

RCN National Pensioners Convention Network Newsletter

Spring 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.

Welcome to the 30th edition of the RCN NPC network newsletter. This issue reports on a meeting with the Commissioner for Older People in Northern Ireland and an update on the RCN's work to campaign for comparable roles in England and Scotland. Three network members share their personal stories of retirement and how their nursing careers led to activism and using their experience in retirement to support others. You can also find out more about legacy mentoring, the monthly retired members' chat, and the latest NPC news including a report on the recent NPC Biennial Delegate Conference.

Commissioner for Older People, Northern Ireland

Sue Warner, RCN NPC representative, arranged a meeting with Evelyn Hoy, Chief Executive to the Commissioner for Older People for Northern Ireland in March. This is her report of the meeting.

It was very interesting to meet with Evelyn Hoy, Chief Executive of The Commission for Older Persons Northern Ireland (COPNI), especially as the RCN is campaigning, along with other organisations, for an older person's commissioner in England and in Scotland.

COPNI's activities come under four major headings:

1. Advocacy.

The Commission acts as a think tank and a statutory adviser to government. It produces evidence-based policy advice to government.

2. Assistance to older people

The Commission can help older people to navigate their way through complex systems. The issues raised characteristically affect a bigger population than those directly contacting the Commission. The Commission can both campaign and litigate.

3. Communication and engagement directly with older people

Nothing is done without engaging directly with older people. A fifth of the population of Northern Ireland (NI) are older persons. As we are all living longer, there are growing concerns about access to healthcare, well-being, pensions issues and the costs of living. It is so important that the voice of the older person is heard, and needs are addressed. The Commission is hoping to provide a roadshow type facility in the coming financial year and will also be launching a campaign against ageism.

4. Powers of investigation

The Commission has extensive powers of investigation. One investigation, into provision of care in an older persons' home in Northern Ireland, has had a substantial impact on care practices and the management of care homes.

One of the strongest arguments for having a commissioner for older people is the demographic trend towards ageing populations. A commissioner in England or Scotland would have greater geographic areas to cover than Northern Ireland and might require regional offices or outreach officers. The meeting was informative and helpful and COPNI's assistance much appreciated.

RCN Congress 2023 – Commissioner for Older People

At Congress 2023 a resolution was passed calling on RCN Council to lobby for a Commissioner for Older People in England and Scotland, as there are in Wales and Northern Ireland. Find out more in this update.

In 2023, through the Eastern Region Board, the network succeeded in getting this issue debated at Congress, where it was overwhelmingly passed. Subsequently, staff members Beth Knight Yamamoto, Public Affairs Manager, and Sally Wilson, RCN UK Professional Lead for Older People and Dementia, have been leading us through the action being taken.

The RCN has joined the national coalition of some 72 organisations calling for better representation for older people across government-policy making. Led by charities Independent Age, Age UK, the Centre for Ageing Better and the National Pensioners Convention. The group has launched its consensus statement on the need for a Commissioner for Older People and Ageing in England. The role would move toward the approach of Wales and Northern Ireland, where older people have benefitted from a commissioner for more than 10 years. A petition calling for a commissioner has been launched and will be submitted to government.

In September 2023, the Parliament Women and Equalities Committee launched a new inquiry on the rights of older people, examining whether ageist stereotyping and discrimination is preventing them from participating fully in society. The Trades Union Congress has given evidence.

The RCN submitted a consultation response to similar proposals in Scotland last September.

There will shortly be further information on the RCN website, including an invitation for all members to raise the matter with their MP – so keep an eye out and get involved. A progress report will go to RCN Congress 2024.

Life after retirement

Network member Peggy Pryer shares her retirement story, from despair at a nursing career cut short to acceptance and finding new purpose in a voluntary role at a national charity.

Retirement from my career as a nurse, midwife, district nurse and health visitor at the age of 50 was not my choice. A 19-year-old overtaking another car on the brow of a hill, unaware that I was approaching him from the opposite direction, was responsible. The ensuing crash caused me injuries that led to my being medically retired on an NHS Injury Pension, as I was on duty at the time of the accident.

