



Royal College of Nursing
Shaping nursing since 1916

Don't forget
to vote
RCN President election
Your ballot paper
is enclosed with this issue

ISSUE NO. 344 OCTOBER 2016

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

Editor: Daniel Allen
Editorial: 020 7647 3627
Email: bulletin@rcn.org.uk
Web: www.rcn.org.uk/bulletin
Address: 20 Cavendish Square, London W1G 0RN
Classified advertising
Tel: 020 8423 1333
Fax: 020 8423 4382
Email: advertising@rcni.com

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Cover photo © Chris Balcombe.



Guidance on staying safe at work

The RCN is marking National Personal Safety Day on 5 October with new guidance for members when working alone.

The guidance was developed after a Congress debate last year on lone working. It outlines the role of employers in keeping staff safe at work and steps individuals can take to assess and reduce risk.

A foreword to the guidance by the Suzy Lamplugh Trust says casework has highlighted multiple disturbing threats to lone workers.

The guidance and a pocket-sized leaflet will be available after 5 October from RCN Direct (0345 772 6100), and the issue will be discussed during a Twitter chat.

Join the debate: [#RCNchat](https://twitter.com/RCNchat)

Who will you choose?

Your ballot paper for the election of the RCN President is included with this issue of *RCN Bulletin*. Please be sure to read the candidates' statements and return the ballot paper by 5pm on Wednesday 16 November. The result will be announced on 18 November.

The RCN President is elected by members to represent the RCN and nursing across the UK and beyond. Cecilia Anim and Mike Travis are the two candidates for this prestigious role.

End of life estimates often inaccurate

Research into prognoses in terminal illness highlights the huge skill involved in caring for the dying, the RCN has said. Responding to a study which found predictions about survival were frequently inaccurate, Stephanie Aiken, RCN Deputy Director of Nursing, said: "There is clearly more to do to improve recognition of the signs that someone is dying."

🕒 [Read more about the Marie Curie study at <http://tinyurl.com/jsbh2p5>](http://tinyurl.com/jsbh2p5)

Pushing for fair pay: RCN submits evidence

As *RCN Bulletin* went to press, the College was due to submit evidence on nursing pay to the independent NHS Pay Review Body (PRB). The PRB makes recommendations on pay awards for nurses and other NHS staff, but the Government makes the final decision.

The RCN has been calling on the Government to give nursing staff a fair deal through its *Nursing Counts* campaign. Details of the RCN's submission will be available on the RCN website.

🕒 [Find out more about pay on page 10.](#)

Christmas with Rudolph?



Children aged five to 10 are in with a chance of enjoying a family holiday to Lapland by coming up with the winning design for this year's RCN Christmas card. The theme for the competition, supported by RCNi, is "100" – in celebration of the RCN's centenary. Details at www.rcn.org.uk/christmas

Now with added
W^{RCN}XtraW

As the cold weather looks set to start, visit **RCNXtra** between 17-23 October to get the best deals on your gas and electricity. You can earn loyalty points when you switch supplier through the scheme and redeem these on future purchases.



Xtra benefits. Xtra easy.
Register now at www.rcn.org.uk/xtra



Act now on air pollution

The UK Health Alliance on Climate Change, whose members include the RCN, has outlined steps the Government and the health sector must take to reduce the devastating impact of air pollution.

In a report out this month, the alliance suggests that 40,000 deaths each year in the UK are linked to air pollution. *A Breath of Fresh Air* says health professionals must be better informed and supported to take action and provide advice to patients. The alliance is also calling for a joined-up approach to tackling air pollution and recommends coal power stations are phased out by 2025.

www.ukhealthalliance.org

FGM ‘scandal’

Falling numbers and workforce pressures are affecting school nurses’ capacity to reduce the incidence of female genital mutilation (FGM), the RCN has said.

Responding to a Commons committee report on FGM, Carmel Bagness, RCN Professional Lead for Midwifery and Women’s Health, said great progress had been made but funding cuts carried potentially serious consequences for the future. The Home Affairs Committee report describes FGM as a “national scandal”.

Alliance will address Brexit vote issues

Ongoing ambiguity over the future of hardworking EU nurses following referendum is wrong, says RCN



The RCN has joined forces with other health and social care organisations to ensure standards of care are maintained as Britain withdraws from the European Union.

The aim of the Cavendish Coalition is to provide Brexit negotiators with expertise and knowledge. The alliance will also lobby on post-EU referendum issues that affect the health and care workforce. It has already given evidence to a cross-party inquiry, called British Future, which is examining options for guaranteeing the status of EU nationals who are currently living in the UK.

The 29 members of the coalition include the British Medical Association, the NHS Confederation and the National Care Association. Members share a belief that EU citizens already working in health and social care in England should remain.

RCN Chief Executive Janet Davies said services had relied on hardworking and talented EU nurses for many years and would continue to do so.

“Allowing any ongoing ambiguity over their future is the wrong way of treating people who care for our friends and family every day, and continues to make recruitment and retention even more difficult.”

“ The coalition gives us an opportunity to address these issues collectively

She said in the longer term a comprehensive workforce strategy was required to tackle the chronic shortage of health workers by investing in training for more nurses and other health professions domestically.

