raised to 67.

The NPC Financial Report revealed worrying deficits, some affiliated organisations were still to pay their subscriptions for 2024. Subscriptions will increase in 2025 and affiliates will be reminded of this next month.

There was a further update on the removal of the Winter Fuel Payment. The Chair gave an overview of how and why the NPC needs to fight this. Energy costs were 50% higher than in 2021 and this severely impacted on pensioners. Reference was made to the Rowntree Foundation report which indicated that pensioners needed £25,000 per year per couple to survive.

There were also worries about the budget which may further impact pensioners. We needed to be active. The NPC had met with the Minister for Energy and put forward the manifesto on basic energy needs for all which the NPC supports. We had pushed for an equality impact assessment which has now been done. The NPC arranged a Parliament lobby on 7 October 2024 and had prepared a leaflet to support members contacting their MP.

The NPC was getting greater media coverage, particularly with the winter fuel allowance cut.

NPC Annual Convention, 3-4 September 2024

Sue Warner, RCN NPC elected member, reports on the NPC Annual Convention which was held in Blackpool on 3-4 September 2024

The RCN had a good presence at the NPC Annual Convention, I attended as an RCN elected representative. As a member of the NPC Women's Working Party (WWP) I also helped to run a stand at the conference and distributed working party leaflets and newsletters which were well received.

The Mayor of Blackpool, Peter Hunter, welcomed delegates to the city. Jan Short, NPC General Secretary, then introduced the first session which focused on the State of the Older Nation 2024 and the end of the universal Winter Fuel Payment. It will be a long, hard fight to change the withdrawal of the payment, but collective voices can make a difference. (Sadly, the immediate battle has since been lost following the Parliamentary vote on 10 September to cut the payment.)

It was reported that Age UK were looking at judicial review on grounds of equality assessment. Speaker Bryn Davies, Lord Davies of Brixton, noted that the triple lock was being maintained on state pensions and that the Treasury was strongly influencing future pension provision. He also flagged the short notice, and lack of consultation on the winter fuel allowance cut. The significance of the winter fuel allowance to pensioner life and health should not be underestimated.

In a further part of the session, Dr Katie Bramall-Stainer, from the British Medical Association (BMA), gave a presentation looking at the position of GPs and the role of Patient Participation Groups in the NHS crisis, emphasising that GPs want to be family practitioners.

The afternoon sessions took the theme of *Growing Older in the Digital World*. The first session focussed on the digital NHS and privatisation of the NHS. A persuasive presentation by Dr Bob Gill suggested that the NHS no longer existed in its original form and was being modelled on a USA style healthcare system. The presentation summarised a documentary called '[The Great NHS Heist](#)' which can be viewed online.

Digitisation can enhance health care, when appropriately implemented, while privatisation was detracting from what was once a publicly available and full health service. Diarmaid McDonald, Director of Just Treatment, which is a group of patients who fighting for fair access and treatment in the NHS, spoke. Just Treatment is currently looking at the crisis of the NHS, mental health, and protecting data. Reference was made to the possible desirability of GPs becoming employees of the NHS, the pharmaceutical industry being taken into public ownership, incentive systems other than intellectual property, and the reduction or removal of outsourcing.

The second session looked, more generically, at *Digital Challenges – Problems & Solutions*. BT's transition from analogue to digital signal transmission by 2027 and its promise of an enhanced service – better scam protection, by blocking unwanted calls, and three way calling, suited to family calls – were described. Sadly, the current strategy for alleviating digital poverty in the United Kingdom appeared not to have been effective. Older people might not have access to digital technology and rely on the post, which was not being well supported. A report was also made on the campaign for better buses and a petition was made available to sign.