For two years I was in a state of despair at the loss of my former life. I endeavoured to keep in contact with nursing colleagues and other friends, however that proved difficult. I did not want people to see me as a 'disabled' person, as I had not come to terms with being one. I can still recall the day I first used a wheelchair. Together with my husband, by then a newly retired Police Officer, and our three daughters, we were to go to the yearly Police Families' Day. My husband had acquired a wheelchair for me to use there, but I told them to go without me. They refused to do so, saying if I didn't go with them, they wouldn't go. I gave in and went as I didn't want to spoil the day for them.

Soon after that experience I took myself in hand and after some 'gentle persuasion', I took on the voluntary role of Helpline Advisor for the National Association for Premenstrual Syndrome (NAPS), a charity that was set up by patients of the late Dr Katharina Dalton, a GP who herself had been a sufferer of PMS. I had been running a local Support Group for sufferers of PMS and PND (Post Natal Depression as it was called then), before my enforced retirement. Answering the NAPS Helpline saw me working from home answering calls from sufferers, their husbands/partners, employers, healthcare professionals, journalists, TV script writers, worldwide 24/7. We were successful in getting the subject of PMS and PND on one edition of *Casualty* on BBC1.

At last, I had found my niche! I was again using my professional knowledge and skills to help others. I took part in live morning TV shows about PMS and PND. One was the *Kilroy* programme that went out live on BBC One. With the help of my late husband, I was able to travel to various places in the UK to take part in study days that NAPS organised including Cardiff, Glasgow, London and Manchester. NAPS by then was growing from strength to strength. I had now also taken on the role of Secretary of the charity. Of course, fundraising was a number one priority. With excellent teamwork and the enthusiasm and support from Dr Dalton and royalties from her books, along with other healthcare professionals participating in study days, and the membership fees we had to charge, we were able to raise funds for our work.

I continued to answer the helpline for 5 years until we moved house and had to change my phone number. By then other sufferers had come on board to answer the helpline, however I remained in the background to assist if the need arose. NAPS had been my 'lifesaver' there is no doubt about that, and I remain a member some 30 plus years later.

My retirement journey

Network member, Aileen Stoneham, shares her story of retirement in her 30's and how supporting others dealing with similar experiences has helped.

An incident occurred on a normal day of work. A patient had a respiratory arrest and needed to be moved for treatment to prevent a cardiac arrest. I pushed this slight lady in her reclining chair into another area, then we put her onto a bed. After the incident I had some stiffness in my back which was not unusual after a shift at work on the busy unit.

My GP signed me off work initially for two weeks. To help alleviate the pain I was in, I went to see a chiropractor. They diagnosed a herniated lumbar disc, bone stiffness, muscle tightening and nerve pain. I was signed off for many months. I eventually went back to work on a phased return. I managed to struggle working over the years, sharing my knowledge of chemotherapy, training staff in the unit, managing with limitations and adaptations put in place alongside different treatments from the GP and local hospital.

When I got moved to an in-patient ward, I felt like a hindrance to everybody; I could no longer fulfil my role as a chemotherapy nurse. The matron said this was the only role available back into the Trust. I had no choice but to get on with what I could do best to care for chemotherapy and haematology patients on the ward. They did try finding alternative employment but due to having good and bad days of pain I was classed as not reliable.

The ill health retirement process was long and arduous, lots of paperwork which was stressful. I came out of the ill health retirement meeting; I was in shock that was it, the end, it was official now. I did turn to the RCN careers advice service after being let go. We discussed options such as from working at home, but I soon realized that, because of my disabilities, I was not fit to work as a nurse any longer, so I had to give up my registration.

As I didn't want to give up nursing, I guided others through writing blogs and the RCN Peer Support Service – a network for members with lived experience of disability and/or neurodiversity. We share experiences and knowledge, give and receive non-professional support, contribute to guidance and promote the benefits of a diverse healthcare workforce. Along with being on the board of a pain support group and arranging speakers, this helped me get through the process after being ill health retired, because, at the end of the day, I was still young and would have had a career ahead of me if I was fit and able.

I learned to overcome the hurdles in life and focus on the things I enjoy doing in my early retirement. I keep myself occupied by doing hobbies, campaigning for issues that occur from my ailments and disabilities through charities and the RCN. I do have my good and bad days, so I must work around them. I have learned over the years to embrace my disabilities which empower me to help others in similar situations to mine. This process helps me be in a better place. If you would like to contact me my e-mail is: aileen.stoneham@hotmail.co.uk I would like to hear from you. I find communicating with others helps.

