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

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## Travel back in time

The RCN Library and Heritage Centre will be transformed into a Victorian operating theatre later this month as it hosts an exciting event run by Imperial College London and supported by the Wellcome Trust. The Time Travelling Operating Theatre simulates operations taking place during 1884, 1984 and 2014 and is led by Sharon Weldon, an RCN member and researcher at Imperial College. The theatre will visit the RCN on 23 September. For more information and to book your free ticket visit <http://tinyurl.com/nbump2x>

## Get vaccinated

The RCN strongly advises all health care staff to have the flu vaccine. "This is to protect staff, but primarily their families and patients," said Helen Donovan, RCN Professional Lead for Public Health. "Wherever you work, your employer is required to arrange for staff to be vaccinated." Visit [www.rcn.org.uk/truth\\_about\\_flu](http://www.rcn.org.uk/truth_about_flu) to access an RCN Q&A feature debunking myths about flu.

## Pocket diary opt in

The deadline to request an RCN pocket diary is Thursday 1 October. The pocket diary works on an opt-in basis. If you'd like one, you'll need to register to receive it through MyRCN at [www.rcn.org.uk/myrcn](http://www.rcn.org.uk/myrcn). Tick the opt-in box which is at the bottom under "My details". Once you've opted in, you will not need to do it again and will receive one every year.



## Going the extra mile

A new report on improving access to community health care for older people in remote and rural Scotland has been published by the RCN. *Going the Extra Mile* outlines the need for a new and different approach to ensure sustainable services for this hard-to-reach group. It sets out seven goals. RCN Scotland Director Theresa Fyffe said: "The future may demand a more mobile and flexible nursing workforce along with technologically competent and confident staff and patients."

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



*The MAC has listened to our evidence and the Government must now do the same*  
RCN Chief Executive Janet Davies

## A positive move

The RCN has welcomed comments from the Migration Advisory Committee (MAC) highlighting the impact that reaching the monthly cap on Tier 2 visas is having on the delivery of public services. The cap is preventing health services from recruiting nurses from outside Europe. The MAC has recommended that the Government should look at a temporary arrangement to ease this problem ahead of a wider review of the Tier 2 visa system.

## The case for Cornwall

The RCN South West region is seeking opportunities to influence plans for devolution in Cornwall. The "Case for Cornwall", agreed by the Cabinet in July, sets out increased local powers and freedoms to enable the county to take greater control of its own affairs. It includes devolved decision making for health and social care and integration of the two services.



## Equality is key

The Chief Nursing Officer for England has called for a black, minority, or ethnic (BME) candidate to be in her role in the future. Jane Cummings (pictured above with Tom Sandford, the RCN's corporate champion for equality), speaking at an RCN Equality and Diversity Summit in London, said: "I would like to see a BME candidate eventually hold my position, not as a token measure but because they are the person best placed to take the role forward and tackle discrimination and engage with nurses." The event saw senior nurses discuss how to promote better inclusion of BME staff.

## Revalidation resources

The RCN has launched an online resource to help nurses and midwives with NMC revalidation. The resource, available at [rcnrevalidation.wordpress.com](http://rcnrevalidation.wordpress.com), includes information on required practice hours, obtaining practice-related feedback, continuing professional development, third-party confirmation, health and character declarations, professional indemnity arrangements, and the collection and storage of evidence. The resource will be updated regularly ahead of the expected launch of revalidation, so members are advised to keep checking back. You can also sign up to NMC Online at [www.nmc.org.uk/registration/nmc-online](http://www.nmc.org.uk/registration/nmc-online) or subscribe to RCN's online portfolio, which allows you to log evidence for revalidation. Visit [www.rcni.com/portfolio](http://www.rcni.com/portfolio).

# NMC registration lapse warning



*You risk losing out on pay while the process to register again takes place*

The RCN is urging all nurse and midwife members to keep on top of their registration with the Nursing and Midwifery Council (NMC) as new rules come into force later this year. Previously, members who failed to renew their registration before it expired could take advantage of an administrative window which allowed late submissions to be processed within a couple of days.

However, from November anyone who allows their registration to lapse will need to make an application for readmission to regain access to the register. This could take up to six weeks. Continuing to work as a nurse or midwife while not on the NMC register contravenes the code and is illegal. It could result in suspension from work and difficulties with your employer.

Alison Sansome, NMC Director of Registration, said: "In preparation for the introduction of payment by instalment in spring 2016, we are urging nurses and midwives to take care to maintain their registration. From November this year there will be no opportunity for registrants to submit their documentation or pay

their fee after their registration expiry date. Going forward from then, they must have renewed (and retained) registration before their due date or their registration will lapse." The NMC has advised that the easiest way to maintain registration is through an NMC online account.

A staff nurse who spoke to *RCN Bulletin* after his registration lapsed due to ill health said: "Things started to overwhelm me and I went to the RCN for advice too late, which meant getting registered again took nine months. Nurses just need to stay on top of it but the RCN legal team are invaluable should you run into trouble."

Tom Sandford, Acting RCN Director of Nursing and Service Delivery, added: "It is important all nurses and midwives maintain their NMC registration otherwise they risk losing out on pay while the administrative process to register again takes place. Should your registration lapse, or you have difficulty in reapplying, you can contact RCN Direct for help and advice. The RCN's legal department will also be on hand for any instances of readmission being refused."

⚠ NMC re-registration should not be confused with the new revalidation system, due to be introduced next year (see left). Visit the NMC website for more guidance: <http://tinyurl.com/qbndgwo>



# 4 ANALYSIS

## Making time to care in Wales

Member support is vital to the success of RCN political campaigning in Wales

RCN Wales will launch its *Time to Care* campaign for the 2016 National Assembly elections at a special event at the Senedd later this month. Members are encouraged to attend on 22 September to show their strength of feeling about nursing issues and engage with prospective assembly members.

The campaign's priorities, which include ensuring dignity and quality in personal care and valuing the contribution of nursing staff, have been shaped by RCN members. Politicians will be urged to pledge their support for them in advance of polling day next May.

One of the priorities already highlighted is to continue the focus on safe nurse staffing levels.

Legislation to mandate minimum staffing levels in Wales has already

passed through the first stage of the law-making process with unanimous support from all parties. However, a discussion due to be held by the Health and Social Care Committee on 9 July was cancelled with no new date proposed.

