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**PAY CAMPAIGN INTENSIFIES**  
NEWS P3

---

**TRADE UNION BILL VICTORY**  
NEWS P5

---

**RESPONSE TO SUPPORT ROLE PLANS**  
FEATURES P11

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ISSUE NO. 338 APRIL 2016



# A POSITIVE CHOICE

NURSING OLDER PEOPLE P14

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

**Editor:** Kim Scott  
**Editorial:** 020 7647 3627  
**Email:** [bulletin@rcn.org.uk](mailto:bulletin@rcn.org.uk)  
**Web:** [www.rcn.org.uk/bulletin](http://www.rcn.org.uk/bulletin)  
**Address:** 20 Cavendish Square, London W1G 0RN  
**Classified advertising**  
**Tel:** 020 8423 1333  
**Fax:** 020 8872 3197  
**Email:** [advertising@rcni.com](mailto:advertising@rcni.com)

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## RCN project helps improve care in Zambia

Nine months on from its launch, the RCN's partnership with the Zambian Union of Nurses Organisation (ZUNO) is helping to improve nursing practice in Zambia.

Funded by the Department for International Development and the Tropical Health and Education Trust, the RCN is supporting ZUNO to implement the World Health Organisation's safer surgery checklist at the University Teaching Hospital in Lusaka.

So far about 170 nurses, doctors and porters have been trained, and uniform manufacturers Grahame Gardener have provided 100 high quality scrub suits for staff.

The next step is to develop a team of safe surgery "champions" to advocate better care in the hospital.

## Mary Seacole award applications open

RCN members can now apply for an award to fund their own project to improve health outcomes for people from black and minority ethnic communities.

The awards are named after Jamaican nurse, Mary Seacole, in recognition of her work during the Crimean War. There are two award programmes available – development awards and leadership awards. Apply by 20 May at <http://tinyurl.com/zq2tsug>

## Congress booking now open

Book your place at the UK's largest nursing conference and exhibition event, RCN Congress, which takes place this year from 18 to 22 June in Glasgow. Join thousands of other RCN members and be involved in debating the latest nursing issues, attend seminars and build your evidence for revalidation.

➡ Turn to page 16 to find out more. Or visit [www.rcn.org.uk/congress](http://www.rcn.org.uk/congress)

## RCN responds to 'nursing associate' consultation

The RCN has published its response to Health Education England's consultation on proposals to introduce a new nursing support role. The provisionally titled "nursing associate" role aims to bridge the gap between health care assistants and graduate registered nurses.

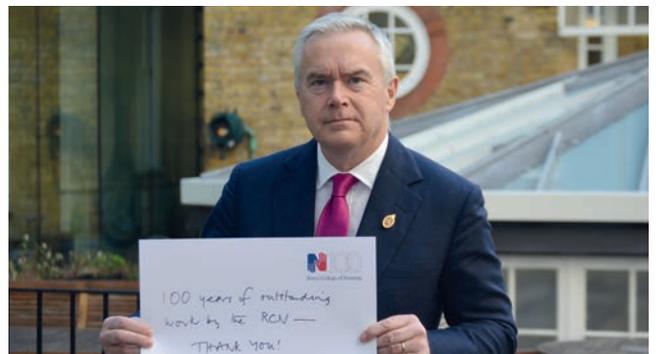
The RCN believes the proposals recognise the vital contribution of the health care support workforce, and provide a structure for those who wish to become registered nurses, but warns the role must not replace registered nurses, of which there is already a shortage.



There are worries these roles could result in a continuing lack of registered nurses

Janet Davies, RCN Chief Executive

See page 11 for more.



## The RCN turns 100!

The RCN celebrated its centenary on 27 March, marking 100 years to the day since the incorporation of the College of Nursing Ltd. Celebrities, politicians and prominent health figures took to social media to thank the College for its work over the past century. Visit [www.rcn.org.uk/centenary/anniversary-messages](http://www.rcn.org.uk/centenary/anniversary-messages) to see the gallery of well-wishers, including BBC News presenter Huw Edwards (pictured).



## Thinking of sprucing up your home this spring?

Visit RCNXtra between **11 and 17 April** to get the best deals on homeware and utilities from brands such as **John Lewis, Argos, Virgin Media** and **Vodafone**. Don't forget you will collect WOWPoints as you shop!

*Xtra benefits. Xtra easy.*  
Register now at [www.rcn.org.uk/xtra](http://www.rcn.org.uk/xtra)



## Celebrating Nurses' Day 2016

Members can now order free RCN materials to help celebrate Nurses' Day on 12 May. The day, on the anniversary of Florence Nightingale's birth, is an opportunity for patients and the public to thank nursing staff for the difference they make to people's lives.

Nurses' Day events will be taking place across the country, and RCN members can share details of their celebrations at [www.facebook.com/events/177364795987281/](http://www.facebook.com/events/177364795987281/)

🕒 To order your free Nurses' Day materials including bunting, posters and paper cups, visit [www.rcn.org.uk/nursesday](http://www.rcn.org.uk/nursesday)

## Revalidation closely monitored as launch date passes

Revalidation, the new process for nurses and midwives to demonstrate they practise safely, came into effect on 1 April. From now on all Nursing and Midwifery Council (NMC) registrants will have to show they meet revalidation requirements every three years to remain on the register.