Sessions on the following day returned to themes of the *Future of State Pension and Ageing Strategy*. The first session asked, *Why Now is the Wrong Time to Axe*

the Winter Fuel Payment. The retiring Commissioner for Older People in Wales, Heléna Herklots, gave some telling statistics – 20% of single people live on state pension only, two million pensioners are living in poverty, and there are one million who are just above the cut off point for pension credits, missing out on around £8,000 a year of additional benefits. The impact the cut will have on them is severe. The winter fuel allowance will be debated in Parliament on Tuesday 10 September, but with a three-line whip from the Labour Party not to depart from the stated policy. It was delusional to believe that the triple lock mitigated against the loss of the winter fuel allowance.

The second session explored, *Climate Change – What it Means for Us and for Our Grandchildren.* A key message was that the climate crisis was the most important issue facing humanity. Intergenerational fairness underpinned the work of the NPC – we carry, as part of being human, an obligation to care for future generations. 57 companies worldwide were responsible for 80% of carbon emissions since the Paris agreement. The world was currently about 1.2 degrees Centigrade hotter than pre-industrial times – but it was not too late to make effective change. One approach was to ask how unions and their workers can use existing skills to reduce climate change. Moving investments away from industries creating pollution could, collectively, make a huge positive difference. The UK had experienced deindustrialization and loss of jobs – but had not seen imagination in creating other jobs. Overall, we needed a holistic approach to costing projects and nature should be represented on company boards.

In a closing session, all delegates were asked to pledge to write to their MP not to vote for the winter fuel payment cut. Further information and a model letter can be found on the [NPC website](#) if you are interested in writing to your MP.

The withdrawal of the winter fuel payment was risking lives. The increase in state pensions from the triple lock will not have impact this winter as it does not come into effect until April 2025. There is a further proposal is for a widespread day protest about the winter fuel cut.

NPC LGBTQI+ Working Party Chair's Blog

Liz Curr, RCN member and Chair of the NPC LGBTQI+ working party, shares some personal reflections and examples of her recent activities.

As I sit at my laptop looking out at the changing colours of nature, the trees and plants and listen to the birds sing and the wind in the tree branches, it brings to

mind one very pressing matter, global warming. I think what small changes all of us can make to help combat the extremes of weather that other countries across the globe are facing, as well here in the UK. Things like having an electronic receipt where possible and using e-tickets instead of printed ones, trying to buy eco-friendly products (budgets allowing), recycle more, buying items in recyclable packaging, taking old worn-out clothes to your local household waste site. There are any number of things that can help change for the better.

It is hard not to think about those families, even working ones, who are using food banks more and more and how a little charity can go a long way. It doesn't even have to cost a pound to put an extra item in your shop to add to the food bank box on the way out. When they say every little helps – it is so true – most of us probably have either seen or known someone in a worse of situation than ourselves. I recall something I was once told whilst a student nurse – the standard of human care and compassion we walk past is a reflection on the standards we are willing to accept. So next time you see someone begging or sleeping rough – even if you don't want to give a person money, out of concern they may spend it on drink or drugs – there is nothing to stop you buying a hot drink or a sandwich and if that is not possible at least try and smile and see the person in front of you. That smile might make all the difference to the other person – as you can never know – what else is going on in some people's lives. A smile can help break down so many barriers and open, even if it is only a small window for a moment in time, allowing some bright light into the darkness of mental ill health. Personally, I know from my own lived life experiences, how dark and deep your mental ill health can get and it doesn't even have to be a large single traumatic event but any number of small traumatic experiences that can lead to a form of PTSD. Many working people, especially in the health and care sector and emergency services are working well past a "healthy normal" level of excess stress leading to burnout, fatigue and depression.