“The coalition gives us an opportunity to address these issues collectively for the long-term future of our patients and the populations we serve,” she added

Read more about the Cavendish Coalition at <http://tinyurl.com/jo3vbwj>

'Toxic' climate impedes BME talent



A “toxic climate” surrounding race equality is damaging attempts to bring discrimination to an end, the RCN has said

In its response to Baroness McGregor-Smith’s independent review of issues faced by organisations in developing black and minority ethnic (BME) talent, the College draws on the

experiences of NHS nurses and health care support workers from BME backgrounds. It argues there is “substantial evidence” that BME employees face significant disadvantage in the labour market. Data revealed in August highlighted that only two per cent of NHS trusts are chaired by people from a BME background.

The College has called on the Government to truly commit to race equality so BME staff are able to fulfil their potential.

The RCN response says: “There has been a negative and toxic climate about race equality that has been extremely unproductive in terms of seeking solutions and bringing discrimination to an end.”

Wendy Irwin, RCN Diversity and Equalities Co-ordinator, said: “There is clearly a powerful ethical and business case for eliminating all forms of discrimination in the labour market. Tackling these issues must remain at the top of the agenda for health care and nursing.

“Our response outlined the unique leadership role that the Government has in creating a set of values that enables racial equality and the wider inclusion agenda to flourish. There are no winners when it comes to failing to tackle discrimination; only losers in the form of patients or colleagues whose ability to fulfil their potential remains thwarted solely because of the colour of their skin.”



There are no winners when it comes to failing to tackle discrimination

🔗 Read more about Baroness McGregor-Smith’s review at <http://tinyurl.com/jp6z4r8>

Valuable webinar

Would you like to know more about RCN investments and how the College balances investment objectives with organisational values? Join the first ever webinar on the subject *Our Investments – Living Up to Our Values*, on 18 October at 12.30pm, and have your say on the issues you feel are important regarding where the RCN invests its money. Panel members include Janet Davies, RCN Chief Executive. Sign up at <http://tiny.cc/ourvalues>

Members mark centenary in York Minster

RCN members and chief nurses attended a special service of commemoration in York Minster last month to mark the College’s centenary. Glenn Turp, RCN Regional Director for Yorkshire & the Humber, said: “Nurses have touched the lives of millions of people and made an enormous contribution to society. So this event was a wonderful opportunity to recognise the service given by individual nurses and nursing as a whole to the country.”



Support for ideas and innovation

As part of its centenary celebrations, the RCN is looking to showcase the very best of the profession through members' ideas for improving practice and patient care.

The plan is to create a library of good practice and to invest in a number of projects to support their wider development and evaluation. Submit details of your ideas and innovations before 31 December.

Visit <http://tinyurl.com/jruuzad>

RCN at party conferences

Health secretary Jeremy Hunt will attend the RCN fringe event at this month's Conservative party conference and will be interviewed by the health policy editor for *The Guardian*, Denis Campbell.

At the RCN event at the Labour conference, Diane Abbott, shadow health secretary, was interviewed by Victoria Macdonald, Channel 4's health and social care correspondent. The RCN also attended the Liberal Democrat's autumn conference and will be at the Scottish National Party conference later in October.

WHAT I'M THINKING



Lyndsay Buckland

RCN Regional
Communications Manager

The RCN's nine English regions are now on Facebook, including my area, RCN Eastern. Social media is a part of people's daily lives so it's important for the RCN to reach out to members in this way. We set the page up in May and already have more than 400 followers. We hope it's the start of a vibrant community.

There is always something happening in our region and Facebook is the perfect way to share this, because updates are much more frequent than traditional newsletters and it doesn't bombard members' email inboxes either.

Branch-led events, including recent centenary celebrations, which would otherwise have been missed by most members in our region are now promoted on the page and we share pictures afterwards too. We post information about the support available to members in the workplace but also on professional issues such as revalidation.

We try to keep it light-hearted and take every opportunity to recognise the achievements of our members, such as the awards they receive or promotions. Looking ahead, we're excited to use the page to campaign on local issues and to give a voice to our members.

To follow RCN Eastern, visit www.facebook.com/rcneastern and select "like".

See 'The online revolution', page 8

Pension plans threaten members' financial security

RCN members are campaigning against a Hertfordshire trust's plans to offer higher rates of pay to some nursing staff if they forgo their NHS pension contributions

Under the proposal, band 5 and 6 nursing staff who are not members of the NHS Pension Scheme will keep their employee contributions and receive a higher level of pay than Agenda for Change rates. The higher rate includes the value of the employer's pension contribution, resulting in an increase in basic pay of about 12 per cent.

East and North Hertfordshire NHS Trust is struggling to reduce its reliance on agency staff, and proposed the deal in an attempt to improve recruitment and retention.

“ This scheme risks a great deal for very little gain

The RCN is deeply concerned about the plans and their potential impact on the long-term financial security of nursing staff. Members have been warned not to take up the offer without seeking independent financial advice.



Janet Davies, RCN Chief Executive, said: "This scheme risks a great deal for very little gain. The solution is simple: pay nurses enough. Nurses won't then be forced to work additional hours for agencies, hospitals will not be left short staffed and patients will get better quality care."

Contact RCN Direct on 0345 772 6100 for information on accessing independent financial advice.