While the RCN is supportive of the model, it will be monitoring the impact of revalidation closely. Visit [www.rcn.org.uk/revalidation](http://www.rcn.org.uk/revalidation) to find out more or seek support on how to meet the requirements at [www.nmc.org.uk/revalidation](http://www.nmc.org.uk/revalidation)

## 'Nurses can't afford for this to continue'

The RCN steps up its fight for fair pay after the announcement of a meagre one per cent rise for NHS staff



All four UK governments last month accepted the recommendations of the Pay Review Body (PRB) of a one per cent pay increase, applying to all points on the Agenda for Change (AfC) scale from 1 April.

The RCN said it was encouraging that the PRB's recommendations had been accepted, but argued that nursing staff could not afford continued pay restraint.

Chief Executive Janet Davies said: "More and more nurses and health care assistants are being forced to consider their future in the profession they love. Nurses can't afford for this to continue, and neither can the health service."

Nursing pay has fallen by at least 14 per cent in real terms in the last six years and more staff are taking second jobs to make ends meet.

The PRB acknowledges that NHS funding is a "significant challenge" across the UK. Its report highlights particular pressures

in Northern Ireland. AfC rates there are at least one per cent behind the rest of the UK and the report says a continued pay freeze could store up problems that will require an expensive pay solution.

“Nurses are being forced to question their future in the profession they love

The PRB also warns that removal of the student bursary in England could have an "unsettling effect" on the number and quality of applications for training.

The RCN is supporting members to fight for fair pay in the NHS and beyond through its *Nursing Counts* campaign. The campaign website includes new materials that can be downloaded or ordered and which highlight the threat to high quality care of continued attacks on pay.

🕒 Visit [www.rcn.org.uk/nursingcounts](http://www.rcn.org.uk/nursingcounts) and see page 7 for more.

## Nursing to remain classified as a shortage occupation



Nursing shortages have been recognised by government advisers who decide which professions should be exempt from immigration rules. The Migration Advisory Committee (MAC) “reluctantly recommended” that nursing should remain on the shortage occupation list (SOL) while criticising the health sector for failing to maintain a sufficient supply of UK nurses.

Nursing was temporarily placed on the SOL in the autumn, following

a concerted RCN campaign. Being on the list makes it easier for NHS and social care providers to obtain visas for nurses from outside the European Economic Area (EEA).

RCN Director of Nursing, Policy and Practice, Donna Kinnair, said: “This is a positive and forward-thinking recommendation that will benefit patients, staff and the health service. It also lays bare the short-term decisions and failure to plan for the long term which have led to this position.”

The MAC recommends limiting the number of places available to non-EEA nurses via the Tier 2 visa route to 5,000, with a gradual reduction in this limit over the next three years.

It also suggests employers should be required to complete a resident labour market test before hiring from outside the EEA to ease concerns that overseas nurses are being used to undercut the pay of UK nurses, rather than to address staffing shortages.

Donna added: “The committee has echoed our view that this situation must be avoided in the future through better workforce planning, while recognising that these nurses are needed for the coming months and years.”

The Government has indicated it will accept the MAC’s recommendation to keep nursing on the SOL. It also said nurses will be exempt from an increase in the salary threshold for Tier 2 visas until July 2019.



This is a forward-thinking recommendation that will benefit patients, staff and the health service

➔ Read the MAC review of whether nurses should stay on the UK shortage occupation list at <http://tinyurl.com/hv38jt2>

## RCNi launches e-learning platform for nurses

RCNi, the RCN’s publishing company, has launched an e-learning platform designed to support registered nurses and students through their studies, continuing professional development and revalidation.

RCNi Learning offers 135 modules covering 43 topics, with a further 50 modules to be released soon. All are evidence based and peer reviewed.

Rachel Armitage, RCNi Managing Director, said: “RCNi Learning is interactive, with features and functionality that engage the user and facilitate high quality learning experiences.”

Accredited by the RCN, the platform is available to individual nurses, students, health care organisations and universities. Visit [www.rcnlearning.com](http://www.rcnlearning.com)

### NOTICE OF RCN AGM

This year’s Annual General Meeting (AGM) will be held on Tuesday 21 June at the SECC in Glasgow at 2.15pm.

*Janet Davies FRCN, Chief Executive & General Secretary*

Voting will be by show of hands in accordance with Standing Order 17.1. Members unable to attend the AGM may vote by proxy. Proxy votes will be counted in the event of a poll being called under Standing Order 13. The AGM agenda and proxy voting form will be published on the RCN website at [www.rcn.org.uk/AGM2016](http://www.rcn.org.uk/AGM2016)

## RCN joins climate change alliance

A major new alliance of leading health organisations, including the RCN, has warned that health services are unprepared for the risks posed by climate change.

The UK Health Alliance on Climate Change says that extreme weather events like flooding and heatwaves pose direct risks to people's health and systemic threats to hospitals. It has urged the Government to put action plans in place to ensure the public, and the health systems they rely on, are able to respond.