In his own words

John Hill, network member sitting on the NPC Trade Union and Pensions & Income Working Parties, shares the story of his nursing career and RCN activism.

A long and distinguished association with the RCN as an activist began two weeks after commencing student nurse training. I was elected Student Steward (as was then known) for Scunthorpe and Goole Hospitals, taking individual cases and negotiation with management for 3 years until qualifying as an RGN.

I started work as an RGN in 1986, on an Acute Elderly Medicine Unit, although it had always been my ambition to work on an A&E Department. After a year I was advised to put myself forward for an interview for the A&E Department as a vacancy had arisen. After 30 minutes, I was offered the post and worked there for 25 years, excepting during my specialist A&E nursing course, when I worked at the Brook Hospital in Greenwich for one year. Following my return to Scunthorpe, I was asked to become a member of the A&E development course at Hull University, of which I was one of three people who had held the A&E Specialist Certificate; subsequently I remained a member of the Management Committee for that course.

On returning to Scunthorpe, I was elected lead steward and safety rep for the hospitals and sat on the Joint Staffs Committee of Scunthorpe, Goole and Grimsby hospitals. I chaired the joint negotiation committee when local pay negotiations occurred. During this time, I was a member of the then, Yorkshire Regional Stewards Committee and the Yorkshire Regional Co-ordinating Committee, acting as co-chair of both committees.

In 2001 I was elected to RCN Council as member for Yorkshire and the Humber Region for 8 years. During which time, I held the following positions:

1. Public Policy and Parliamentary Committee, Vice Chair
2. Member of the Pension Review Group
3. Member of the Agenda for Change Implementation Group
4. Member of the Agenda for Change Reference Group
5. Member of the Remuneration Committee, Chair
6. Council link member to the Partnership Forum
7. Member of the committee which re-wrote the RCN Rules in plain English.

I was re-elected to RCN Council in 2005-2009. I was also a founding member of the Yorkshire and The Humber Regional Board, of which I was Co-chair.

In 2010, I successfully organised and led a Hustings, a pre-general election Health Care debate, for nurses and the public, with the local prospective parliamentary candidates.

In 2011 I was awarded the RCN Award of Merit.

Initially I was a member of the Scunthorpe and Goole RCN Branch holding several Branch elected positions. Following the amalgamation of branches, I was Secretary, Chair, Treasurer and Committee Member of the Humber Branch for 8 years, which completed my terms of office under the new RCN Rules.

In my previous occupation in the steel industry, I held positions within the Iron and Steel Trades Confederation under General Secretary, Bill Sirs, as a Local, Regional and National Committee member receiving a Confederation Shield for my regional and national work for that union. The skills obtained during this period were found to be totally transferrable to my work in the RCN.

Currently, I represent the RCN at the National Pensioners Convention (NPC) on the Trade Union, and Wages and Pensions Working Parties. I have previously served two terms of office as an RCN elected member at the NPC.

I believe this shows what can be achieved with the RCN, if a person has the interest and enthusiasm.

Legacy mentoring

Heard of legacy mentoring? Network member Jenny Janes explores how pre-, peri-, and retired members could help the current nursing workforce, support those new to the profession and find 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. What do you think?

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

Retired members’ monthly chat

RCN NPC network member, Peggy Pryer, organises an informal monthly retired members’ chat. The link to join is posted on the RCN NPC Facebook page. The chat is hosted on Zoom by retired members for retired members and normally takes place at 7pm on the third Tuesday of every month. Guest speakers are sometimes invited and have included Peter Carter, former RCN General Secretary and Chief Executive, and more recently Adam Littlefield, Lead for Patient Voice and Involvement at East Kent Hospital. In this article, Adam explains more about his role.

The Patient Voice and Involvement team supports services across the Trust to engage with and involve patients, their families and our local communities. We want everyone who comes to East Kent Hospital’s sites to feel that the care and treatment they receive is the best. The Trust’s Patient Voice and Involvement Strategy is aligned to its Quality and Safety strategy and our new team works creatively and collaboratively to deliver it.