WHAT I'M THINKING



'Stacey' A&E staff nurse

Even with a degree I can't afford to save money, let alone purchase a home of my own. I'm a nurse in London and have to live nearly an hour away from work. It shouldn't be like this. Working to live shouldn't be this hard or mentally draining.

I can't afford to take annual leave; when I do, I end up working agency shifts which I hate because I know full well how much it costs the NHS. Even then, I still have barely £50 left in my bank account once I've paid the bills.

This isn't acceptable. It doesn't inspire people to work for the NHS or even train to be a nurse. The way I feel at the moment, I wish I had chosen a different career. I'm even looking at moving abroad where nurse salaries are appropriate for our level of training and knowledge.

The NHS is one of the reasons I was proud to have been born in the UK, but now it's one of the reasons I'm looking to leave. Why should I put myself in a position whereby I'm taking care of others to the detriment of my own health?

The RCN's Nursing Counts campaign calls on the Government to give nursing staff a fair pay deal. Order your campaign pack at <http://tinyurl.com/grabtnv>

www.rcn.org.uk/nursingcounts



What you've been saying

Overwhelming pressure

I work night shifts in a challenging behaviour unit with 18 residents. The management believe having two staff on shift is sufficient, even though residents at risk of falling or being assaulted are left unattended when other incidents occur. They maintain staff from other units can be called upon but when my unit needs assistance, the other units are also busy. As the nurse in charge, the pressure of this responsibility is becoming too much. It is no wonder that nursing homes struggle to keep staff.

✉ Anonymous, by email

Lack of support

I find myself in the same position as Pat Kavanagh (*RCN Bulletin* 343, page 8). I will not be able to continue bank work

past my revalidation date as I am unable to achieve the evidence I require. I think trusts have been particularly shortsighted in offering so little support to this group of staff.

✉ Janice Cornish, by email

A thoughtful culture

I was very impressed by your article on procurement (*RCN Bulletin* 343, page 12). I am retired, but during my days as a practice nurse I often came across cupboards full of out of date syringes, needles and blood bottles, and even expensive vaccines. We wouldn't be so sloppy with our supplies at home – don't we always put new things at the back and keep an eye on dates? We don't need special systems, just a culture of being more thoughtful.

✉ June Gooch, by email



QUOTE OF THE MONTH

Working well into old age, for a short-term boost in your salary, is not a price worth paying

Senior RCN rep Anne Wells on the pension scheme offer at East and North Herts NHS Trust

I'VE BEEN READING...



The Apple Tart of Hope by Sarah Moore Fitzgerald is about the trials and tribulations of teenage life.

It had a good message at its core (excuse the pun) that we should all use our talents to the best of our ability and try not to be influenced by negative people.

It was interesting to me as a school nurse and mother as it shows how easily children can be swayed and manipulated and that essentially, as health professionals, teachers and parents, we should all be looking out for our children.

Angela Pearce, school nurse

3 THINGS I BELIEVE



1. The NHS should be run by people who have been on the frontline.
2. I'm strongly against student nurses paying for their university education.
3. Nurses should be paid more in line with inflation year on year.

Angela Hill, intensive care nurse

GOT SOMETHING TO SAY?

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

HOT TOPIC



Social media has revolutionised the way millions of people communicate on a daily basis. Used responsibly, Facebook, Twitter and other media can be valuable resources for many in the nursing profession.

Has social media helped or hindered you in your work?

"I have gained a great deal of knowledge from social media," says **Jean** via email. As a practice nurse she regularly uses Twitter and Facebook to read up on the latest clinical updates. **Cath** agrees: "I use Twitter to stay up to date with work-related issues and research." **Andrea** adds that the instant nature of social media helps her engage in real-time discussions around the world.

Sally believes that learning through social media is more efficient because of the character limits on Twitter.

John adds that users can discuss their findings with others: "Social media enables people to learn collectively rather than consuming information alone."

However, **Jean** cautions against the conflicting and sometimes inaccurate information found on social media.

Ian adds that social media can help nurses feel more connected and avoid isolation. He says social media helps workers grow a peer network which is essential for professional development. **Hayley** agrees: "I have met some great people online who have helped support me in my roles as an RCN rep and patient safety lead."

MESSAGE TO MEMBERS



Janet Davies
RCN Chief Executive

In our busy lives, we don't often find time to reflect on the difference we make to our patients. Nor do we think about just how far our profession has progressed since the College was formed 100 years ago.

It's for these reasons I am so pleased to welcome delegates from around the world to London in November for our International Centenary Conference. This event is a unique opportunity to celebrate nursing and to learn from colleagues worldwide.

You will hear about, and be inspired by, the truly innovative work nursing staff are doing in Europe, North America, Peru, Sierra Leone and beyond. Our keynote speakers are leaders in their fields, and represent influential organisations in health care including the International Council of Nurses and the United Nations.

I hope our programme will challenge and excite you. It's full of workshops and symposia, and will encourage you to consider the challenges facing nursing in the next 100 years, and how we can meet them. Revalidation has placed a greater emphasis on keeping up with current issues, and attending the conference even counts towards your CPD hours.

Nursing staff are doing incredible work in incredibly difficult circumstances, so it's fitting that a conference to celebrate our achievements will bring the curtain down on a memorable centenary year.