Visit [www.ukhealthalliance.org](http://www.ukhealthalliance.org)

## Support to speak up for safe care

Nurses and midwives facing disciplinary panels will be given credit for being honest about mistakes, Health Secretary Jeremy Hunt has announced. Unveiling measures to improve transparency and safety in the NHS, Mr Hunt recommended that registrants facing Nursing and Midwifery Council hearings who do not try to cover up their errors and who apologise should be recognised.

He also announced that staff who co-operate with investigations following hospital mistakes will be protected and supported to speak up. Read the RCN's response at <http://tinyurl.com/h59u9pe>

## THE VIEW FROM HERE



### Charlotte

#### Agency nurse

When the idea of revalidation first came along I hoped it might just disappear. Then I met a nurse who let her registration lapse and had to wait eight weeks to get back on the NMC register.

I wasn't going to be caught out, unable to work, so I took a deep breath and made a revalidation appointment with my nursing agency. It proved easier than I thought.

Then on a quieter shift at work, I asked a few colleagues to write some feedback on my practice. I sat with my children while they did their homework and did my "homework" too. I found writing the reflective accounts quite cathartic. By thinking about the way I work and relating it to the code, I really did study and digest what it should mean to be a nurse.

As for collating all my various study day certificates and listing my CPD hours onto one form, well, it was most rewarding to finally be organised.

So what I'm trying to say is that revalidation isn't as irksome as it may seem. It's good for us to reflect. If I was in charge of the NMC, or indeed if I was a patient, I'd like to know that nurses do read their code of conduct. And if revalidation makes us do this, well then perhaps it isn't such an imposition on our precious time after all.

## Vote to protect trade union facility time 'a victory for patient care'

Following RCN lobbying, the House of Lords has voted to change proposed trade union legislation to protect the amount of time representatives can spend supporting members

Peers last month backed an amendment proposing the removal of a clause in the Trade Union Bill that would have given ministers the power to put a cap on "facility time", which allows representatives to undertake their union role. The RCN says the changes made will help in the fight for safe patient care and improved working conditions.

Cross-bencher and nurse Baroness Watkins helped persuade fellow peers that facility time arrangements increase efficiency and patient safety.

Evidence shows that when RCN representatives have enough facility time they can influence issues such as staffing levels, the management of agency nurses, staff sickness and stress. The RCN



argues there is a strong economic case for preserving existing arrangements, with facility time closely linked to organisational productivity.

Janet Davies, RCN Chief Executive, said the vote was a victory for patient care. "The Government should think twice before reinstating this damaging clause," she stressed.

The bill will now return to the House of Commons where MPs will debate the changes made in the Lords.

The RCN is urging members to contact their MPs and ask them to support the peers' amendments. Visit [www.rcn.org.uk/get-involved/tu-bill](http://www.rcn.org.uk/get-involved/tu-bill)

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



## WHAT I'M THINKING



**Doreen Crawford**  
Senior lecturer in child health

I can't be the only one wondering what nurses have ever done to deserve the pounding which is coming our way.

There was the great pension robbery, then the pay restraint and now the bursary blunder. One can be forgiven for thinking the Government has abandoned nurses. Why?

Nurses have been the backbone of the NHS, we are the glue which holds it together. All we ask is for a decent wage and the respect that should be due to dedicated professionals who work 24/7, often under pressure, to ensure the sick, the weak and the vulnerable get the care an affluent and sophisticated society should provide.

It is said a society can be judged by the way it treats the young and the elderly. Children's outcomes in the UK are among the worst in Europe and care of the elderly is fast becoming a national scandal. Why?

Children's nurses have traditionally been passive, hardworking and content to do a good job in the interests of the children and families we are committed to.

But now we may have another role. We may have to find the energy to confront by reasoned argument and debate the lack of cash, constant crisis, control and change imposed on us by the Government.

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



## What you've been saying

### A big mistake

Regarding "Focus on efficiency must not be at the expense of safe care" (*RCN Bulletin* 337, page 4), I'm concerned about the report calling for "a new metric, care hours per patient per day, which would measure care according to how much time nursing staff spend with patients".

I've attended branch meetings with staff from a local private hospital who had their care measured in this way. It just didn't work. You can't measure how much time you need with patients. What do you do when three out of six patients die in one shift? Do you measure the time you need to spend with the relatives as well? Measuring patients is the biggest mistake the NHS makes.

Sarah Eardley, via email

### In my day

I trained at the Leicester Royal Infirmary from 1953 to 1956 and worked at Northern General Hospital in Sheffield for 25 years, where I became a clinical sister manager.

In those days, to stop the spread of infection, no nurse dared leave the hospital in uniform. When leaving the ward for a break we removed our aprons and put them back on when we returned.

The lockers were wiped down daily with antiseptic wipes, beds pulled out from the wall and bedsteads cleaned. When a bed was vacated it was replaced by a clean bed. I know things are different now, but basic care should not alter.

A.A. Herrington, via email

## QUOTE OF THE MONTH

'Carry on nurses' and congratulations on your 100th anniversary – thank you for all you do!

Actress Barbara Windsor DBE on the RCN's centenary

### I'VE BEEN READING...



*The Black Report* (1980), edited by Peter Townsend and Nick Davidson, has findings from the 1977 Labour Government research into the widening gap in health between the richest and poorest. It is shocking and even then there was talk of the need for health and social care integration. I was studying O Levels when I first read this book and became aware of the impact of inequalities of gender, income, race etc. on health outcomes and quality of life. I thoroughly recommend it.