I was invited earlier this month to speak on behalf of the NPC LGBTQI+ Working Party at a conference held by the Association of Continence Professionals to do a talk and presentation on how integral to all of us our gender and sexuality are (even those who are under the questioning banner) or who identify as agender or asexual. Especially when you are talking to individuals about catheters – incontinence- urostomy, ileostomy or colostomy bags and the impact that can have on body image, sense of feeling sexual and attractiveness. The idea of holistic care about the whole patient is not a new concept, yet for years just like cancer, death, money troubles, abortion alongside sex, gender and sexuality have not been adequately addressed. The feedback from delegates and the organisers about my talk, was very positive, thought prompting to others and using my lived life experience – touched a few raw nerves for all the right reasons. I hope to be

able to show more examples in the future of collaborative practice and interaction with other organisations, raising the profile of the NPC. I am also doing a podcast with the RCN on hate crime and how difficult it can be for health care staff to support someone who has suffered a traumatic event without training. This can help to better prepare them to support those who cross their professional paths and may be the first point of contact and may determine how individuals will interact with care services and staff in the future.

I have again been asked by the *Nursing Times* to be a judge for their annual Nursing workforce awards in the category *Best Employer for Diversity and Inclusion*, joining the work force summit during the day and the gala awards in the evening - being available to talk to people and allowing peers to see who the judges are. I have also been invited to give a teaching session at Derby University to their nursing student, part of a session focussed specifically on EDI issues for minority/marginalised groups in terms of care access and care provision. I have an ongoing working relationship with a training company called Freedom Training, where I undertake ad-hoc bits and pieces surrounding gender and sexuality awareness.

Ageing and HIV/AIDS

Clare Wilkins from the NPC explores the impact of ageing with HIV/AIDs.

It was 42 years ago, in 1982, that the Human Immunodeficiency Virus (HIV) and Auto Immune Deficiency Syndrome (AIDS) first hit the world. At that time there was a fast progression from HIV to AIDS and the terrible illness and deaths that resulted. The life expectancy of people diagnosed with HIV was 1-2 years.

There were 94,397 people living with diagnosed HIV infection and accessing care in England in 2022, a rise of 3% from 91,368 in 2021. Due to successful treatment, half of people with diagnosed HIV were aged 50 years and over. Overall, 98% (86,178) were virally suppressed and unable to pass on the virus to sexual partners.

1 in 6 HIV diagnoses are in people aged 50 or over. There is an increase in HIV in Britain among heterosexual women. Older people are less likely to get tested for HIV and so more at risk of it not being detected early. The symptoms of HIV are also more likely to be mistaken for other diseases and the aches and pains of normal ageing. Testing is not routine in the NHS. Ageing with HIV/AIDS was

unimaginable before the development of anti-retroviral (ARTs) medication. Improved treatments are helping people with the disease live longer. Ageing with HIV/AIDS presents many of the same challenges as ageing with other health conditions. It also presents extra challenges.

Worldwide, the effects of climate change, pandemics like Covid-19 and food insecurity pose risks to the fight against HIV/AIDS. In Britain risks to people with HIV are also posed by poor pensions and the cost of living, precarious housing and access to healthcare, the increasingly parlous state of the NHS and broken care system as well as shortages and lack of access to anti-retroviral (ARTs) medication.

In 2019 Public Health England stated that gay and bisexual men, Black Africans and people born abroad are disproportionately affected by HIV/AIDS, but one third of people with HIV were women and 52% were diagnosed late. Services and interventions are underfunded and increasingly difficult to access. Access to them is even more difficult for different populations affected. Among some older people in particular, homophobia and the stigma of HIV/AIDS being seen as a 'gay disease' retain their currency.

Many gay men diagnosed before 1996 lived through periods of ill health with lifelong consequences and expectations of imminent premature death. Many lost loved ones and friends in terrible ways to AIDS. Elizabeth Taylor, an early pioneer against the prejudice and stigma against HIV/AIDS, said that she lost 152 friends to HIV/AIDS.

The peak of AIDS deaths was between 1987 and 1996 and this shaped personal, social, psychological and community lives at the time and on into later life.

Antiretroviral (ART) medication has side effects and long-term use can cause liver and cardio-vascular diseases, which are the leading causes of death in older people. Other long-term effects of ARTs are not yet known.