We work with people who use our services, their families and communities. Sometimes that’s through existing community groups but often it’s directly with the people who want to talk to us, meeting them informally and in locations that

they are comfortable in. We recruit Participation Partners to get involved in a range of activities – everything from being a member on a Trust group or committee, on an interview panel, involved in staff training, to getting involved in projects. These Participation Partners form our Patient Participation and Action Group, which ensures we are delivering the Patient Voice and Involvement Strategy.

Every day we work with our colleagues across the Trust to encourage them to involve patients and their families, helping them to use patient and family feedback to identify changes needed and involve them in finding solutions. By supporting colleagues to work side by side with their patients, families, and communities we will be able to show that the patient voice is at the centre of service improvement. We have Patient Involvement Officers based at the three main hospital sites. They play a key role in reaching out to local communities and voluntary, community and social enterprise organisations to engage people who may not often get a chance to have their voice heard. We are all really nice too and have had some fantastic feedback about our approach from the people we have worked with so far!

If you'd like to know more about our work, please email the Lead for Patient Voice and Involvement, Adam Littlefield, on a.littlefield@nhs.net or call us on 01227 868605.

Digital inclusion/exclusion

Some statistics on Digital Inclusion or Exclusion from *The Patients Association Weekly News*, 5 April 2024:

“The latest report from The Patient Coalition for AI, Data and Digital Tech in Health (the Digital Coalition*) shows patients value and use the NHS App. Based on the views of more than 600 people from across England, the report shows more than three in four (78%) respondents said they use the NHS App, finding it easy and of value. But more than one third said they couldn't access key information they wanted through the NHS App such as test results (39%) or personal health records (36%).

The survey also found that some GP practices have prevented access to some health records, despite being asked by NHS England to make patient health

records accessible via the App. Some respondents said the variability of accessing this information was impacting their motivation to use the App. More than a fifth (23%) of people completing the survey never or rarely used the NHS App for technical reasons.”

*The Digital Coalition unites a diverse group of patient groups, charities, Royal Colleges and industry with a focus on championing the patient perspective in digital health.

The Patients Association is a charity which works:

- in partnership with the Care Quality Commission (CQC) to support people to report their experience of health and social care, whether good or bad.

Its stated purpose is to:

- ensure that everybody can access and benefit from the health and care they need to live well, by ensuring that services are designed and delivered through equal partnership with patients.

Its strategic focus for 2021-25 is:

- patient partnership in the design and delivery of health and care services.

<https://www.patients-association.org.uk/>

Report from the NPC Biennial Delegate Conference 2024

Sue Warner, your RCN NPC representative, reports on the recent NPC Biennial Delegate Conference.

Pat Hughes and I represented the RCN at the Biennial Delegate Conference (BDC) of the NPC, 26-27 March 2024, Yarnfield Park, Staffordshire. The BDC is a bit like an RCN Congress in miniature, in that it involves discussion of motions submitted by Affiliates and Regions, and procedural motions and points of order are frequently invoked. The meeting was a general meeting and opened with procedural issues. It then moved on to substantive discussions and raised issues of great significance:

- The meeting discussed the issue of establishing an older people’s commissioner for England and for Scotland. The value of the models already operating in Wales and Northern Ireland was acknowledged.

The NPC will be visiting Downing Street, to present a petition for a similar office for England and Scotland.

- Voter identity documentation was regarded as unnecessary, and the Trades Union Congress was concerned about the disenfranchising of young, as well as of older, people.
- Fuel poverty was a further serious issue, with 5.3 million households in debt.
- In terms of the continuity of the NPC and its lobbying role, this was a crunch year – we must recruit further members and consider how their nominating bodies can help us, not just with funds but with the recruitment of younger retired people. All those working must realise that they will become pensioners and that a pension is a deferred salary. Working together, we can achieve our aims, but every single one of us must contribute.
- NPC representatives had met with Stephen Timms MP, Chair of the Work and Pensions Select Committee. One issue discussed had been legislation proposed to give government offices power to view pensioners' bank accounts. A particular concern was that this could lead to means testing of pensions. Pensions are not a benefit, but a right, and there was also concern that reducing, and then possibly doing away with, National Insurance could further erode rights to pensions.