This debate is crucial to consider possible amendments and allow the Safe Nurse Staffing Levels (Wales) Bill to continue its progress towards becoming law.

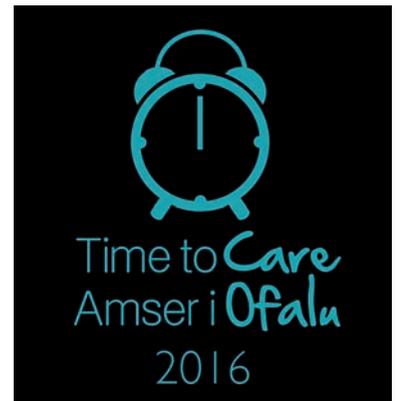
The Government must also agree to lay the financial resolution – the motion which authorises any subsequent expenditure as a consequence of the bill.

RCN Wales Director Tina Donnelly said: "We are now at a critical stage with the Safe Nurse Staffing Levels (Wales) Bill and need the help of RCN members to make sure this doesn't slip from the agenda of politicians in Wales. If the bill isn't passed before next year's assembly elections then it will be dropped



*Public pressure is essential if we are to see progression of the Safe Nurse Staffing Levels (Wales) Bill prioritised*

Visit [www.rcn.org.uk/timetocare2016](http://www.rcn.org.uk/timetocare2016) to find out more.



completely. This is something we simply can't let happen.

"I would urge all members in Wales to write to their local AM and urge them to push on with the bill. You can also contact them on Twitter and Facebook and voice your support for the bill proceeding. We know this will make a huge difference to alleviate pressure on nursing staff and improve standards of patient care. Public pressure is essential if we are to see this bill's progression prioritised."

## Small changes, big differences

Nursing staff are taking the lead with an RCN campaign to help the NHS save money

An RCN online resource is empowering members to change the way they use and order clinical supplies, making services more efficient and saving the NHS money.

Launched in March in partnership with the NHS Supply Chain and the Clinical Procurement Specialist Network, *Small Changes, Big Differences* aims to equip nurses to become more involved in clinical procurement.

Putting the campaign into practice are members from University Hospitals of Morecambe Bay Trust (UHMBT). A team of nurses there has been involved in ordering clinical supplies, saving the trust more than £150,000 over the past 15 months.

The trust is also trialling red, amber and green stickers as advised through the RCN's campaign. The stickers remind staff to use the correct piece of equipment, both in terms of the needs of the patient and cost. For example, if a nurse needs a standard intravenous giving set, the one with the green sticker is less expensive and

will do the job well, when compared with the very expensive red one, which is for use in a limited number of specific circumstances.

Janet Davies, RCN Chief Executive, said: "It's fantastic that our *Small Changes, Big Differences* campaign has inspired nursing staff to get more involved in decisions about procurement. No one knows better than nurses which products work well and which don't, so involving nurses in procurement decisions is good for patient care, as well as helping to save the health service money."



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

## Minimum wage increase imminent

Some RCN members will be affected by upcoming changes to the National Minimum Wage

As of 1 October the National Minimum Wage (NMW) is set to rise by 20p to £6.70 an hour for those aged 21 or over and by between 8p and 17p for younger people, for whom the NMW is currently between £2.73 and £5.13 an hour.

A new National Living Wage of £7.20 an hour for over-25s is proposed for April next year, set to rise to £9 an hour by 2020. This is less than the current Living Wage Foundation recommendation of £7.85 an hour and £9.15 in London.

RCN Employment Relations Adviser Clare Jacobs said that while the increase in the NMW is good news, particularly for health care assistants in the independent sector, the RCN is committed to securing better pay, terms and conditions for all members.

“While we’ve been actively working on behalf of our members for the



living wage as a minimum, we’re also looking for fair pay structures across the sector,” she said.

There are concerns that the National Minimum Wage rise will result in pay differentials – the differences in pay between roles – getting narrower, and that employers will cut costs by not paying staff for things like worked breaks, handovers and holidays.

“As well as fair and transparent pay structures we want to see opportunities for career progression and for members to feel valued and properly rewarded for their dedication and hard work,” Clare added.



*We’re looking to secure fair pay structures across the health care sector*

▶ Download *Fair Pay in the Independent Sector* from [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## From the heart

*Claire Porter  
Specialist nurse*



My first ward sister, Steph, had a huge influence on the nurse I am today.

She taught me so much about good leadership – the importance of being hands on, being visible, being an advocate for your team, keeping motivated.

These positive attributes I try to pass on to my deputies. I was encouraged to reach my potential and now I aim to help others do the same.

Just as Steph has been an inspiration to me, she too was inspired by her first ward sister, a lady called Betty. I don’t think Betty realises it but her leadership style has created somewhat of a legacy.

As ward sisters it is crucial we pass good leadership down through the generations.

We need to be influential leaders and role models. The way we lead today will ripple through the years and have an impact on nursing and care long into the future.

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

## Get a little bit Xtra

RCN members can now get more out of the membership benefit scheme RCNXtra with the addition of thousands more money saving deals

Whether you’re shopping for a cheap holiday or bargain car insurance, RCNXtra can help you save more money than ever before. There are now 3,000 local and national deals available and members can invite up to three friends and family members to start benefiting from the scheme. The cinema offer covers more outlets

and the discounts are quicker and easier to access with the use of an e-code sent to a smartphone rather than postal vouchers.

Each time you shop online through RCNXtra, you’ll be rewarded with WOWPoints. These points can accumulate throughout the year and be used to buy any of the products and services available on the site. There’s also a preference setting, so members are in control of what deals they are informed of.



▶ Find out more and register at [www.rcn.org.uk/xtra](http://www.rcn.org.uk/xtra)



## Feedback

**Rachel Purkett**

RCN Digital Engagement and Campaigns Manager



Work on your new RCN website is gathering pace, with the final launch just a few months away. Throughout the project, members have been keen to get involved and share their thoughts. Your input has been essential.

At RCN Congress in Bournemouth, I was lucky enough to meet some of the 264 members who took part in sessions where they explored and gave feedback on the partially completed website. Overall, they scored the site 4.38/5 for ease of use, and 4.48/5 for look and feel.

One member said: "It's a big improvement on the current website. It's crisp and clean. It's less cluttered. It's engaging and colourful, and still looks professional. I've been hoping to see a new website since I joined the RCN last year."