Karen Webb, Regional Director  
RCN Eastern Region

### 3 THINGS I BELIEVE



1. You need to be caring and compassionate for all your patients.
2. Commitment to the job is so important. You have to be prepared to go that extra mile.
3. Treat people as you would wish to be treated. It's an old saying but a good one.

Yvonne Notman, staff 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@ren.org.uk](mailto:bulletin@ren.org.uk)

## HOT TOPIC



### What impact would leaving the EU have on nursing?

“Health and safety in health care settings is just one of the ways in which we have benefited from EU membership”, says **Denise McLaughlin**, Chair of the RCN UK Safety Representatives Committee. “For example, because of an EU directive nurses are now much better protected against needlestick injuries. The RCN was influential in getting this directive passed and played a key role at European and UK level in getting the health and safety executive to implement safe sharps legislation.

“I do not think we would have been as influential in getting these safety measures adopted across the EU if the UK had not been a member

state. If we left the EU, although we could continue to be members of the European Federation of Public Service Unions (EPSU), we would be unable to participate in social dialogue within the EU.”

**Zeba Arif** is also concerned about the impact leaving the EU could have on nursing. “European legislation has safeguarded workplace rights, and regulations such as the working time directive have benefited safe practice. These may be compromised, even lost, if we were to leave.”

On Twitter, **Sally Jacobs** simply says “Pay will increase”. **Peter Hall** suggests “Money spent could be piled into health care.” **Brit EUROPEAN** says EU mutual recognition of nursing qualifications provides fantastic opportunities to work elsewhere in the EU. And **Graham Lake** agrees. “It gave me the freedom to practice within the EU,” he says.

## MESSAGE TO MEMBERS



**Michael Brown**  
Chair of RCN Council

NHS nursing staff across the UK are extremely despondent about the one per cent pay award announced last month. The sad thing is, I don't think any of us were surprised. Nurses have seen a 14 per cent real terms fall in wages since 2010. It's time the Government woke up and listened.

We need you to join in the fight so we can garner the power of all 430,000 of your voices. That's the aim of the *Nursing Counts* pay campaign; to support you to speak up for fair pay. It's about all of us working together and being stronger as a result.

The Government is standing firm in its dispute with junior doctors and my concern now is that this could set a precedent for something that will attack the terms and conditions of nursing staff. Not only would this risk deterring a generation of future nurses, it would crush the morale of the existing workforce, which we know is detrimental to patient care.

It's time to start talking about pay, then talking some more to drive the message home. If each one of you uses the *Nursing Counts* campaign materials to have conversations with 10 colleagues, then they each have conversations with 10 more, you'll see how quickly this campaign can grow. Don't sit back and let poor pay be the norm.

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



## Revalidation is here

The new process for registration renewal is not arduous, argues NMC Chief Executive Jackie Smith as the first group of nurses complete their applications.

I am delighted to say that thousands of nurses and midwives on our register have already successfully submitted their revalidation applications to the NMC.

We've heard from many of those who have been through the process and they are telling us what a valuable experience it has been. Focusing on feedback, reflection and engagement with others, revalidation is providing the opportunity for nurses and midwives to look at their own practice in ways that they may not have done previously.

Revalidation is also bringing a renewed focus on the code and nurses and midwives have told us that, as a result of the new process, they are using the code more in



their day-to-day practice than ever before. One consistent piece of feedback we've received is the importance of preparing for revalidation in good time. You can find out your revalidation date at NMC Online and begin putting together your portfolio right now, so when the time comes to revalidate, you have everything you need to hand.

We have a range of resources available at our revalidation microsite to help support you through the process, including forms, templates, case studies and films. Visit [www.nmc.org.uk/revalidation](http://www.nmc.org.uk/revalidation)

## Playing a vital part

Daniel Allen explores the outcome of an RCN project to demonstrate the value of nursing staff in preventing illness and promoting healthier lives



Dip into your chosen source of health news these days and it's a safe bet you will find at least one mention of mounting public health issues putting a real strain on services. Messages about living healthier are, it seems, not always hitting home.

The launch last month, for example, of Public Health England's *One You* campaign, aimed at middle-aged adults, was accompanied by some disturbing statistics: 40 per cent of all deaths in England are related to habits and behaviour – eating too much, smoking, being inactive; and 42 per cent of adults in midlife are living with at least one long-term health condition that can increase their risk of disability or early death.

The RCN has long campaigned for proper investment in public health: the argument that early prevention is more cost effective than later treatment seems indisputable. Even so, back in November the Department of Health in England imposed a

6.2 per cent cut on all local authority health budgets, regardless of levels of deprivation, a move which the RCN said at the time jeopardised public health measures. Chief Executive Janet Davies commented: "The current government has been expressing very laudable intentions in terms of prevention and public health but the finances are going in a completely different direction."

### Opportunities and challenges

In an attempt to refocus the public health debate and demonstrate the key role nursing staff can play, the RCN has produced a new body of work, *The Value and Contribution of Nursing to Public Health in the UK*, which explores opportunities, challenges and perceptions.