Book now: www.rcn.org.uk/icc

Recognising the value of diversity

RCN Director of Membership Relations **Chris Cox** explains why the College is reviewing its equality and inclusion strategy

Almost everyone claims to believe in human equality as a universal right; yet everywhere there is marked inequality. Prejudice and discrimination are features of our human condition. Despite having legislation since 1965, there remains deep-seated societal disadvantage, with countless examples of sexist, racist, ageist, disablist and homophobic discrimination within the policies and practices of many organisations.

Why address equality in the workplace? First, because harnessing the differences among people, including factors such as age, sex, race and disability will create a more productive environment in which everybody feels valued, talents are fully utilised, and the organisation's goals can be met. And second, because there is a broader social justice or moral case for it.



What about unions? On the one hand, they have been instrumental in fighting against inequality and for social cohesion. But they have not always addressed their own lack of representation of disadvantaged groups, in leadership and decision-making structures.

Unions, like the RCN, must continue to promote equality for all through collective bargaining, campaigning, representation, union organisation and structures. A diverse union membership and staff ensures that diverse needs and concerns are on the union agenda.

8 FEATURES

An online revolution

Once viewed with anxiety, increasing numbers of nursing staff are using social media in their professional lives. Lynne Pearce talks to two trailblazers



All too often, research is perceived as part of a rarefied world, far removed from the day-to-day realities of health care. But when Claire Whitehouse (above, left, at a charity fundraiser) became a senior research nurse she was determined to shine a light on her team's work.

"Clinical research is often poorly understood and can appear mysterious to patients, staff and the public," says RCN member Claire.

So in December 2014, Claire and her team at Norfolk's James Paget University Hospitals NHS Foundation Trust posed for photographs, each holding placards explaining in simple terms why they do research. "We wanted to raise

awareness of what we were doing, introducing our team to clinical colleagues, patients and the local public," explains Claire, who has since been promoted to lead nurse for research. "It's the beginning of a conversation, enabling those who rarely have a voice to share their thoughts publicly."

Posted on the trust's Twitter account with the hashtag #WhyWeDoResearch, what began as a local initiative quickly gathered momentum, generating responses outside the trust.

Today, it's a global phenomenon, reaching 22 countries and generating more than 155 million tweets.

Patients have joined in too, sharing their own reasons for taking part in research projects.

Responses from staff, patients and volunteers include:

- to ensure babies get the very best care
- because without it we can't get to the core of the problem
- the high quality care we provide now is because of research in the past
- to give people with dementia an enhanced experience
- to save our daughter's life.

For Claire, the campaign's success is down to everyone who has taken part. "The age range alone is amazing – from pregnant mums writing their reason across their tummy to older people," says Claire, who shares the national lead collaborator role with Michael Keeling, a stroke nurse specialist at York Teaching Hospitals NHS Trust. "Michael has been involved since day four," she explains. "And his involvement has been pivotal."

In May this year, they hosted the world's first research Tweetfest, posting different topics for five days. These included connecting researchers, patients and the public; research into rare diseases; and the mental health of primary care workers.

"It's broken down the barriers, giving people the chance to talk about research and understanding that they can take part too, if they choose," says Claire. "Now anyone can see the motivation behind the work."



It's the beginning of a conversation, enabling those who rarely have a voice to share their thoughts publicly

Visit <http://whywedoresearch.weebly.com/> to find out more about #WhyWeDoResearch

'We' weekly chats

As an agency nurse for seven years, RCN member Teresa Chinn was beginning to feel increasingly out of touch. "I was working in different places, with no real colleagues," she says. "Although I tried to keep myself updated by reading and reflecting on professional articles and going to study days, I felt I was on my own."

When her husband suggested she explore Twitter to see if it could help overcome her professional isolation, initially she had lots of fears. "What if I said something wrong?" Teresa recalls.

Dipping her toe into social media, she began having regular conversations with nurses from different backgrounds. "I said to one, wouldn't it be great if lots of us could get together and discuss this one evening – and that's how WeNurses began," she says.

She launched the first Twitter chat, with the hashtag #WeNurses, one night in 2011. "I was so nervous," says Teresa, who received an MBE in 2015. "I had all the kids' laptops open – it was like mission control. You have no idea whether people will turn up or not – but 18 nurses joined in and I was delighted. At least I wasn't talking to myself."

From then #WeNurses has evolved quickly and today has 54,000 followers. While it's been challenging, she says: "I never wanted anyone

to be in the same situation as me or feel like I did – and that's kept me going. I've had nurses tell me that it's given them their passion back for nursing. That's why I do it."

Chats are held at least once a week, with many senior nurses regularly taking part. "They are brilliant role models, showing those with less experience how to use it, just as they would share their wisdom at a real-life meeting," says Teresa, adding: "Twitter works in our favour because it is an open space, so people tend to be on their best behaviour."