The website team and I were also pleased at how many constructive suggestions members gave us during the testing. These have prompted improvements to the site, including changes to the navigation and design that will make it easier for visitors to find what they're looking for.

Members can expect to see a public beta site go live this autumn. After that, it will only be a matter of weeks until the new site is launched.

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

## What you've been saying

### A golden opportunity

Since Jane Cummings became Chief Nursing Officer for England three years ago, patient safety and staff wellbeing have been her top priority. So although I was initially alarmed when it was revealed that the work on safe staffing guidance started by NICE was being taken over by NHS England, on reflection I realised this could be a golden opportunity for nursing.

For the first time we have been given the chance to be at the driving seat on a project that can shape the future care delivered in our country.

Ms Cummings has shown courage and leadership in taking on this vital issue. She has not shied away, and has embraced the challenge with open arms, and for that I admire and applaud her.

Instead of fighting amongst ourselves, it is time to join forces and unite our efforts. Ms Cummings has promised to work on the triple aim of improving outcomes, improving experience and ensuring value for money. Let's support her in making sure that happens.



**Joan Pons Laplana, by email**

### A point of clarity

The Butterfly Scheme offers a system of hospital dementia care which has now been adopted in almost 150 hospitals across the UK. Many years ago, when the scheme was being developed, focus groups of people living with dementia chose a blue butterfly symbol to represent their request for that care. The Butterfly Scheme's copyrighted symbol has now become widely known and is worn proudly by many staff, both in hospitals and in the community.

Last month's issue of *RCN Bulletin* included an excellent article about end of life care ("Caring to the end", July) but within it mentioned one hospital's use of a butterfly symbol in connection with that care, requesting quiet. As a variety of other symbols – such as feathers or swans – are equally able to be used for this purpose, hospitals are urged to avoid using blue butterflies. The Butterfly Scheme's symbol is very specifically used within dementia care and people living with dementia wish it to remain so.



**Barbara Hodkinson, Founder of The Butterfly Scheme, by email**

## Hot topic

### How important are overseas nurses in your workplace?

Senior nurse practitioner **Christopher Starnes** says: "I don't think the NHS would survive without the contribution of nurses from overseas. Workforce planning has been shortsighted – there are many nurses retiring or leaving the profession and these numbers are not being replaced. I feel sorry for nurses coming to work in the UK from other countries as they're often put in very challenging and stressful work situations while given little support to adapt to the change in culture."

**Mary Quirke**, a neuromuscular advanced nurse practitioner, adds: "All nurses are important no matter where they come from as there needs to be safe staffing in all workplaces. We need to demonstrate how vital overseas nurses are and stress the investment and support required to enable them to work effectively and competently, as

would be the case for any new starter in a clinical environment. Consideration of their psychological and social wellbeing should be made, too."

**Helen Smith**, a staff nurse, says: "Without recruiting from overseas the NHS would struggle to provide enough nurses to maintain patient safety. I have worked with excellent nurses from many countries; my current ward recently hired a newly qualified Italian nurse who is competent, professional and well-liked by staff and patients. Nurses arriving to work in hospitals in the UK face a lot of challenges, not least the language barrier and the pressures of starting a new life away from loved ones. Provided that each nurse recruited can speak English at the level required to practise safely, overseas recruits are a valuable asset to UK hospitals."

## A quick question

What did you want to be as a child?

**A player for Cardiff City Football Club**  
Nicola Meredith

**An army tank driver**  
Jo Hulme

**A vet**  
Nicky Coote

## Quote of the month

“There needs to be an expansion of nurse training so we have enough nurses in this country”

RCN Chief Executive  
Janet Davies

## 3 things I believe

1. All nurses need to be interested in politics to stand up for things that matter.
2. All nurses are entitled to CPD and should have this funded by their employer.
3. All nursing mentors should be given time to work through paperwork and address the needs of their students on an individual basis.

Jean Rogers, practice education facilitator

## Straight talking

Improving health outcomes around the clock requires investment in staff and services

The Government has pledged to deliver what it calls “seven day care” by 2020. I want to set the record straight: NHS staff have been delivering safe and compassionate care seven days a week since 1948.

We are there for our patients when they need us most. An older person who has fallen at home; a young family awaiting their first child; we do not turn them away and ask them to come back on Monday morning. Seven day care is real and it is happening in our hospitals and communities.

There is no doubt that someone admitted to hospital on a Sunday should have the same health outcome as someone receiving care on a Tuesday. But offering these services comes at a cost. We need more investment to deliver the same level of services seven days a week, not only for nursing staff, but for the porters, the cleaners and the IT workers who keep our NHS running.

### Convince me

There has never been a more crucial time to become active within the RCN. Attacks on the democratic rights of unions via the Trade Union Bill, continued enforced pay restraint and poor workforce planning are just some of the issues challenging us. We need your support to safeguard patients, protect staff wellbeing and protect the NHS from further costly reform. Make your voice heard and don't be one of the silent majority. Just think what we could achieve if we all stood together united.

Ngaire Cox,  
RCN UK Stewards Committee



We have a maturing workforce; expert nurse posts have been disproportionately lost in recent years and cuts to training places have created a shortage of nurses. Many trusts are struggling to ensure safe staffing levels, and morale in the NHS is already very low after five years of pay restraint.

If a fully functioning, seven day NHS is going to be realised, the Government must acknowledge the challenges we face in investment and recruitment. But before we even begin to talk numbers, the Government should acknowledge the contribution of the nursing team across the country and around the clock – seven days a week.

Cecilia Anim  
RCN President

### What I've been reading

Sir Michael Marmot's new book *The Health Gap – The Challenge of an Unequal World* presents data gathered over the last 40 years and shows that inequality is damaging the health of all of us.

It's a stark fact that in Britain if people of average income or education were as healthy as the most privileged, they would have an extra eight years of healthy life. It's not simply about money and it's not just the poor who suffer. It is a fascinating read.

Helen Donovan, RCN Professional Lead for Public Health

## What I'm thinking

Hanneke Wiltjer  
RGN/PhD student



For seven years I have been proud to be a nurse and to be part of a profession that deals with challenges with our heads held high.

We all know about the empty beds we never have, A&Es that are always full, managers endlessly trying to sort out staffing issues, and complaints piling up on the matron's desk, but we just “get on with it”.

I think nursing is a valuable profession, the patient-nurse relationship is uniquely beautiful, and to be able to care for another person is a blessing and an honour.

