

RCN HEALTH+CARE

FOR HEALTH CARE SUPPORT WORKERS ACROSS THE UK

SPRING 2017



CHANGING TIMES NEW HEALTH CARE ROLES P8

Workplace bullying p6
Continence care p7
Care home abuse p12
RCN Congress p13

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Hello

It gives me great pleasure to introduce this issue of *RCN Health+Care*, the first I've been involved with since I was elected as Chair of the RCN Health Practitioner (HP) Committee. It's an honour to take on this role, and I'm committed to ensuring the issues that matter to you as HCAs and APs are voiced at the highest levels of the RCN.



Of particular relevance to many of you will be the introduction of nursing associates – a new health care support role recently introduced in England, and described by the Government as a “bridge” between HCAs and registered nurses. This naturally raises some questions about the effects on the rest of the support workforce, not least the role of APs, and it's vital that HCAs, HCSWs and other support workers across the UK are not forgotten. You can read more about nursing associates and where they fit within the rest of the nursing family on page 8.

Topics also covered in this issue include bullying and harassment in the workplace, the role of RCN representatives and how to make the most of Congress. If you've never attended the RCN's annual flagship event and are wondering what's in it for you, turn to page 13.

One of my other priorities as Chair is raising the profile of the committee, so we can better represent your views. If you don't know who the committee member for your country or region is, you can find out at the back of this magazine – we'd love to hear from you.

Brian Murphy
Chair, RCN HP Committee
RCN HP Member of Council

New faces

Following recent elections, a number of new members have been elected to the RCN HP Committee. In addition, Brian Murphy has been re-elected committee chair and Dennis Greer elected vice chair. The committee represents the countries and regions of the UK and ensures the HCSW voice is heard at the highest levels of the RCN. For full details of the committee turn to page 15.

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Nursing associates to be regulated

The Nursing and Midwifery Council (NMC) will regulate the new nursing associate role, a decision welcomed by the RCN.

The role has been created by Health Education England (HEE) and is designed to act as a “bridge” between HCAs and registered nurses. There are now 2,000 trainee nursing associates (TNAs) in post, spread across 35 pilot sites in England.

RCN Chief Executive Janet Davies said: “The RCN has campaigned for the regulation of health care support workers to increase the confidence and protection for people receiving care and to ensure that standards are consistent.

“The NMC’s decision to regulate nursing associates is a very positive step forward.”

Trainee nursing associates are able to join the RCN in the HP membership category.

For an in-depth look at the new nursing associate role turn to page 8.

Congress – book now



Booking is now open for this year's RCN Congress, which takes place from 13-17 May at Liverpool Arena and Convention Centre. As always, there's an exciting programme of debates and events – including sessions specifically aimed at HCAs and APs. Keep an eye on www.rcn.org.uk/congress for more details.

Find out how to make the most of Congress as an HP member on page 13.

Pay rise for care home staff

The RCN has agreed a pay uplift for staff working at Four Seasons Health Care.

The pay rise of between 1 and 1.5% applies to all staff who have not received any increase since April 2016. RCN members voted in favour of the rise in a ballot earlier this year.

Clare Jacobs, RCN lead negotiator, said: “There are many health care assistants working for independent employers and we will continue to campaign for the real living wage to underpin all basic pay in health and social care as the absolute minimum.”

MPs also discussed pay for health care staff after an online petition started by an RCN member led to a parliamentary debate.

The two-hour debate was triggered when Danielle Tiplady's online petition reached 100,000 signatures.

RCN members, including HP Committee Chair Brian Murphy, gathered to lobby MPs before the debate.

A number of MPs spoke about their experience of meeting members who took part in the lobby and referred to the RCN's calls to scrap the 1% pay cap for Agenda for Change staff. MPs from across the House also highlighted how pay restraint is crippling nursing staff.

Last year, the RCN urged the NHS Pay Review Body to recommend a meaningful pay rise for NHS workers for 2017-18.

Keeping you safe



The RCN has called on the Government to introduce a national programme to tackle violence against health care staff.

Figures released by NHS Protect at the end of last year showed attacks on NHS staff in England have risen sharply. The RCN believes this may be a symptom of worrying levels of patient and family frustration and aggression, as care is delayed and staff try to cope.

Health care assistants working in a range of settings are often at the forefront of dealing with violence in their workplaces, but the RCN says this should never be seen as “part of the job”.

Kim Sunley, RCN Senior Employment Relations Adviser, said: “It’s really important that any assault in the workplace is reported. It may seem hard to do but the RCN is here to support you if you feel nervous.”

Read about the RCN’s *Healthy Workplace, Healthy You* campaign at <https://tinyurl.com/hx6u8vh>

Have your say



The editorial team at *RCN Health+Care* is always keen to hear about your experiences for potential features.

Perhaps you’ve been involved in an innovative project at work?

Or maybe you’d like to reflect on something that happened to you?