There are three parts to the project:

- a series of case studies designed to show the diversity of nurses' public health roles
- a survey that sought the views of commissioners, planners

and designers of public health services

- in-depth interviews with a sample of survey respondents and other stakeholders.

Helen Donovan, RCN Professional Lead for Public Health Nursing, believes the project is timely: all UK governments are producing policies and action plans on public health.

Helen, who led the project, says in the public health arena a nursing qualification brings with it a unique perspective.

"So, for example, while you can have a health trainer giving smoking cessation advice, when somebody has, say, mental health problems or a learning disability or has been smoking for 50 years, you need someone to manage that who has those extra counselling skills, those nursing skills of assessment and knowing where you step in and where you don't."

Against the paradoxical backdrop of cuts to public health budgets and policies that aim to make us lead healthier lives, the project is an attempt to show the added value nurses can bring to public health teams, Helen says. "We're not saying nurses alone can do it but that they should definitely be an integral part of the system."

The case studies included in the project reveal an incredible range of public health initiatives where nursing staff play leading roles – weight loss for overweight children in Northern Ireland,



Everybody has a role, not just those with a specialist interest

### Conference coming soon

The RCN is a partner in the Faculty of Public Health's annual conference in Brighton on 14 to 15 June. The conference will showcase the breadth and variety of nursing's contribution to public health, and the RCN's expertise will be an integral part of the programme.

RCN members can attend both days of the conference for a special discounted fee of £220 or one day for £150.

See [www.rcn.org.uk/news-and-events/events/foph-2016](http://www.rcn.org.uk/news-and-events/events/foph-2016) for details.

🔗 *The Value and Contribution of Nursing to Public Health in the UK* is available on the RCN website. To read the case studies and hear audio clips from members, go to [www.nurses4ph.org.uk](http://www.nurses4ph.org.uk)

for example; a health promotion hub in rural Wales; a health literacy programme in Scotland to promote self-management; sexual health for homeless people in Bradford. It's a long list.

### Innovation in action

Liz Burns (pictured) is a mental health nurse and former public health development adviser in Manchester's health and wellbeing service. In an audio clip on a new RCN microsite that introduces the case studies, Liz explains that the aim of the work she was involved in was to reduce alcohol-related harm within families.

"We've got one in four adults drinking at a risk level," she says. "Many of them are parents or have caring responsibilities." National research indicates that one in three children live with a parent who binge-drinks at least once a week.

Liz describes how the project sought the views of parents and those working with them about the sorts of messages that would best engage people who drink too much and thereby risk family wellbeing. She stresses the importance of engaging frontline staff in the process because they are well positioned to hold conversations about alcohol intake when parents attend for other appointments. By training those staff in alcohol "identification and brief advice", or IBA, parents can be encouraged to drink less.

"The campaign resources have given staff a language to use when having what might be a difficult conversation," says Liz. "People often worry about raising the issue of alcohol."

### Demonstrating value

This concept of "making every contact count" has long been on the public health agenda, as Helen Donovan points out. "But



it's getting people to embrace that everybody has a role, not just those with a specialist interest." The Manchester project has been successful in that regard: 500 people from multi-agency groups across the city have attended IBA training sessions.

Another key challenge is helping commissioners understand how and where nurses can best contribute to public health. The evidence of nursing's effectiveness is there, not least in the case studies, but the survey undertaken as part of the overarching RCN project suggests that in some areas such as housing and homelessness nursing involvement is, contrary to the evidence, perceived as low.

"There is a need for further debate and discussion to understand

which practitioners best fulfil the needs of commissioners in these areas," the project report says. It also recommends that nurses need to better articulate the "hidden" aspects of their work and says educationalists must increase the focus on public health in all programmes. The challenges, demands and policy drivers around public health are not going away; indeed, they are likely to intensify as more is required with potentially fewer resources.

Members will get a chance to join the debate at RCN Congress in June where a resolution on public health is on the agenda. The resolution, proposed by the North Yorkshire branch, condemns local authority cuts as short-sighted and calls on the Government to reinstate adequate funding.



People often worry about raising the issue of alcohol

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\*10% of new RCN customers paid £188 or less between 01/11/2015 to 31/01/2016. †10% of new RCN customers paid £101 or less for buildings and contents between 01/11/2015 to 31/01/2016. The Royal College of Nursing acts as an Introducer Appointed Representative to the Liverpool Victoria group of companies for General Insurance. 5047-2016

## Bridging the gap

The RCN has given its views on plans to introduce a new nursing support role in England. Kim Scott provides an overview of the background and key points raised

On 17 December the Department of Health announced its intention to create a new “nursing associate” role in England. The rumour mill had been churning for some time by then, with concerns about a return of the second level nurse and fears of an erosion of nursing as an all-graduate profession.

In the event, the department gave assurances that the new role would not replace registered nurses but rather “bridge the gap” between the unregulated health care support workforce and registered nurses.

Ministers said the new position would free up time for nurses, allowing them to use their specialist training to focus on clinical duties and take more of a lead in care decisions.

What’s more, the proposals could create a new route for support workers to become registered nurses, with workplace training leading to a foundation degree. This could be used towards completion of an NMC approved pre-registration nursing education programme.

Health Education England launched a consultation to explore plans for the role in late January and, despite having only six weeks to respond, thousands of nursing staff shared their thoughts. In response to an RCN survey, members had a range of views on the proposals.