But the beauty of the job does not take away its pressures. Unfortunately those who face these pressures every day will have their pay rise capped at one per cent. What is this going to do to the already low morale?

Perhaps “getting on with it” might not always serve us best. Perhaps sometimes we have to make sure we are not taken for granted.

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

# Fast forward

As RCN Scotland calls for investment in advanced nurse practitioners, David Ford looks at how they've been shaping the health service there



©Elaine Livingstone

For the past decade or so, advanced nurse practitioners (ANPs) have been working across Scotland to help ease the burden on overstretched health services and lead new ways of working to improve patient care.

What started out as a response to pressures on GPs and junior hospital doctors has become an unprecedented success, with senior nurses taking on more responsibility and making decisions on pathways for care based upon their wealth of experience and years working closely with patients.

Karin Howard is a Team Co-ordinator at Dr Gray's Hospital in NHS Grampian. For the last 11 years the hospital has been using ANPs to help deliver a 24-hour service to mental health patients. "It has become increasingly difficult to provide round-the-clock care and remain within financial targets," she

says. "Staffing numbers are stretched so we use senior nurses in roles that used to be filled by junior doctors and aim to provide a good, if not better, service for patients."

## Vital contribution

A recently published RCN Scotland report, titled *Nurse Innovators: Clinical Decision-Making in Action*, makes it clear that ANPs are not intended to be doctors on the cheap, but rather offer a new layer of clinical decision making at senior nurse level. The report illustrates the vital contribution of ANPs in improving outcomes for patients. It sets out what is needed to support, develop and invest in the advanced nursing practice workforce to meet the future needs of the health service.

Karin says introducing ANPs couldn't have been a success without the backing of medical colleagues. "The doctors took a leap of faith and



*There's untapped potential for advanced nurse practitioners to lead new ways of working*

placed confidence in the expertise of nurses. It's a way of working that has become really effective."

## Enhancing provision

Eddie Docherty, Associate Nurse Director for Ayrshire and Arran (pictured left), says: "When we first started setting up these services there was a feeling of concern and anxiety among staff. Every time we go into a new area to expand services the systems become ANP dependent. We now have ANPs prescribing, which is a real step forward. As health services become more integrated, we have an opportunity to influence how ANPs can enhance provision."

With nursing staff taking on more ANP roles, RCN Scotland is keen to stress, to both the Government and health executives, the importance of consulting ANPs and using them to help shape future working practices. This could mean an increase in the number of ANPs and will require a more consistent approach to training and development.

RCN Scotland Director Theresa Fyffe says: "There's a huge and largely untapped potential for advanced nurse practice to contribute to, and lead, new ways of delivering health and care services.

"Our report provides substantial evidence of how ANPs currently in senior clinical decision-making roles are contributing to the delivery of safe, high-quality, person-centred care in communities across Scotland and points a way forward for the future sustainability of our health services."

▶ Find out more and download the full report at [www.rcn.org.uk/nursinginnovations](http://www.rcn.org.uk/nursinginnovations)

# On the radar

A pioneering nurse-led service is helping patients tackle alcohol dependency. Lynne Pearce talks to RCN member Clare Hilton to find out more

Sometimes the simplest of ideas can be the most successful – and that's certainly the case with a distinctive nurse-led service that offers rapid help to patients who misuse alcohol.

Managed by mental health nurse and RCN member Clare Hilton (pictured right), the rapid access to alcohol detox acute referral unit (RADAR) was set up three years ago in Prestwich, as part of the Greater Manchester West Mental Health NHS Foundation Trust.

Although originally a consultant's idea, the service is run by a team of around 20 specially trained nursing staff and three therapeutic staff, supported by volunteers who are usually ex service-users. "Patients respond very well to nurses," says Clare, who qualified in 1994. "We're accessible around the clock, every day of the year with the knowledge and skills to help."

Previously, patients admitted to hospital with injuries or health issues directly related to alcohol were often treated and sent home again, without the underlying cause ever being tackled. Now RADAR offers the choice of an immediate detox, for those patients who want it.

## Simple approach

Clare explains that there are two schools of thought about treatment for alcohol dependency. "The first is that people detox in a planned way, where they prepare thoroughly. The second is 'in the moment,'" she says. "As humans, we're impulsive

creatures. Sometimes something happens and a person will say 'that's it. Enough is enough and I need to stop this now'. That's where we come in. It's a simple idea and we've deliberately kept it simple. And the evidence shows that we have as much success with this approach as the planned one."

## Straightforward criteria

In practice, the eight-bed unit works with 12 acute hospitals across Manchester, who assess patients, before offering the option of a detox to those who meet the straightforward criteria. Patients can be admitted the same day and have up to seven days detox and therapy, with aftercare.

Alongside medication to minimise the effects of withdrawal, groups are held twice a day, discussing issues such as coping mechanisms, self esteem and anxiety. Follow up happens one week, one month and three months after the patient leaves, with the unit achieving an 85 per cent success rate.

Every Saturday, ex service-users meet up, with current patients invited along. "There are things that I can say as a nurse and then there are those who can share their lived experience. The two are very different," says Clare. "For us, it's fantastic to see how they're doing. And for those going through treatment, it shows what's possible and that they can do it too."

It's cost effective too. Researchers from Liverpool John Moores University estimate savings for the



Photo © Neil O'Connor



*As humans, we're impulsive creatures*

NHS of £1.32 million a year, after the unit's running costs of £884,315 are taken out. This is largely because patients typically visited emergency departments three times before RADAR treatment but only once afterwards, during a similar timeframe.

Having worked within the field of alcohol and drug dependency for the last 14 years, Clare can't imagine doing anything else. "It's seeing people recover and get well," she says. "Whatever has happened in the past, these are people who are trying to turn it around and challenge their problems. It's an honour to be a part of that. As a society we're facing some massive problems – but this works."

➔ Access the RCN interactive learning resource *Problematic Substance Use* at [www.rcn.org.uk/substance\\_use](http://www.rcn.org.uk/substance_use)

# Giving evidence

Appearing before a Coroner's Court can be a daunting prospect but it's one any nurse could have to face. David Ford offers some advice

An inquest is a legal process to establish the circumstances around someone's death, for example, how, when and why the death occurred. Inquests are held at a Coroner's Court, led by the coroner for that area, and can last anything from a couple of hours to several days. Coroners are independent judicial officers who are usually lawyers or doctors with appropriate training in law. An inquest does not look for criminal convictions, it aims to uncover the facts surrounding a death and determine whether anything could have been done differently.