ARTs had a 'Lazarus effect' for people with HIV. Many people had left work when diagnosed, on medical advice. This caused financial difficulties and loss of earnings, which means that they also now have limited or no pensions. Older people with HIV are more socially isolated than younger people. The stigma of HIV/AIDS and prejudices about lifestyle means there is less access to informal care from partners, friends and loved ones. In formal care settings, LGBTQ+ older people are being forced to 'go back in the closet' and being separated from

partners. With historical stigma around HIV/AIDS, it can be worse for people with HIV.

All older people face challenges with ageing and ageing with HIV/AIDS has these day-to-day challenges - access to appropriate physical and mental health and social care and services, access to medication, cost-of-living, poverty, housing issues, social isolation and ageism. These challenges are compounded for older people with HIV/AIDS by other worries, including the prospect of full-blown AIDS if they cannot continue to get ARTs medication, continuing public misconceptions of HIV/AIDS and homophobia.

RCN Northern Ireland History of Nursing Network

Margaret Graham, Chair of the RCN Northern Ireland History of Nursing Network, shares the work of the network and the valuable contribution of retired members in preserving nursing history.

The RCN Northern Ireland History of Nursing Network (HoN NI) was established well over thirty years ago, the brainchild of Miss Mona Grey, the first salaried secretary of the RCN in Northern Ireland and Northern Ireland's first Chief Nursing Officer. Miss Grey believed it important to record local nursing history and asked senior nurses and Matrons of the day to establish the network.

Initially, network committee members were these nurses who in their words said, 'you did what Mona told you to do.' From the beginning the group was active in recording oral histories of nurses who had nursed prior to the establishment of the NHS. Many of this core group remained with the history network in retirement and as the professional development demands of nurses in work has grown, the network has evolved to become an active group of mostly retired nurses. The memory of retired nurses is a valuable asset as we get first-hand accounts of nursing and nurse education from their careers stretching back to the 1950s! Using this collective memory, we have since 2013 published three books. One records the experiences of nurses who nursed through the 'the Troubles, while the other two books recognise the contribution of local nurses to the Great War and that of nurses from across Ireland to the Second World War.

Our network committee members gather at the Belfast office about eight times a year and more frequently if there is a major project in progress. More recently we have succeeded in members joining via zoom as we are trying to keep up with technology! However everyone enjoys the face-to-face socialisation over a

cuppa. Conversations usually begin with comparing hearing aids, and hips, which medical device works and what doesn't and waiting time lists. For those who have required hospital admission for an acute illness, nursing care received is compared to 'then and now' and a debate for and against, 'teaching by Nellie' or university evidence based!! So never a dull moment! However, these reminiscences are a window into the past and hold priceless information. The general chat does not prevent 'getting on' with the task in hand, recording the development of our profession, organising oral history taking, which sadly had to be placed on hold during the pandemic, and what action is required to further our objectives.

Our next project aims to record the development of cardiac care as Belfast was the first city to have a mobile coronary care ambulance equipped with a portable defibrillator developed by Professor F Pantridge.

As nursing history is not covered on the student nurse curriculum, the collation of retired nurses' careers is an important professional archive and we believe HoN NI to be essential in ensuring that past achievements are recorded.



‘How to become a nurse’

Network member, Jenny Janes, shares an amusing article - ‘How to Become a Nurse’ by Miss E Margaret Fox, Matron of the Prince of Wales’s Hospital, London.

The 1st edition of *Woman’s Weekly* on 4 November 1911 contained the above article ‘How to Become a Nurse’ by Miss Fox. This magazine, with the fascinating article, recently came into the local museum where I volunteer. It starts with the question I always asked students I had on placement to ponder: “Why do I wish to become a nurse?”

I have to say that none of them responded as this article suggests, “It must be lovely to have people watching and longing for me to come and do things for them that only a nurse can do”. Miss Fox says, “The wish to relieve suffering is happily a Divine instinct planted in every womanly heart;” and goes on that, however, “Nursing is not quite what you are apt to think it is”.