The results of the Presidential ballot were announced – Norman Jemison was elected and so then to be removed from the ballot for vice-president.

The general meeting reconvened on the second day and considered the motions submitted to the BDC:

- For bus services, we need an end to the private enterprise system, which has operated for the last 35 years, and a return to public control. There was need for bus services to get to work – their absence has forced people to retire or move house – and services were particularly essential for rural areas, such as Wales. A motion to this effect was strongly carried.
- An RCN amendment to a motion about nurses and nurse training, was strongly accepted¹.
- The conference discussed, and alerted members to, the contribution of the unchanged tax threshold to high tax contributions from pensioners. A freeze on the tax allowance until 2028 had been announced and this would also have accumulative effect on future rises.

The result of the ballot for vice-presidents was announced.

We were drawing towards the end of the conference and had made good decisions. And, more women had spoken than before.

Rosie MacGregor, the departing President of the NPC, who had bravely chaired the meeting, closed with a song, *Bring out the Banners*, by the Australian composer and performer, John Warner. The song celebrates the union role in achieving an 8-hour day and the contribution of men and women, working together.

¹The RCN had submitted amendments to Motion 2, University and College Union, National Health Service. The original motion read:

The lack of funding for the NHS and the low priority given it by the Government has resulted in long waiting lists (presently at 7.6 million) which impacts on the older people for whom increasingly delay equals discomfort, disability and/or death. In 2022, more than 120,000 people in England died while on NHS waiting lists, 67.2% of deaths overall, many of whom are older people.

This NPC Biennial conference:

1. Supports the doctors and consultants in their campaign, including strikes, for increased pay.
2. Demands that the Government:
 - i. Trains and recruits new healthcare staff, from cleaners to surgeons.
 - ii. Funds their promise for new hospitals in a timely manner and ensures that the fabric of all hospitals is checked within one year.
 - iii. Restores the bursary for trainee nurses.
3. Demands that:
 - i. A plan is developed and implemented for this and subsequent governments to integrate social care for the elderly with the NHS.
 - ii. That funding for end-of-life care within the NHS is dramatically improved and that the work of hospices valued and supported by governments.

The RCN amendment read:

RCN NPC elected members propose the following amendments to the NHS motion.

1. Expand the focus of supporting doctors and consultants to include all healthcare staff.
2. Replace 'trainee nurses' with nursing students.

The RCN amendment was carried with 88 for; none against; and three abstentions.

A proposed addition to the original motion, from NPC London, that trainee nurses 'once qualified they must contract not to leave the NHS for five years, this will guarantee the level of nursing staff for hospitals', was not accepted, following a strong RCN response which referred to the proposal as highly discriminatory and included the observation that nurses do not work only in hospitals. The motion with the RCN amendment was then carried with 86 in favour.

Engaging women in the National Pensioners Convention

Pat Hughes, your RCN NPC representative who also sits on the NPC Women's Working Party, explores the challenges of engaging women in the work of the NPC.

Like many organisations today, the NPC stands accused of being male dominated, with women's voices not heard and women's perspectives not reflected adequately. Within the NPC this is evidenced by the disproportionate number of positions held by men in committees and working parties. But this is not a conspiracy against women.

While there are a few members who trot out the 'best man for the job' approach, there are many others who understand the complexities and are fully committed to promoting equality and eliminating prejudice and discrimination across all structures and processes in the organisation so that it can truly represent all pensioners.

It's not always easy and there are some challenges that seem difficult to address, not least of which is the concern that men more often feel better placed to engage with the work of the NPC, either because of previous experience or because they have more time and resources to enable them to do so.

Women are often put off attending meetings where there is sometimes a stronger emphasis on rules and regulations than on collaborative engagement

and action. Of course, this is not just a problem for the NPC, many organisations are grappling with it. One thing we know for sure is that nothing will change unless women are encouraged and enabled to step outside their comfort zones and take on unfamiliar roles.

The NPC has about 12 working parties and committees to address issues, inform policy and contribute to campaigns. Information about them is available on the NPC website www.npcuk.org. Each working party consists of up to 10 members, excluding Officers or staff, who are elected every two years following the NPC Biennial Delegate Conference (BDC).

The BDC was held in late March 2024 and the call to affiliates for nominations will be made in April. The NPC relies on its national and regional affiliates, such as the RCN, to nominate members to these groups.