## Being prepared

Emma\*, a cardiac sister for more than a decade, had never had to go to an inquest until this year but was recently required to give evidence following a death at her hospital. "One of my colleagues said it was a terrifying experience that she wasn't prepared for, so I was quite worried," she says.

"However, I contacted the RCN's legal team and they provided me with help and advice and talked me through what would be expected of me. It was the little things like knowing to dress smartly on the day and to address my questions to the coroner. It's important you keep to the facts and try not to ramble too much, which is hard when the nerves kick in."

Inquests are not criminal proceedings, they are intended to establish the circumstances surrounding a death. Therefore, any questioning you may have to face while giving evidence should not be something to fear.



*It's important you keep to the facts and try not to ramble too much*

➔ Read the RCN Direct online advice guide for appearing before a Coroner's Court at [www.rcn.org.uk/coroners\\_court](http://www.rcn.org.uk/coroners_court)

*\*Emma is a pseudonym used to protect the member's identity.*



Emma says: "I thought we were going to get a real hammering from the barristers but the court knows most of the details behind the case before you get there so they are not pushing, more looking for the facts. Once I actually got up in front of the coroner my heart slowed and I just got on with it. The questioning was very fair and to the point. It didn't feel like a personal attack. Remember, they are trying to get the facts and they are not trying to trick you.

"It is an emotionally exhausting process though. There's often a lot of waiting around and you can be there for the full day. Even though your contribution may only be 15 minutes it does take it out of you."

## Facing the family

In most cases the family of the deceased will be in attendance. "I think standing up in front of the family was the scariest thing for me,"

says Emma. "I was worried they would be looking to blame me but I think they are generally looking for closure. Whenever you lose a patient you always wonder whether you could have done better. There is a natural guilt that all nurses feel."

## Top tips

Make sure you're dressed smartly and give yourself plenty of time to arrive. Avoid rushing around as this will only add to the stress of the situation.

Take time beforehand to research the Coroner's Court and go over notes on medications used and timings and procedures. Having knowledge will make you feel more confident and allow you to answer questions clearly and accurately. Seek legal advice from the RCN. Ring RCN Direct on 0345 772 6100.

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# Advancing nursing in Albania



RCN Professional Lead for Education Gill Coverdale reflects on her recent trip to Albania to advise the country's largest hospital on enhancing nursing practice

The World Health Organisation (WHO) first approached the RCN about the trip at the beginning of June. Less than a month later I was off for a whistle-stop visit to Tirana, Albania's capital and largest city.

There I met other experts from Israel and Portugal and together we spent a couple of days at the Mother Teresa

University Hospital, Albania's main tertiary centre which cares for patients with chronic health problems from all over the country.

The aim of our visit was to support the WHO in its mission to assist the hospital in strengthening its standards of care and patient safety.

Our objectives were to provide knowledge and expertise, share information about good practice, and suggest recommendations for improving nursing professionalism and regulation.



*It was a rewarding and humbling experience*

As well as advising our Albanian colleagues on issues such as nurse education, recruitment, continuing professional development and preparing general nurses for more specialist roles, it was also necessary to address some of the fundamentals of professional nursing. In particular we advised them to address how they promoted and maintained patient dignity and safety – areas where there is a disparity between Albania and the UK and the EU – including things like infection prevention and control and safe management of medication. Addressing these areas will be an important step towards Albania's ultimate goal of EU membership.

I was honoured to represent the RCN abroad and to be able to share my expertise. It was a rewarding and humbling experience to help my Albanian colleagues move forward in their mission to bring about higher quality care, and to help the hospital enhance the professional development of its nursing staff.

Find out more about the RCN's international work at [www.rcn.org.uk/internationalwork](http://www.rcn.org.uk/internationalwork)

# Myth busting: cervical screening

Jennie Deeks from the RCN Women's Health Forum tackles some common misconceptions women may have about a potentially lifesaving procedure

## What does cervical screening look for?

Cervical screening is not a test for cancer. It is used to detect abnormal cells that have the potential to become cancerous if they are not monitored or treated correctly. Screening is designed to prevent cancer, not find it.

## If a woman has already had the human papilloma virus (HPV)

## vaccination should she still undergo screening?

Yes. The vaccination only offers protection against the types of HPV most likely to affect the cervix, but there are others.

## If nothing shows up during screening does this mean there's no chance of cancer developing?

No, it means that it is unlikely at this time. Women should still attend future screening invitations.

## Is there a genetic link?

No. This is a common misconception. People think because their mother had treatment this is

why they have abnormalities. This is simply not true. The condition is very common so it is not surprising that women from the same family will experience similar problems.

## A woman has stopped her periods – does she still need screening?

Yes. Screening should continue until the age of 65 unless there is any reason for it to carry on for longer.

## What about if the woman has had a hysterectomy?

She should still be screened. Some hysterectomies leave the cervix in place and previous abnormalities may need further monitoring.

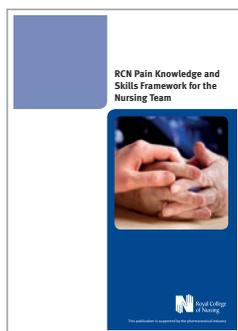


*Screening is designed to prevent cancer, not find it*

RCN guidance for good practice in cervical screening is available at: <http://tinyurl.com/q4l9odx>

## Managing pain

The RCN has launched a new knowledge and skills framework for all nursing staff involved in the assessment and management of pain. Though these are essential components of nursing practice, patients continue to report unrelieved pain during procedures, after surgery, during episodes of acute illness, in the community and in care homes. It is hoped this framework will enable a common understanding and terminology to develop, so that levels of competency can be understood across all levels of nursing in all four countries. It will be helpful for staff needing to evidence their fitness to practise during the revalidation process.



Download RCN Pain Knowledge and Skills Framework for the Nursing Team from [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## First time lucky

RCN member Doreen Muller has won a poster competition at the annual British Anaesthetic and Recovery Association (BARNA) conference in York.

Doreen, an anaesthetic and recovery practitioner at the Churchill Hospital in Oxford, came to the UK from her native Germany last year. Despite never having submitted a poster before, her work on the importance of correct patient positioning impressed the judge, RCN Head of Nursing Practice JP Nolan.