“It’s a great idea,” said Maria on social media, “it will make the workforce stronger and more knowledgeable.”



This can't be a knee-jerk reaction to the present shortages

📄 [Read the RCN's full response to Health Education England's consultation at www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

Others disagreed. “It will be very confusing for patients,” insisted David and “it will dumb down the profession,” stressed Naomi.

### Split response

The RCN itself has, for many years, called for health care support workers to be able to develop and progress within an education and career framework that would offer progression in the role or a route into registered nursing. So plans to achieve this were welcomed in the RCN’s consultation response, as were aims to create defined principles of practice and clear standards.

But it was stressed that a similar senior support role, that of the assistant practitioner, already exists and should be explored as part of the solution.

The RCN also recognises that the new role is being created against a backdrop of severe nurse shortages. In response to the RCN survey, 78 per cent of members expressed concern that its introduction would lead to further reductions in registered nurses,

and 70 per cent said they thought it would dilute skill mix. The RCN has stressed that the role must not be used as a substitute for registered nurses or lead to the reintroduction of the second level nurse.

Concerns were also expressed around how people in “nursing associate” roles would be supported to learn on the job, with many fearing that registered nurses wouldn’t have the capacity to support mentoring.

But perhaps the overall sentiment of members can be summed up by Jane on Facebook, who said: “Scepticism is a healthy thing in the present climate. However, to say that this role is not needed is to deny the huge nursing deficit in many regions.

“Both the NHS and the private sector are being weighed down with hefty bills for agency staff as they struggle to recruit nurses into permanent roles. What this cannot be is a knee-jerk reaction to the present shortages but a properly structured, accredited and above all regulated career pathway.”

## Preparing for the polls

Next month nursing staff in Scotland, Wales and Northern Ireland will be among those voting to choose their next government. Lynne Pearce finds out what's at stake

Health will be high on every country's agenda as candidates seek voters' support in this spring's elections, with almost 300 seats up for grabs.

To help members decide who to vote for, the RCN has launched different campaigns in Scotland, Wales and Northern Ireland, each reflecting different priorities.

While there are many shared issues – whether ensuring safe staffing, valuing the contribution of nursing staff or focusing on the longer term – every country faces unique challenges.



*RCN members and staff at the launch of the Nursing Scotland's Future campaign*

### Nursing Scotland's future

With more than 1,000 members taking part in a survey and listening event last autumn, RCN Scotland's manifesto has been shaped by the views of nursing staff.

"We asked you to tell us what you felt needed to change – and you have," says Michael Brown, Chair of the RCN Scotland Board and RCN Council.

The result is a five-point plan, which includes practical steps politicians can take to help support the vision of RCN members.

It also builds on the three key themes of the RCN's *Nursing Counts* campaign for the 2015 general election: valuing nursing, improving patient care, and investing in health and care.

"It's not pie in the sky, but very realistic," says Michael. "We know that those standing for election to the Scottish Parliament have some difficult choices ahead. But they also have the chance to build a better health and care system that values nursing and invests fully in health. Our manifesto sets out how they can achieve long-term change that will benefit future generations."

The manifesto proposes that:

- decisions are made to shape health and care for generations to come, rather than focusing on short-term goals
- a government-led workforce and skills impact assessment is carried out each time a new health or social care policy is proposed
- digital technologies are used to open up new smarter ways of working for health care teams, especially those in the community
- the pivotal role of senior charge nurses in leading safe, effective patient-centred care is recognised, respected and properly remunerated
- Scotland's politicians champion better pay, terms and conditions for members of nursing teams, no matter their grade or where they work.

Each proposal includes two ways candidates can provide tangible support. For example, on digital technologies, politicians are asked to engage with local boards to ensure that by 2020, all health care staff are confidently using technology to deliver safe and consistent care.

Launched at the end of January at the Scottish Parliament, the manifesto has already attracted considerable cross-party backing, but members are urged to encourage their local candidates to add their support. "The more who sign up, the better our chance of success for the future," says Michael.

In February, there was welcome news with the Scottish Government's pledge to continue with a nursing and midwifery bursary, although there is no detail on its level as yet. RCN Scotland also welcomed £3 million earmarked to fund the training of 500 extra advanced nurse practitioners, calling it a "step in the right direction".

"We know that things have become more challenging for nursing staff in Scotland, as they see budgets getting squeezed while demand for services is growing," says Michael. "They have less time to care for patients, fewer resources and ever increasing pressures. Things need to change – and nurses and health care support workers are on the frontline, ready to help."

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

## Time to care in Wales

After playing a major role in achieving legally binding safe nurse staffing levels in hospital wards, now RCN Wales is hoping to build on its success, taking the campaign to the community.

“Safe nurse staffing levels are essential in all clinical settings,” says Christine Edwards-Jones, RCN Welsh Board Member and nurse manager. “The shift towards caring for many more patients in their homes makes this even more crucial.”

As a first step, the RCN in Wales is asking health boards to publish information on the numbers of nurses and patients being cared for in the community.

Ensuring safe nurse staffing levels was among key issues highlighted in a survey of almost 1,200 members carried out last year. The responses form the backbone of RCN Wales’ *Time to Care* campaign.