So, if you would like to step outside your comfort zone, share your knowledge and expertise or take on an unfamiliar role within the NPC to work for all pensioners, why not consider requesting that the RCN nominates you to one of these groups. If you would like further information, please contact any of the four elected RCN representatives to the NPC via jenny.lillywhite@rcn.org.uk.

NPC LGBT Group

Terms of reference

To determine the issues which are of most concern to LGBT pensioners and present to the EC [NPC National Executive Committee] policies and strategies that ensure these concerns are addressed.

- To submit to the EC as appropriate papers, briefings etc. that deal with issues of concern to LGBT pensioners.
- To develop and maintain contacts with LGBT pensioners and their organisations and to plan, with the EC's collaboration, seminars, meetings and conferences on appropriate issues.
- To advise the EC on ways in which the participation and involvement of LGBT pensioners within the NPC can be improved.
- To brief the EC regularly on the working party's progress.

The latest newsletter from the LGBT group is out and some interesting snippets are shared below.

Bayard Rustin

A man who played a major part in the American Civil Rights movement, Rustin was born 112 years ago on 17 March 1912 to an African/American family in West Chester, Pennsylvania, USA.

Growing up in a racially challenging, social climate Rustin was heavily influenced by the teachings of Mahatma Gandhi. He believed in non-violent action and was imprisoned for not taking up the draft (military conscription).

As a close personal adviser to Martin Luther King, he was a major organiser of the 1963 March, where King gave his momentous speech: "I have a dream". The ongoing campaign for the basic civil rights for all people in the USA was galvanised. But the involvement of Rustin in the movement and his strategic decisions were questioned - not because he wasn't thought right, but because he was openly gay. Not only did this heroic leader fight against racism but he was also an advocate for the LGBT community. He continued campaigning until his death in 1987. *There can be no fight without resolve and bravery.*

LGBT Veterans

It was illegal to be gay in the UK military until 2000. Many serving officers were forced out of their service, leaving them without a career and affecting the rest of their lives. Prime Minister Rishi Sunak apologised on behalf of the government for the "horrendous" treatment of LGBT people in the military until they were allowed to serve in the year 2000. "The banning of LGBT people from serving in our armed forces until the year 2000 was an appalling failure of the British state," he said. There were 49 recommendations in the Etherton Report, including:

- The clarification of pension rights
- The presentation of a special veterans' badge

£50 million overall to compensate those who lost their career, in some cases their family and friends is not enough. If anyone has been affected by this situation, please get in touch with Fighting with Pride

<https://www.fightingwithpride.org.uk/> a charity representing LGBT in the military.

Older LGBTQI+ People

Is provision in reverse when it comes to health and care services? Attitudes towards LGBTQI+ people mean that they are unable to be placed together in a care setting or are not accepted as a person to be advised or contacted about their partner's health.

Debate surrounding chosen gender over “assigned at birth gender” continues. Meanwhile, annual gender pay gap returns show that women/female are still lagging behind their man/male counterparts, there are signs from many sectors of society that gaps are narrowing.

Dedicated email address

The NPC has set up a dedicated email address so that you can contact the working party on: npcuk.lgbt@gmail.com

This is overseen the Chair and NPC lead for the group, Liz Curr, and carries a password to ensure that access is monitored through myself. If you would like to know about the Working Party, let's talk. We look forward to hearing from you.

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

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

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

Dates for your diary

Retired members' meeting at RCN Congress

All retired members, as well as those nearing or even thinking about retirement, due to age, disability or for any other reason, are invited to meet at the 'Aspect Bar' in the ICC Wales in Newport with the network on **Tuesday 4 June, 3.15pm - 4.00pm.**

Many members remain passionate and committed to the work of the RCN well into retirement and others find that retirement offers new opportunities to engage more actively in the work of the College. This meeting will invite discussion on ways of capitalizing on the wisdom and experience of retired members and ensuring that the structures and processes are in place to facilitate engagement. There will also be an opportunity to hear about the role and contribution of the RCN to the National Pensioners Convention through its elected representatives.

The network will also have a presence at the RCN Forum World Café taking place on **Monday 3 June, 12.45-1.30.**

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.