“It was very surprising to win. I never thought I would,” said Doreen. “I feel very proud.” Her prize is a trip to the World Congress of Nurse Anaesthetists in Glasgow next year.

Having recently joined the RCN, as well as the perioperative and education forums, Doreen added she was looking forward to getting more involved with the College.



Forums provide great opportunities to engage with other nurses  
Doreen Muller

Join up to three forums for free at [www.rcn.org.uk/myrcn](http://www.rcn.org.uk/myrcn)

## Prison health guide

NHS England has published new guidance for prison health care staff treating patients with learning disabilities. The guidance, which includes a foreword by RCN Professional Lead for Nursing in Criminal Justice Services Ann Norman, applies community-based health care advice to a prison setting. It will help health care staff to comply with legal duties towards offenders with learning disabilities and provide them with a deeper understanding of the health care needs and issues faced by this group. Download the guidance at <http://tinyurl.com/p5rcd8n>

## Seeing is believing

Next month sees the return of the RCN Ophthalmic Nursing Conference and Exhibition in London. The national two-day event will focus specifically on the distinct contribution made by ophthalmic nurses. A wide range of professional and clinical sessions, speakers and stands, will appeal to nurse specialists, nurse practitioners, allied health professionals and educators working in ophthalmology. The first session opens at 12noon on Friday 2 October. Book your place at [www.rcn.org.uk/ophth15](http://www.rcn.org.uk/ophth15)

## Being resilient

The next event in a public lecture series run by the RCN in collaboration with the Motor Neurone Disease Association takes place next month. *Resilience – Skills for When the Going Gets Tough(er)* will be held on 13 October at RCN headquarters. Attendance is free but booking is required. Visit [www.rcn.org.uk/mndpl](http://www.rcn.org.uk/mndpl). A film of the lecture will be available to view on the RCN Neurosciences Forum website after the event.

## What I'm thinking

Jennie Deeks  
Women's Health Forum



The lady in front of you seems quiet, moody, not engaging. “Why is she here?” you think to yourself. “There are patients who would really appreciate my time.” Look again. What you don't know is that her husband is very sick. She's asking herself how the family will cope.

The young woman in the gynaecology emergency unit says she is really unwell, yet her hair and makeup are perfect. She can't feel that bad if she had the inclination to do that, can she? Look again. She has had chemotherapy for a brain tumour. She wears a wig, which is why her hair is perfect, and without makeup she has no eyebrows.

In every walk of life we make assumptions about what we see, hear, feel. In nursing these assumptions can mean impacting a life or death decision, or provoking a response that can make or break a patient's experience. Let's remember, however busy we are, we mustn't assume we know why people appear the way they do.

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

## Introducing branch AGMs

**Carla Lewinton**  
*RCN Bedfordshire branch*



If you can only attend one branch meeting this year make sure it's your branch AGM.

AGMs are an excellent opportunity for you to connect with your peers to find out what's going on in the RCN and have your say on key issues.

It's also your chance to vote for your branch chair and executive committee, as well as to discuss branch priorities.

As a branch chair, the AGM is my opportunity to meet with RCN officers to discuss reps' accreditation and discuss tricky cases face to face.

You'll receive an update on RCN activity and what's being done in response to government decisions – particularly important this year, with seven-day services hot on the agenda.

So don't miss out on the chance to make your voice heard – and hear others – on important nursing issues. By attending your AGM you'll be showing your support and commitment to the RCN, and to nursing in general, and you'll receive that in return.

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

### Northern Ireland

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

#### Belfast

28 September, 5.45pm  
RCN HQ, 17 Windsor Avenue,  
Belfast BT9 6EE

#### Northern

5 October, 1-2.30pm  
Conference Room, Bretton  
Hall, Antrim Area Hospital

#### North Western

24 September, 2.30pm  
Meeting Room 4, MDEC,  
Altnagelvin Area Hospital

#### South Eastern

7 October, 12.30-2.30pm  
Lecture Theatre, Ulster Hospital

#### Southern

12 October, 1.30-4.30pm  
Craigavon Area Hospital

#### South Western

Date and location TBC

### Scotland

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

#### Ayrshire and Arran

Date and location TBC

#### Borders

1 December, 2-5pm  
Committee Room, Education  
Centre, Borders General Hospital

#### Dumfries and Galloway

Date and location TBC

#### Fife

21 October, 7-9pm  
Staff Club, Victoria Hospital,  
Dunnikier Road KY2 5AH

#### Forth Valley

20 October, 2pm  
Forth Valley Royal Hospital

#### Greater Glasgow

Evening of 6 October  
Queen Elizabeth University  
Hospital, Glasgow G51 4TF

#### Lanarkshire

10 November, 6pm  
Wishaw General Hospital

#### Lothian

1 October, 3pm  
Meeting Room 3, South  
Oswald Road

#### North Highland

3 December, 3-5pm  
Lecture Theatre, Centre for  
Health Science, Inverness

#### Orkney

17 September, 4pm  
Saltire Room, Balfour Hospital

#### Shetland

7 October, 5.30pm  
Bressay Room, Upper Floor,  
Montfield, Burgh Road, Lerwick

#### Tayside

19 November, 5-7pm  
Seminar Room, Kings Cross  
Hospital, Dundee

#### Western Isles

15 September, 1.30-3pm  
Uist and Barra Hospital Library  
with VC link to Stirling  
Campus, Western Isles Hospital

### Wales

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

#### Cangen Gogledd Cymru

22 October  
Conwy Business Centre,  
Junction Way, Llandudno  
Junction, Conwy LL31 9XX

#### Cardiff

10 September  
Location TBC

#### Cwm Taf

Date and location TBC

#### Glamorgan

29 September  
Location TBC

#### Gwent

16 September  
Newport – exact location TBC

#### Mid and West Wales

2 October  
Newcastle Emllyn Hotel

#### Powys

13 October

Basil Webb Meeting Room,  
Bronllys Hospital

### East Midlands

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

#### Derbyshire

2 October, 10am-4pm  
The Hallmark Hotel, Midland  
Road, Derby DE1 2SQ

#### Leicestershire and Rutland

2 November, 5pm  
The Bracken Centre, Glenfield  
Hospital, Leicester LE3 9DZ

#### Northamptonshire

8 September, 4pm  
Main Building, St Andrews  
Northampton, Billing Road,  
Northampton NN1 5DG

#### North Lincolnshire

10 September, 1pm  
Lincoln County Hospital,  
Greetwell Road, Lincoln LN2 5QY

#### North Nottinghamshire

7 September, 7pm  
Green Room, Millbrook Unit,  
Kings Mill Hospital, NG17 4JL

#### Nottingham

9 September, 5.30pm  
The union offices, Nottingham  
City Hospital campus,  
Hucknall Road NG5 1PB

#### South Lincolnshire

6 November, 7pm  
Committee Room 1, Pilgrim  
Hospital, Sibsey Road, Boston,  
Lincolnshire PE21 9QS

### Eastern

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

#### Essex and Cambridgeshire

14 October  
Holiday Inn Express, London  
Stansted Airport, Thremhall  
Avenue, Essex CM24 1PY  
*RCN President Cecilia Anim  
will be in attendance.*