“ We have the whole world of nursing expertise on our phone

Other specialist "we" communities have formed since, setting up their own regular chats and being managed by small groups. These include #WeMHNurses, #WeSchoolNurses, #WeMidwives, #WeLDnurses, #WeDNs and more. For a full list, visit www.wecomunities.org

Looking ahead, Teresa is keen to help nursing staff use social media more productively. "We need to encourage them to use it well, rather than just be there," she says. "It's a nursing tool. For example, if you need to produce a policy on something you can spend time writing it yourself from scratch – or shout

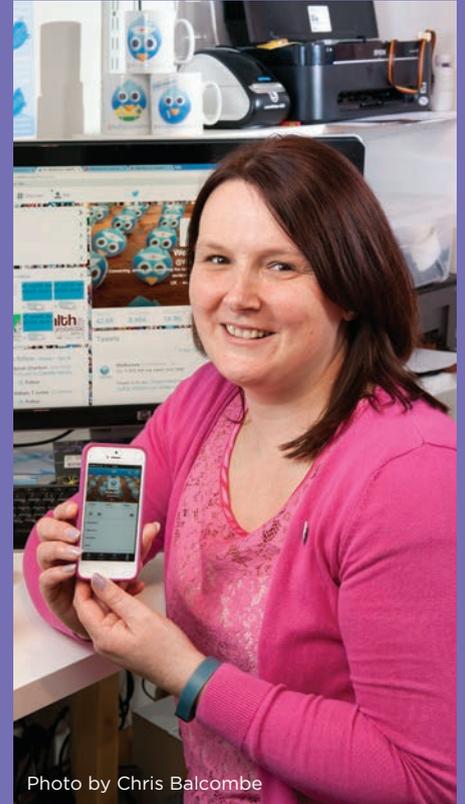


Photo by Chris Balcombe

out via social media to see what's already there and then cherry-pick. We have the whole world of nursing expertise on our phone."

#RCNchat

Every month the RCN hosts a Twitter chat on everything from pay and policy to practice, with subjects including student funding, nurse associates and revalidation.

“ Taking part can count towards your continuing professional development in some cases

"There are many benefits," says Rachel Purkett, Head of Digital and Member Engagement at the RCN. Alongside canvassing the views of members, those joining in can get

their questions answered, meet other professionals and find different groups. "It shows that the RCN is the voice of nursing," she says. "And taking part can count towards your continuing professional development in some cases."

Among the most popular chats has been one held on International Nurses' Day this year, which attracted more than 100 participants talking about what motivates someone to pursue nursing.

So how does it work? First the RCN chooses a topic, then posts questions using the hashtag, #RCNchat. Those taking part include this hashtag in their replies. "Everything is public, so everyone can see the conversation and join in," says Rachel.

New to social media?

The RCN has published a handy guide, *Getting Started on Twitter*. This includes information on how to sign up, what following, retweeting and mention means, and some top tips. For example:

- don't be afraid to abbreviate but make sure users can understand what you post
- use hashtags but not for every word – save them for the important stuff
- remember that tweets are public – be yourself, but don't tweet anything you wouldn't want your manager or a journalist to read.

Getting started on Twitter



Follow @theRCN



Download the guide from <http://tinyurl.com/zetlmen>

The case for fair pay

The RCN is preparing to submit evidence to the body that makes recommendations on NHS pay. Josie Irwin, Head of Employment Relations, explains the process



What is the RCN calling for?

The cap on pay increases since 2010 has damaged both the morale and finances of NHS staff. We are calling on the NHS Pay Review Body (PRB) to recommend that the Government starts to restore the value of Agenda for Change pay. RCN evidence shows that earnings of nursing staff in the NHS have dropped by 14 per cent against the cost of living since 2011 and health care support workers have lost over nine per cent. Leading commentators back our argument that continuing the one per cent cap on NHS pay awards is unsustainable.

Inflation affects staff wherever they live in the UK. Staff in Northern Ireland have lost the most. We are calling for a return to UK-wide pay rates using existing Scotland pay scales as the basis for all staff in the UK and an above-inflation award that starts to make up the 14 per cent gap.

How was the RCN position decided?

We consider the economic backdrop and agree on what makes the strongest case for a pay increase that helps recruitment and retention, is fair and improves morale.

Doesn't the RCN think nursing staff deserve more?

Staff deserve an award that fully makes up the 14 per cent that has been lost from the value of pay since 2010 – but we also have to be realistic and reasonable in what we ask for. An unrealistic claim runs the risk of alienating the public, which the Government would exploit.

What happens next?

All the NHS trade unions, the four UK governments and employers' bodies submit written evidence to the PRB by the end of September. We are then invited to make our

case verbally in late November. The PRB considers all the evidence and makes a recommendation to the four governments in the new year. The Government announces its decision in March.

Does the Government have to listen?

The PRB only has powers to make a recommendation. But we will be trying to get public opinion on our side to influence the Government.

What about unsocial hours payments?

The Government and employers have made it plain that they would like to see plain time rates instead of unsocial hours payments. The threat has not gone away but the Government had its fingers burnt by the junior doctors' dispute.

Would the RCN consider calling a strike?

RCN Council has been clear that in the event of an attack on unsocial hours, it would be prepared to consider industrial action – always a last resort and damaging. The RCN prefers to negotiate and reach agreement.



Earnings have dropped by 14 per cent since 2011

Members in the Channel Islands

Jersey is undergoing pay modernisation and the current mood on Guernsey is to take a similar route as we fight to get the best deal. Negotiations are carried out by senior regional staff and we rely heavily on our reps to be eyes and ears on the ground. The challenges of working on an island, especially one outside Agenda for Change, are immense but our members deserve the same high level negotiation as those on the mainland.