She asks the would-be nurse to consider whether it is because, “...I am tired of the typewriting office, the shop, or the business, and just want a change? Because I find an old aunt or grandmother who lives with us a bore? Am I tired of living at home? Does my stepmother irritate me? Do I not get on well with my sisters or brothers? Is my liberty restricted at home, and do I want more independence? Do I really crave for excitement of some kind, to be taken notice of, to wear a pretty uniform, to be looked up to, to be admired?”

Or, on the other hand, whether it is to “...have a reliable, useful means of making a living, so that whether I marry or remain single, I may always be of real use to other people, and find my greatest happiness in serving the sick and suffering, and in doing good?”

Miss Fox concludes by urging would-be nurses to, “Consider carefully whether you are suitable for such work; whether your health is good, your education fair, your manners pleasant, your sympathy keen, your age suitable.” And finally, if meeting these requirements, they may, “...take your stand among the honourable sisterhood of nurses...”. The article promises the next week’s article to be of special interest and entitled, ‘First Steps’.

Retired members at Congress 2024

Jenny Janes, RCN NPC network member, reports on retired member activity at Congress this year.

Retired members were again active at Congress 2024, distributing updated flyers about the Network at the *Getting Involved* stand, and holding a lively networking meeting.

I am sharing a couple of items that were submitted to the Agenda Committee for Congress. They were not selected but cover topics which may be of interest to network members.

This meeting of RCN Congress discusses whether, in fact, Deprivation of Liberty Safeguards (DoLS) are safe and effective.

Prescribed in law, DoLS is the procedure when it is considered necessary to deprive of their liberty, a hospital patient or care home resident considered to lack capacity to consent to their care and treatment to keep them safe from harm.

AgeUK states that: "The Deprivation of Liberty Safeguards (DoLS) procedure is designed to protect your rights if the care or treatment you receive in a hospital or care home means you are, or may become, deprived of your liberty, and you lack mental capacity to consent to those arrangements."¹ Under the Mental Capacity (Amendment) Act 2019, the Deprivation of Liberty Safeguards will be replaced by the Liberty Protection Safeguards (LPS). The Government has not said when the LPS will come into force.

A report by NHS England² published on 24/8/2023 and covering England gives official statistics for the period 1/4/22-31/3/2023 and shows an increase in the number of DoLS applications of 11% over the previous year.

DoLS only applies to inmates of hospital or care homes. If such deprivation of liberty is needed in other settings an authorisation must be obtained from the Court of Protection.

DoLS have been criticised since their inception as being bureaucratic and too complex. As long ago as 2014, Community Care³ reported on the conclusion of a House of Lords select committee that the: "...current operation of the Dols was

leading to thousands of people who lacked capacity to consent to their care arrangements being deprived of their liberty unlawfully in care settings without the protections the safeguards are supposed to provide.”

In a blog in 2012, Lucy Series⁴ raised 10 problems with DoLS, including poor definition of the phrase, only applying to hospitals and care homes, post-code differences in its uptake, the complexity for an individual in appealing its implementation. And, not least, the conflict of interest for bodies administering the safeguards who exercise a quasi-judicial role in authorising and reviewing detention and are also responsible for supporting people to appeal against their detention, which that body itself may have arranged.

¹ AgeUK

² *Mental Capacity Act 2005, Deprivation of Liberty Safeguards, 2022-23* NHS England

³ *Scrap Deprivation of Liberty Safeguards to end unlawful detentions of people in care, urge peers.* Mithran Samuel. 13/3/2014. Community Care

⁴ *Ten signs of trouble with the deprivation of liberty safeguards* Blog by Lucy Series. 10/7/2012. The Small Places.

The Agenda Committee agreed that this was an important issue and it got through to the final trawl of submissions but ultimately was not selected for the final agenda.

This meeting of RCN Congress discusses legacy mentoring, ways that pre-, peri-, and retired members could help the current nursing workforce, support those new to the profession and opportunities for involvement in projects relating to professional practice.