#### Hertfordshire and Bedfordshire

18 September, 9.30am  
Novotel Stevenage, Knebworth  
Park, Stevenage, Hertfordshire  
SG1 2AX

## Norfolk

7 October  
South Green Park, Mattishall,  
Dereham, Norfolk NR20 3J  
*Event will include a presentation  
on stress busting and resilience.*

## Suffolk

Date and location TBC

## London

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

### Inner North Central

14 October, 2pm  
RCN London Office, 5th Floor,  
20 Cavendish Square, London  
W1G 0RN

### Inner North East

1 December, 3pm  
Education Centre, Homerton  
University Hospital  
E9 6SR

### Inner North West

21 October, 4.30pm  
Clarence Wing Boardroom,  
St Mary's Hospital Paddington,  
Praed St, London W2 1NY

### Inner South East

22 October, 2pm  
RCN London Office, 5th Floor,  
20 Cavendish Square, London  
W1G 0RN

### Inner South West

3 November, 3pm  
Heritage Room, St George's  
Hospital, Blackshaw Road,  
Tooting, London SW17 0QT

### Outer North Central

27 October, 4pm  
Cedar House, St Michael  
Hospital, Enfield EN2 0JB

### Outer North East

15 September, 6.30pm  
James Fawcett Education  
Centre, King George Hospital,  
Barley Lane, Goodmayes, Essex  
IG3 8YB

### Outer North West

23 September, 1.30pm  
Sudbury Primary Care Centre  
– Meeting Room 1, Vale Farm,  
Watford Road HA0 3HG

### Outer South East

14 October, 5.30pm  
Room S307 Mary Seacole  
Building, University of  
Greenwich, Avery Hill Rd,  
London SE9 2UG

### Outer South West

15 September, 7pm  
Post Graduate Medical Centre,  
St Helier Hospital, Wrythe Ln,  
Carshalton SM5 1AA  
*Guest speaker on caring for sight  
impaired patients.*

## North West

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

### Cheshire East

15 October, 4.30-6.30pm  
Trafford Hall, Manor Chase,  
Ince Lane, Chester CH2 4JP

### Cheshire West

15 October, 4.30-6.30pm  
Trafford Hall, Manor Chase,  
Ince Lane, Chester CH2 4JP

### Lancashire East

5 October, 5-7pm  
RCN Bolton Office, Chesham  
House, St George's Square,  
Bolton BL1 2HB

### Lancashire West

28 October, 3-5pm  
Room 1 of the Education Centre  
at Blackpool Hospital

### Greater Liverpool & Knowsley

20 October, 5-7pm  
Kensington Neighbourhood  
Health Centre, 155-157 Edge  
Lane, Liverpool L7 2PF

### Greater Manchester

7 October, 5-7pm  
Post Graduate Centre,  
North Manchester Hospital,  
Manchester M8 5RB  
*Includes an event on Ebola.*

### Isle of Man

22 October, 3-6pm,  
Seminar Room 2, Keyll Darree,  
Nobles Hospital, Braddan,  
Isle of Man

### Manchester Central

7 October, 4.30pm

Boardroom, Ronald McDonald  
House, MRI, Oxford Road,  
Manchester M13 9WL

## Northern

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

### County Durham and Darlington

23 September, 2-5pm  
RCN Northern Region Office,  
Avalon House, St Catherine's  
Court, Sunderland Enterprise  
Park SR5 3XJ

### Cumbria

24 September, 12.30-3pm  
Newton Rigg College, Penrith,  
Cumbria CA11 0AH  
*Preceded by a learning and  
development event for RCN  
representatives at 10.30am.*

### Northumberland, Tyne and Wear

22 September, 10am-2.30pm  
RCN Northern Region Office,  
Avalon House, St Catherine's  
Court, Sunderland Enterprise  
Park SR5 3XJ

### Tees Valley

23 September, 9.30am-12.30pm  
RCN Northern Region Office,  
Avalon House, St Catherine's  
Court, Sunderland Enterprise  
Park SR5 3XJ

## South East

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

### Berkshire

21 October, 2.45-5.30pm  
Trust Education Centre,  
Royal Berkshire NHS  
Foundation Trust, Craven  
Road, Reading RG1 5AN  
*Includes revalidation session.*

### Brighton and Hove

15 October, 6-8pm  
Rural Seminar Room, Sussex  
Renal Unit, Royal Sussex  
County Hospital BN2 5BE  
*Includes a talk on revalidation.*

### Buckinghamshire

15 September, 9am-3.30pm  
Holiday Inn High Wycombe,  
Handy Cross, Bucks HP11 1TL

*Includes a discussion of  
proposed merger with Milton  
Keynes branch.*

### East Kent

1 October, 6.30-9pm  
Kent and Canterbury  
Education Centre, Kent and  
Canterbury Hospital, Ethelbert  
Road, Canterbury CT1 3NG  
*Includes a Congress report.*

### East Sussex

20 October, 9.30am-4pm  
Meeting Room, East Sussex  
Disability Association,  
1 Faraday Close, Hampden  
Park, Eastbourne BN22 9BH  
*Includes an event on revalidation.*

### Guernsey

23 September, 5-7.30pm  
Rooms 1 and 2, The Institute of  
Health and Social Care Studies,  
Princess Elizabeth Hospital,  
Rue Mignot, St Martin,  
Guernsey GY4 6UU  
*Includes a revalidation workshop.*

### Hampshire

15 October, 12-4pm  
Level 10 Church (formerly  
Stanmore Church) Stanmore  
Lane, Winchester SO22 4BT  
*Includes a revalidation session.*