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

9549-2016

‘A healthful form of work’

Tom Metcalf previews a new RCN exhibition charting the history of public health nursing from its Victorian beginnings to the present day

Since the days of Florence Nightingale, nurses have played a central role in improving health as well as caring for the sick. Early public health work focused primarily on the management and control of sanitation and infectious diseases.

As the twentieth century progressed, and the focus shifted, public health nurses and midwives surveyed the homes of the poor, ensured children were vaccinated and reported on the health of the community. Today, public health nurses work with individuals and a range of agencies across communities, and are involved in specialist areas such as sexual health, HIV/AIDS and travel health.

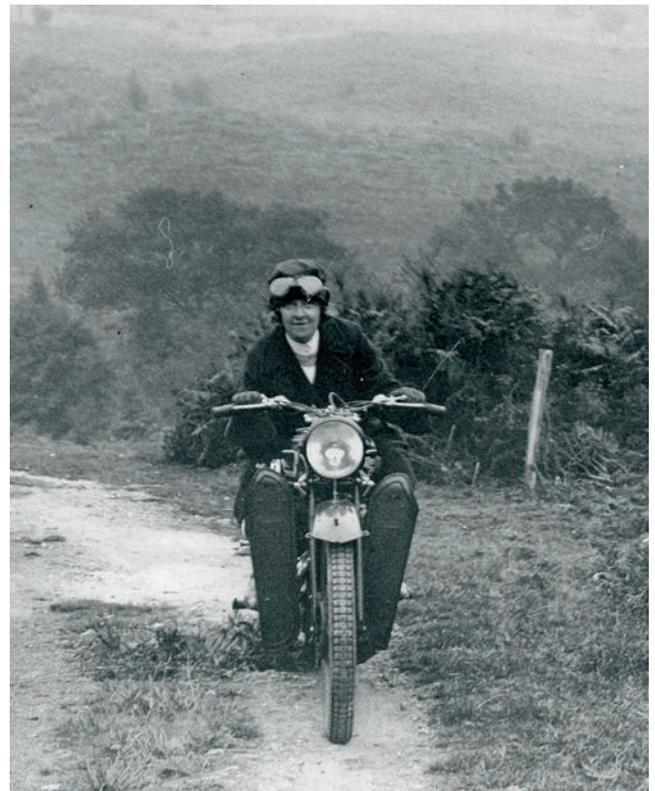
A new exhibition at the RCN Library and Heritage Centre in London showcases the shifting nature of this wide-ranging role and celebrates the vital part nurses have played in improving the national health. *A Healthful*

Form of Work: The History of Public Health Nursing, which opens this month, charts the evolution of the public health nurse from the late-nineteenth century to the present day.

The exhibition has been led by Helen Donovan, RCN Professional Lead for Public Health, and put together with help from members of the RCN’s Public Health Forum and History of Nursing Society (HoNS).

Helen says: “This exhibition will demonstrate the crucial role nursing teams have played, and continue to play, in working to ensure health care is available to everyone.”

Dr Jane Brooks, a HoNS member and senior lecturer at the University of Manchester, adds: “Public health nursing is as important as ever, as shown by recent disease outbreaks like Ebola and current concerns around antimicrobial resistance.”



On duty for the West Sussex County Nursing Association, 1931



Mother and baby clinic, 1950s

Early public health

Early public health nursing roles extended beyond caring for the sick, to encompass advocacy, organising community health care and education, as well as political and social reform.

Community nursing teams and health visitors provided help to families, educating parents on the best way to bring up their children. Older people needed support too, as the industrial revolution split many family units who sought work in towns and cities.

Nineteenth-century class inequalities contributed to the bad health of the poorest in society. The Boer War (1899-1902) prompted questions about the physical health of working-class males, when finding fit young men to fight proved difficult. As a result, infant welfare became a priority to improve levels of health among the population.

Photos courtesy of RCN Library and Archives

Health promotion and education

The welfare state of post-Second World War Britain aimed to create a fairer country. All children had access to free school milk, mass clearance of slum housing gave way to newly built homes for all, and decent health care was no longer limited only to those who could pay.

By the latter decades of the twentieth century, public health campaigns had become the norm and nurses were instrumental in communicating messages. People were educated about the dangers of smoking, unprotected sex, excessive alcohol consumption and the merits of healthy diet and exercise. More recently the focus has moved to the obesity epidemic.

Public health today

As an ageing population creates new challenges and health inequalities remain widespread, it becomes ever more important to highlight the key role of the public health nurse.

The history of public health nursing provides insight into future challenges. As resistance to antibiotics grows, for example, there is much to learn from the historic role of the health visitor, whose sanitary and legal knowledge and awareness of disease control was just as important as her nursing skills.

As support for the overworked mother, educator for the distressed teenager and lifeline for the ageing couple, public health nurses have been welcomed into people's homes for generations – and are still made welcome today.



Vaccination

Outbreaks of infectious diseases such as smallpox, tuberculosis and diphtheria have been documented for thousands of years, but by the twentieth century rates of infectious disease dropped significantly with improvements in hygiene sanitation and living conditions. Vaccines also became increasingly available, preventing once common infections.

Vaccination is one of the big international public health successes, second only to clean water, in preventing disease. It is recognised as one of the most cost-effective health care interventions undertaken. Nurses are the main professional group involved in the administration of vaccines, as well as providing information to the public and answering their concerns.