Achieving dignity and quality in personal care was another priority. “It’s tremendously important for our members,” adds Christine. “It’s vital that care at home should not be given too short a time limit. Giving care is a holistic process and every patient is different.”

Valuing nurses is another top concern. In practical terms, RCN Wales believes this means fair pay, protection from violence and good access to professional development. “Welsh nurses are less likely to have received training on crucial areas such as infection control and moving and handling than their colleagues in any other UK country,” says Peter Meredith-Smith, Associate Director (Employment Relations), RCN Wales.

## Key facts and figures

- Elections are held on 5 May.
- The Scottish Parliament has 129 members.
- There are 60 seats in the National Assembly for Wales.
- The Northern Ireland Assembly will elect 108 members.
- Elections in all three countries involve an element of proportional representation.



**RCN Wales Director Tina Donnelly with Assembly Member David Rees and RCN Council Member Gaynor Jones at the launch of the Time to Care campaign**

Other campaign issues include protecting health spending, improving mental health services, reducing alcohol and drug misuse, increasing physical activity and better sexual health services. “Our campaign priorities represent the views of our members and we’re calling on every

politician standing in these elections to take the time to read and understand them,” says Gaynor Jones, Chair of the RCN Welsh Board and RCN Council Member for Wales.

For more information go to the campaigns section of [www.rcn.org.uk/wales](http://www.rcn.org.uk/wales)

## The bigger picture in Northern Ireland

Pay has dominated the political landscape for RCN Northern Ireland, with a commitment to a “fair and sustainable way forward” only secured in February.

The health minister’s pledge to honour the NHS Pay Review Body’s recommendations followed a concerted RCN campaign, which included the threat of national industrial action for the first time in the RCN’s history.

Over the course of its campaign, the RCN elicited the support of 67 members of the legislative assembly and five of the nine political parties represented at Stormont.

“It’s significant progress – and now we can begin to build on what we’ve achieved so far,” says Janice Smyth, RCN Northern Ireland Director. To that end, the board has approved a draft manifesto, focused around five main issues.

The future of the nursing workforce is one key concern. “We simply don’t have enough nurses. We need to move away from looking only at the short term and seek a

co-ordinated and longer-term approach to workforce planning,” says Janice.

The RCN is also calling for political parties to make health issues a priority and include public health in the programme for government, alongside building cross-party political consensus on a way forward for health. “These are ‘big picture’ strategic issues,” says Janice. “We’re urging members to raise them with their candidates.”

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



**Stormont parliament buildings in Belfast**

## A positive choice

Nurses who enjoy a rewarding career in older people's nursing are the focus of a new publication from RCN Scotland. Steven Black reveals how the case studies in it aim to debunk the myths associated with the care of this vulnerable client group



“Newly qualified nurses shouldn't listen to the idea that older people's nursing is a specialty in which there's no hope and no real excitement around the work they're doing,” says Karen Goudie (pictured).

“The fact is, you can be the person who actually makes the difference so that someone gets back into their own home. You can be the person who ensures the patient's acute confusion and delirium is resolved and not just written off as dementia. You can really change the trajectory of somebody's life. And that's the most rewarding thing.”

Karen, a nurse consultant for older people in acute care in NHS Fife and a member of the RCN Advanced Nurse Practice Forum, is one of eight nurses profiled in a

new report from RCN Scotland. The publication, entitled *A Positive Choice*, is a collection of stories celebrating the technical knowledge and compassion of nursing staff who care for older people.

It came about after Theresa Fyffe, the Director of RCN Scotland, met a number of nurses and health care support staff working with older people on a visit to a hospital in Edinburgh last year.

“I was bowled over by their enthusiasm and their passion as well as their skill and expertise,” she says. “But equally, I was saddened by their description of how their role is sometimes perceived by other health care professionals, including nurses, and members of the public as menial and low grade. The reality

couldn't be more different.” So work began to counter the negative perceptions and produce a report to show that nursing older people is a positive and fulfilling career choice, with many opportunities.

### Challenging and rewarding

For Karen, that is certainly true. Her career spanned intensive and coronary care before she became a liaison cardiac nurse, and then an advanced nurse practitioner in an acute care team working with older patients, the majority of whom have complex needs.

It is this that attracts her to the role. “When you meet an older person, you're not just looking after a medical condition,” she says. “You're thinking about their social circumstances and what's happening with their family. You have to take into account their cognition, their capacity, their nutrition, their mobility and think about how all that interconnects. I won't lie, it can be tough at times, but I find it intellectually challenging as well as rewarding.”

It therefore takes a certain kind of person equipped with certain skills to become a nurse in older people's care. “You have to be fairly resilient, and not afraid to stand up for your profession and the specialty,” says Karen. “You need to be confident about what you're doing and passionate about the subject. Finally, you have to be curious, willing to develop yourself and invest in your career.”



You can really change the trajectory of somebody's life

Photography by Elaine Livingstone

🔗 Read *A Positive Choice* at <http://tinyurl.com/hm3mj8q>

## Get involved with NICE technology appraisals

The RCN is encouraging members to inform recommendations on the use of new and existing medicines and treatments in the NHS.