### Jersey

26 October  
Haliwell Theatre, Education  
Centre, Peter Crill House,  
Gloucester Street, St Helier,  
Jersey JE1 3QS  
*AGM during lunch break of  
RCN/H&SS Learning Disability  
Conference.*

### Milton Keynes

21 September, 10am-2.30pm  
Education Centre, Milton  
Keynes University Hospital  
NHS Foundation Trust, Milton  
Keynes MK6 5LD  
*Includes a discussion of proposed  
merger with Buckinghamshire  
branch.*

### Oxfordshire

25 September, 6-9pm  
The Manor Hospital, Beech Rd,  
Headington, Oxford OX3 7RP

*Includes learning event, "The Healthcare Library for Nurses".*

### Portsmouth

18 September, 9am-4pm  
Staff Restaurant Meeting Room on B level, Queen Alexandra Hospital, Southwick Hill Rd, Cosham, Portsmouth PO6 3LY  
*Includes "Updates in Practice" event and the NMC code sessions.*

### Southampton/Isle of Wight

20 October, 9.30am-4pm  
Territorial Army Centre, Blightmont Barracks, Millbrook Road, Southampton, SO15 0AJ  
*Includes the dissolution of the Southampton branch and the formation of a branch of current Southampton and Isle of Wight members.*

### Surrey

7 October, 11am-3pm  
Holiday Inn, Egerton Rd, Guildford, Surrey GU2 7XZ  
*Includes a revalidation talk.*

### West Kent

**(possibly including Medway)**  
1 October, 9am-4.15pm  
Holiday Inn, London Road, Wrotham Heath, Kent TN15 7RS  
*Includes "21st Century Nursing Educational Event", with talks on diabetes, and revalidation.*

### West Sussex

13 October, 10am-4pm  
The Capitol Theatre, North St, Horsham, West Sussex RH12 1RG  
*Includes sessions on revalidation.*

### South West

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

### Bath

13 October, 7-9pm  
A&E seminar room, Royal United Hospital Bath NHS Foundation Trust, Combe Park, Bath BA1 3NG  
*Includes a discussion on revalidation.*

### Bristol

13 October, 7pm  
Glenside Hospital Museum,

The Chapel, UWE Glenside Campus, Blackberry Hill, Stapleton, Bristol BS16 1DD  
*Includes an opportunity to see some museum artefacts as well as hear a talk on revalidation.*

### Cornwall

1 October, 1.30-4.30pm  
Hayle Terrace, Hayle, Cornwall TR27 4BU  
*Includes an event on dementia.*

### Devon

6 October, 7-9pm  
RCN South West Office, 3 Capital Court, Bittern Road, Exeter EX2 7FW

### East Dorset

6 October, 6pm  
Committee Room, Management Suite, Royal Bournemouth Hospital BH7 7DW

### Gloucestershire

8 October, 12.30-4.30pm  
Oxtails Tennis Centre, Plock Court, Tewkesbury Road, Gloucester GL2 9DW  
*Includes a half-day study day on revalidation.*

### Plymouth

13 October, 5-7.30pm  
Beauchamp Centre (top floor), Mount Gould Hospital, Mount Gould Road, Plymouth PL4 7QD

### Somerset

1 October, 2-5pm  
Admiral's Landing, The Docks, Bridgwater TA6 3EX

### Torbay

27 October, 6.30pm  
RCN office, near the TAIRU Building, Torbay Hospital, Lowes Bridge, Torquay, TQ2 7AA  
*Includes a presentation on revalidation.*

### West Dorset

20 October, 5-7pm  
The Wessex Royale Hotel, 32 High West Street, Dorchester DT1 1UP  
*The AGM follows an all-day learning event on revalidation.*

### Wiltshire

21 October, 7pm  
The Robinson Room, Durrington Village Hall, High Street, Durrington, Salisbury SP4 8AD

### West Midlands

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

### Birmingham East & North and Solihull

7 October, 1pm  
Ardenleigh Unit, Training Block, 385 Kingsbury Road, Erdington, Birmingham B24 9SA  
*Includes an event on mid-life career reviews and planning until retirement.*

### Birmingham West and Sandwell

13 October, 2pm  
Sandwell Hospital, Lyndon, West Bromwich B71 4HJ  
*Includes an event on mindfulness.*

### Black Country

14 October, 2pm  
Lecture Theatre, New Cross Hospital, Wolverhampton Road, Wolverhampton WV10 0QP  
*Includes an event on nurses caring for their own mental health.*

### Coventry and Warwickshire

24 November, 1.45pm  
Novotel, Wilsons Lane, Longford, Coventry CV6 6HL  
*Includes an event on end-of-life care and "The Good Death Café".*

### Herefordshire

22 October, 2pm  
Education Centre, The County Hospital, Stonebow Road, Hereford HR1 2BN  
*Includes an event on revalidation.*

### North Staffordshire

15 October, 1.30pm  
Boardroom, St Augustine's Hospital, Cobridge Road, Stoke-on-Trent ST1 5JY  
*Includes an event on leadership and management.*

### Shropshire

12 November, 2pm  
Robert Jones and Agnes Hunt Orthopaedic Hospital,

Oswestry SY10 7AG  
*Includes an event on accountability and delegation.*

### South Staffordshire

25 November, 2pm  
Seminar Room, Samuel Johnson Hospital, Lichfield WS13 6EF  
*Includes an event on diabetes.*

### South Birmingham

26 November, 1pm  
Lecture Theatre, Birmingham Women's Hospital, Mindelsohn Way, Birmingham, West Midlands B15 2TG  
*Includes two workshops; health and wellbeing, and dementia care.*

### Worcestershire

16 November, 1.30pm  
CHEC, Worcester Hospital, Charles Hastings Way, Worcester WR5 1DD  
*Includes an event on increasing personal resilience.*

### Yorkshire & the Humber

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

### Humber

19 October, 7pm  
Location TBC

### Leeds

6 October, 4-6pm  
Bexley level 07, Room 22, St James' University Hospital, Beckett Street, Leeds LS9 7TF

### North Yorkshire

6 October, 10am  
RCN Leeds Office, 2nd floor, 9 Bond Court, Leeds LS1 2JZ  
*Includes learning event.*

### Sheffield

Date and location TBC

### South Yorkshire

Date and location TBC

### West Yorkshire

21 October, 2pm  
RCN Leeds Office, 2nd floor, 9 Bond Court, Leeds LS1 2JZ