There are always new and emerging infections. Antibiotics that were once heralded as miracle drugs are now at risk. Bacteria have started developing resistance resulting in the re-emergence of once rare infections, such as gonorrhoea and syphilis. The nursing role helps to address these new challenges, increasing awareness of unnecessary prescribing, counterfeit medicines and essential infection prevention measures.

To celebrate the launch of the exhibition the RCN will be hosting a panel discussion on the history of vaccination at RCN HQ on Tuesday 4 October. For more information and to book your place visit <http://tinyurl.com/z32hh8a>

WHAT I'M THINKING



Sandra Grieve

RCN Public Health Forum

As a nurse with a background in travel health, my involvement in the exhibition has been to make sure we get the message across that public health extends far beyond things like immunisation and sanitation.

Travel health is an important public health area of practice. We live in a global village and people need advice and information when travelling to areas of the world with differing public health standards – the recent Zika virus outbreak in Brazil during the Olympics being a case in point.

The origins of travel health nursing can be seen in the nineteenth-century missionaries who took health messages to far-flung parts of the globe – Florence Nightingale was a missionary in her own way with her work in the Crimea. Today's travel health professionals advise travellers pre-departure, whether they are going on holiday, business, or as aid workers or rapid responders.

A Healthful Form of Work traces the evolution of public health nursing and helps us to understand where we've come from and where we're going. It's been fascinating combing the archives and looking back at how nursing has changed, even in the 40-odd years since I started.

The exhibition will show nurses and members of the public alike the significant advances in knowledge and technology, as well as reinforcing the broad scope of public health.

www.rcn.org.uk/forums



School nurse cuts put children at risk

The RCN is warning that a lack of relationship and sex education, caused by falling numbers of school nurses, may be putting vulnerable children at risk of exploitation and abuse

Figures released at the RCN school nurses conference show the number of school nurse posts has plummeted 13 per cent since 2010, leaving a gap in the provision of sex and relationships education (SRE) considered crucial to safeguarding children.

A recent BBC investigation found there were 5,500 sexual assaults in the school environment during a three year period, including one rape nearly every school day. Meanwhile a survey by the National Union of Students suggests half of students learn about sex through watching pornography, while two thirds received no information about consent in their SRE lessons.

Suzanne Watts, Chair of the RCN's Children and Young People's Staying Healthy Forum, who helped organise the conference said: "It's difficult,

because in today's world, you can't stop children with access to the web from seeing pornographic images. Age appropriate sex education should be provided when children are quite young so that by the time they have access to the internet they have a better understanding. We should adopt a life-course approach, so that this is something that is talked about early on. And we should be lobbying for compulsory sex education in schools."

The RCN is calling for the Government to secure school nursing roles to help deliver effective SRE for all children and young people.

RCN Professional Lead for Children and Young People's Nursing Fiona Smith said: "School nurses have the training and expertise to really drive forward sex education.



However, with numbers dropping all the time, they simply don't have the capacity to follow this through. These roles should not be under threat when they're so badly needed."

📄 [Download presentations from the conference at http://tinyurl.com/gqm5nkj](http://tinyurl.com/gqm5nkj)

Compartment syndrome warning system launched

The RCN Society of Orthopaedic and Trauma Nursing (SOTN), in collaboration with the British Orthopaedic Association, has developed an early warning scoring tool to improve the detection of compartment syndrome.

Compartment syndrome is the result of increased pressure in a muscle compartment. It can develop in any region of the body that has a muscle compartment with little or no capacity for tissue expansion, although the most



It is designed to increase the likelihood that pain is detected

frequently affected sites are the legs and forearms.

Sonya Clarke, Chair of the SOTN, said: "The tool is designed to increase the likelihood that pain can be accurately detected before acute limb compartment syndrome (ALCS) develops."

This is important because patients with an anaesthetic nerve block or continuous epidural infusion may be unable to report the pain associated with the syndrome.

Patients at risk of ALCS include those with tibial or forearm fractures, including open fractures, and victims of high impact trauma and crush injuries.

The tool forms the final part of a three-year peripheral neurovascular project. It has been piloted with registered nurses across the UK and the society hopes to roll it out further in future.

Download the tool from www.rcn.org.uk/publications

Crisis in community care

Members of the RCN's District Nursing Forum have been highlighting the pressures facing the specialty as a new report from the King's Fund shows community care in crisis.

Unmanageable caseloads and shortages of staff are compromising quality, with district nurses at breaking point due to a profound and growing gap between capacity and demand, the report concluded.

The RCN wants to see greater investment in the workforce after it warned the district nurse role is in danger of extinction.

Kathryn Yates, Professional Lead for Primary and Community Care at the RCN, said: "The long-term problem of staffing has to be tackled now. To let the decline continue would be to knowingly deprive patients of care which makes a proven difference."

Your case studies needed

The RCN is encouraging members and the public to share their stories of how health visitors have made a difference to patients' lives. According to the latest workforce figures, the number of health visitors in England has been falling since the start of 2016. Anecdotal evidence suggests this is the start of a significant reduction in the numbers of these crucial professionals, due to reductions in local authority budgets.

Help the RCN demonstrate why health visitor cuts must be halted to prevent a future public health crisis. Submit your story at www.rcn.org.uk/health-visitor



Abstracts deadline

The deadline for potential presenters to submit abstracts for next year's RCN Education Forum conference is 17 October. The event is an opportunity for members to shape the discussion about how best to prepare a nursing workforce fit for the future.