From 1 April, the College will no longer be involved in technology appraisals, carried out by the National Institute for Health and Care Excellence (NICE) but is urging members to share their expertise directly with NICE.

RCN Programme Manager Caroline Rapu said: "NICE guidance aims to improve the quality of patient care so it's essential that RCN members are involved from the outset to ensure the guidance has a nursing perspective."

🔗 Visit [www.nice.org.uk](http://www.nice.org.uk) to find out more about technology appraisals and how to get involved with them.

## Forum seeks members' views on caring for detained patients

The RCN Nursing in Criminal Justice Services Forum is developing support materials for health care staff who care for people who have been detained and require hospital treatment.

The forum would like to hear members' experiences of caring for patients who have come to them from prison, police custody, courts, immigration centres and secure mental health settings.

🔗 Email [fosterhall@rcn.org.uk](mailto:fosterhall@rcn.org.uk) with "Feedback CJS" in the subject line.



## Forum shapes menopause publication

Guidance for RCN representatives has been produced, with the help of the Women's Health Forum, to better support members going through the menopause.

It follows a resolution put forward by the UK Safety Representatives Committee at RCN Congress 2014, which called on the College to raise awareness of the impact of the menopause on nursing staff.

Forum Chair Debra Holloway said: "This document will help reps when talking to members who are seeking advice about symptoms, which can have an impact on working life."

🔗 Search for menopause at [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## RCN genital examination in women resource launched

Recently published professional standards and sample assessment tools will support members working in sexual and reproductive health settings to develop and evaluate their skills in carrying out genital examinations in women. The guidance assumes an extensive knowledge of relevant anatomy, physiology and pathology.

It is for registered nurses who require training to undertake procedures such as cervical sampling, taking swabs and inserting, checking or removing intrauterine devices.

🔗 Search for genital examination at [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## WHAT I'M THINKING



### Coral Rees

CYP Acute Care Forum

"He can't be dead...it's only asthma." These are the harrowing words I heard from a mother. Her teenage son had been brought into the emergency department in cardiac arrest and despite our resuscitation team's best efforts to revive him, we failed.

Unfortunately, this type of event happens too often in the UK. Children are still dying of what is a very treatable disease if managed appropriately.

Should we be informing all children who present with acute exacerbations of asthma and their families that they can die if they do not recognise moderate to severe signs of respiratory distress and seek appropriate help?

Some may say this type of approach is a little harsh and could scare children and their families, when most only have a mild form of the disease.

In my role as a paediatric nurse practitioner, I'm alarmed how families try to manage acute exacerbations at home despite knowing they should have sought advice from a health care professional when their child was not responding to the initial part of the emergency asthma plan.

I feel these families would benefit from this type of approach. Although it may be hard for the family to hear, I would much prefer to have this conversation than hear the words "my child can't die...it's only asthma" ever again.

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

## Nursing event of the year

### RCN Congress and Exhibition

**18-22 June**  
SECC  
Glasgow G3 8YW

The RCN's flagship event is an annual highlight of the nursing calendar and will be extra special this centenary year. RCN Congress is where members meet to learn, develop and share nursing practice. It is also where frontline nursing staff inform the RCN agenda and influence nursing and health policy through debate.

This year's agenda features hot topics such as the European Union and nursing, student bursaries and child mental health. Congress is your chance to stand up and have your say on the issues that matter.

As well as the debates, there's also an exciting programme of events, including professional and personal development sessions, educational seminars, and social and networking activities.

Congress also runs alongside the largest nursing exhibition in the UK, where you can discover practice innovations and opportunities before they reach your workplace.

Laura Sowerby, a third-year nursing student at the University of Nottingham, will be coming to Congress for the second time this year. "Congress is slightly addictive," she says. "The buzz and the atmosphere, and so many people in one place with such passion, it has shown me that there is so much more to nursing."



Congress is free to attend and is open to RCN members and non-members.

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

## Networking

### Nursing vulnerable children

**17 May**  
RCN headquarters  
20 Cavendish Square  
London W1G 0RN

Nursing looked after children can be professionally isolating. By attending this conference, members will have the valuable opportunity to meet other nurses, remain up to date and discuss issues with likeminded individuals.

It's also a chance to determine and influence the current government agenda and shape future policy and practice.

📍 Visit <http://tinyurl.com/zbqtru8>

## Manchester

### Evolution, devolution, revolution

**27 April**  
The Mechanics Institute  
103 Princess Street  
Manchester M1 6DD

Hosted by the RCN North West region and Central Manchester branch, this event will give members the opportunity to find out more about the impact of devolution on nurses, nursing and patient care.

Under the "Devo Manc" programme, announced by the Government last year, Manchester took control of its own £6 billion health and social care budget. This free, one-day event is aimed at nursing staff throughout the region at all levels and

across all settings. It will bring together a diverse group of speakers engaged in the devolution agenda to help explore and explain some of the key challenges and issues facing the NHS and nursing.

The day will look at some of the big questions on devolution.

Can it tackle health inequalities, deliver on integration, and improve patient and public involvement?

Places will be allocated on a first-come-first-served basis so book now to avoid disappointment.

📞 Phone 02920 546460 or email [karen.hughes@rcn.org.uk](mailto:karen.hughes@rcn.org.uk) for more information about the event and to make a booking.