With some third of NHS staff currently in late career we cannot afford to squander the resource we have in pre-, peri- or post-retired nurses. NHS England describes legacy mentors as, “...experienced nurses, or colleagues in other regulated professions, usually in late career, who provide coaching, mentoring and pastoral support to our NHS people who are at the start of their careers or who are newly appointed into the NHS.”

Several organisations have already successfully implemented legacy mentoring, both at organisation and system level, including [Norfolk and Waveney Integrated Care System](#), [Nottingham University Hospitals NHS Trust](#) and, [Barking, Havering](#)

[and Redbridge University Hospitals NHS Trust](#).¹ An article in the Nursing Times describes a pilot in the West Midlands where newly registered staff are being supported by experienced nurses recruited into dedicated mentor roles.²

Haines et al describe a project of a legacy programme to improve the retention of late career nurses and conclude: “Addressing the needs of late career registered nurses is required to improve retention, job satisfaction, quality-of-care provision and facilitate knowledge transfer. The programme requires evaluation in other care settings and should be considered as part of an integrated approach to nurse retention, inclusive talent management and workforce planning, alongside financial and careers advice.”

Many retired RCN members would like to help with supporting all staff – HCAs, students, junior, senior, international nurses - across the workplace. The more is invested, and staff are supported in any setting, they will feel more valued and much more likely to stay - even when the chips are down! For pretty much any working system: quality in = quality out. Retired members are part of that quality in the equation by being able to share the wealth of knowledge, experience and life skills. To be those kind of role models people want to see - with the realisation of ‘see me’, ‘be me’, ethos - to know that it is possible to succeed regardless of where you start from.

Legacy mentoring is Win-Win for all, from start to finish.

¹ *Legacy mentoring* NHS England

² *Trusts launch ‘legacy mentor’ retention scheme for nurses*. Gemma Mitchell. Nursing Times 26/1/2023

³ *A service improvement project of a legacy programme to improve the retention of late career nurses* Haines, S. Evans, K. Timmons, S. Cutler, E. Journal of Research in Nursing. November 2021 26(7) pp648-681

This item also made it to the final trawl of submissions but ultimately was not selected for the final agenda. The Agenda Committee accepted an item on support for newly registered nurses and students and hoped that the submitters would raise their points as part of that debate.

NPC information and resources

Visit the NPC [website](#) for its latest publications, webinars, policy briefings and campaign newsletters.

RCN NPC Network Facebook group

Join the RCN NPC Network Facebook group and receive regular updates and information on a range of pensioner issues. Go to the [RCN NPC Network Facebook](#) page for easy instructions on how to join. Only members of the RCN NPC Network are eligible to join.

Members leading network activity

Pat Hughes – elected RCN NPC representative, NPC National Executive Council, NPC Women's Working Party, NPC Structure Working Party

Rowena Myles – elected RCN NPC representative, NPC National Executive Council

Susan Warner – elected RCN NPC representative, NPC National Executive Council

Fiona Milner – elected RCN NPC representative, NPC National Executive Council, Deputy on NPC Trade Union Working Party

Liz Curr – Chair of NPC LGBT Group

David Vickers – NPC Health and Social Care Working Party, NPC Housing Working Party

John Hill – NPC Trade Union Working Party, NPC Pensions and Income Working Party

Cordelia Okwusogu – NPC Ethnic Minorities Working Party

David Briggs – NPC Digital Exclusion Working Party

Jenny Janes – RCN NPC network member, advises on programme for RCN retired members' conference

Peggy Pryer – RCN NPC network member, organises informal monthly retired member's chat

Getting in touch

If you'd like to contact any of the RCN elected members representing the network at the NPC, please contact Jenny Lillywhite 0207 647 3855/
jenny.lillywhite@rcn.org.uk.

Contributing to the newsletter

If you would like to contribute to this newsletter, please contact
jenny.lillywhite@rcn.org.uk.