Nursing Education and Professional Development: The Global Perspective takes place from 21-22 March at Cardiff City Hall. There will be presentations on accessing learning, continuing professional development and specialist education.

Find out more by searching for "education" at www.rcn.org.uk/events

American accolade for cardiology nurse

An RCN member has become the first nurse to be elected as a fellow of the American College of Cardiology.

Tom Quinn, Professor of Nursing and Associate Dean for Research at Kingston University and St George's University of London, is a former chair of the RCN's Cardiovascular Network and has been an RCN member for more than 30 years.

Tom said: "I'm delighted to be given this honour as I believe no other nurse has this title. I am very proud and hope this recognition reflects on all cardiac nurses."

THE VIEW FROM HERE



Jason Warriner
RCN Public Health Forum chair

Alcohol misuse is identified as the third largest preventable cause of ill health and premature death. This fact alone demonstrates why we have to take action and encourage people to drink less.

The Government's new recommendations clarify the number of units that should be consumed each week. They state that both men and women should drink no more than 14 units whereas previous guidelines stated an upper limit of 21 units for men and 14 units for women. This equalisation is a big step forward in giving a consistent message.

But will members of the public take note? Considering the large number of public health messages we're currently promoting, it's difficult to predict whether the new recommendations will be followed. Other messages can also conflict. Should we talk about obesity in the context of alcohol reduction? Or perhaps we should focus all our energy on smoking cessation?

Clearly we have to promote alcohol awareness and reduction, and we must find the right time to discuss this with a patient. Yet the conversation must be two-way. We must also consider where the individual is in their lives. Are they ready to make a change and are they in a place to listen to help provided?

There are always challenges when new guidelines on diet, alcohol and exercise are published. Translating them into reality and considering their impact on people's lives requires a considered approach.

www.rcn.org.uk/forums



16 EVENTS

For details of more events visit the region and country pages of the RCN website or go to www.rcn.org.uk/events

ENT nursing

Facing the challenge

11 November

RCN headquarters
20 Cavendish Square
London W1G 0RN

This RCN conference will explore the challenges of managing chronic conditions affecting patients with ear, nose, throat (ENT) and head and neck problems, which are becoming more prevalent as growing numbers of patients survive disease but face functional loss.

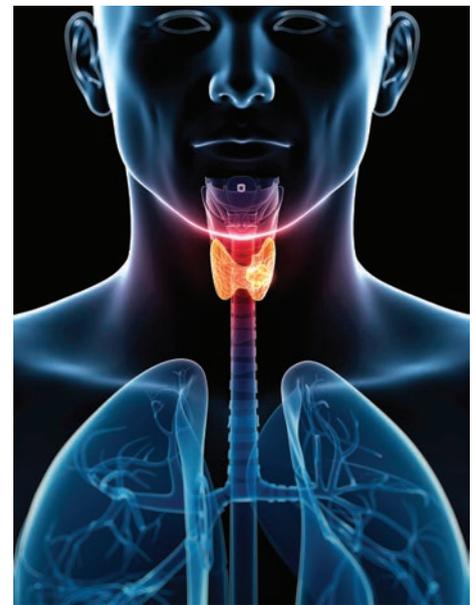
At one of the only dedicated ENT and maxillofacial events in the UK, delegates will take part in thought-provoking debates with leading clinical experts and hear the experiences of patients who have undergone treatment.

Topics include the challenges of surviving head, neck and thyroid cancers, living with laryngectomy, and the burden of disease allergy.

Andrew Hill, Chair of the ENT and Maxillofacial Nursing Forum, said: "Patients with chronic conditions in ENT and head and neck are often very knowledgeable about their conditions and are a rich source of information. This is reflected in our varied programme which is focused around caring for patients with longer-term conditions."

The conference is open to all members and non-members with an interest in ENT and maxillofacial care.

🕒 For more information and to book your place visit <http://tinyurl.com/hrjwzk6>



Black History Month

A fair future for all

14 October

The Collection Hotel
Birmingham

To mark Black History Month, the RCN is co-hosting a free conference to explore the clinical and cultural issues that particularly affect black and minority ethnic patients, service users and health service staff. Speakers include Tracie Jolliff, Head of Inclusion and Systems Leadership at the NHS Leadership Academy, and Wendy Irwin, RCN Diversity and Equalities Lead.

🕒 Visit <http://tinyurl.com/hja3kkz> to book your place.

Defence nursing

Advances in trauma care

7 November

RCN headquarters
20 Cavendish Square
London W1G 0RN

The advances in military trauma nursing, which have improved treatment and survival rates in war zones, are increasingly being applied to civilian settings. These include the fallout from natural disasters, refugee crises, and the provision of safe and affordable acute and trauma care in the developing world.

This workshop will demonstrate how advances in military trauma care in areas of limited resources can be adopted in civilian environments. Programme



highlights include an update on the Global Safe Surgery Campaign and a case study on delivering safe surgical care in conflict.

The workshop will be followed by a remembrance ceremony taking place in the early evening. The service will honour the sacrifice made by nursing staff and defence medical service personnel killed or wounded caring for victims of conflict.

🕒 Visit www.rcn.org.uk/defence16 to find out more and book your place.