If you have a story to share, let us know – it’s your magazine. Email bulletin@rcn.org.uk with “Health+Care” in the subject line.

Development help

Staff in England working towards the Care Certificate can now access a range of supportive materials via the Skills for Health website. The Care Certificate is an identified set of standards that health and social care workers follow at work. It was developed by Skills for Health, Health Education England and Skills for Care and was launched in England in 2015. Access the materials at <https://tinyurl.com/j9pjlk8>



No place for bullies

Bullying can be devastating, both to experience and witness. Lynne Pearce asks how you can deal with it

Have you ever been humiliated or ridiculed at work? Has a colleague ever treated you like a child? Are you regularly given unrealistic or constantly changing deadlines? If so, you may have experienced workplace bullying.

Bullying can happen to anyone. That's among the key messages from Kim Sunley, RCN Senior Employment Relations Adviser. "While a manager bullying a subordinate member of staff is probably the most common, it can also be peer to peer, inter-professional and even subordinate to manager," she says.

As well as the examples listed above, bullying can also encompass: exclusion from meetings, changing responsibilities unreasonably, and deliberately withholding information to affect a colleague's performance.

According to the last NHS annual staff survey, published last year, around 25% of staff said they had experienced bullying or harassment in the previous 12 months – a figure that has barely changed over the last four years.

But common as it is, many nursing staff still struggle to recognise that it's happening. "Sometimes there can be a degree of self-doubt," says Kim. "There's that feeling of 'am I really being bullied?' You may also witness bullying happening to others – and that can be very upsetting."

In reality, bullying is often not overt. "It's rarely as obvious as name-calling," advises Kim. "It's unwarranted and destructive criticism, rather than constructive feedback. And it's more persistent than a one-off remark or incident."



What can you do to tackle bullying?

- Share what's happening with a trusted colleague or friend to help you clarify your issues.
- If you witness bullying, tell the person being bullied what you've seen and write it down.
- Keep a diary of what's happening, writing down details as soon as possible after the event. The RCN's leaflet (see below) has a sample template.
- If you feel able, raise the issue informally with the person who is bullying you or speak to their line manager, preferably at an early stage.
- Read your workplace's bullying and harassment policy, which should outline informal and formal procedures.
- Keep formal action as a last resort. "Pursuing an informal approach can be less stressful and more effective," says Kim.

Resources

Bullying and Harassment at Work: A Guide for Members, published as part of the RCN's *Healthy Workplace, Healthy You* campaign: <http://tinyurl.com/jgkyjyr>

Continence: everyone's business

Supporting patients to talk about incontinence is the responsibility of all nursing staff, says an RCN expert

According to NHS Choices, one in 10 adults will be affected by bowel incontinence at some point in their lives. The true prevalence of continence problems, though, is difficult to estimate because so many sufferers are too embarrassed to seek help or don't know that treatments are available.

What's more, there's a lack of training given to health care staff in assessing and managing continence. "Many people are, quite wrongly, simply provided with pads," says Amanda Cheesley, RCN Professional Lead for Long Term Conditions and End of Life Care. "But the cause of the problem should always be identified, and appropriate treatment and management provided for the individual."

A new RCN online learning resource on bladder and bowel problems has recently been launched, with the aim of improving care standards.

The RCN Continence Care Forum helped develop the resource, which covers topics such as the anatomy and physiology of the urinary tract and bowels, the causes of bladder and bowel problems, maintaining dignity and how to talk to people about continence issues.

"The resource is suitable for support workers, students, registered nurses – anyone who wants to know more about continence care, what they can do and when to refer to specialists," Amanda says.

"Anyone using it will find some of the tools they need to be able to speak to individuals and to identify some ways to help them manage their problem."



Top tips for HCAs

- Ask people if they have experienced difficulties in getting to the toilet in time or have problems with their bladder or bowels.
- Suggest that they drink less caffeine – water or decaffeinated drinks are better.
- Make toilets accessible and help people to get there in time.
- Know what can lead to people being incontinent – for example, poor mobility, arthritis, infection, constipation.
- Know about simple things that people can do to help themselves, such as pelvic floor exercises.
- Pads should only be used when everything else has been explored.
- Getting older does not always make people incontinent – it is often an environmental or physical issue.

Join the RCN Continence Care Forum at www.rcn.org.uk/forums/rccf

Access the resource at <https://tinyurl.com/h8pcj6w>

New roles, new opportunities?

Tom Metcalf looks at the new nursing associate role and its implications for health care support workers

I've heard a lot about nursing associates recently - what are they?

The nursing associate is a new health care role the Department of Health has introduced in England. The role is designed to bridge the gap between health care assistants (HCAs) and registered nurses, and to provide a route into nursing for those in the health care support workforce who wish to make that career move.

That sounds a lot like the role of an assistant practitioner (AP), doesn't it?

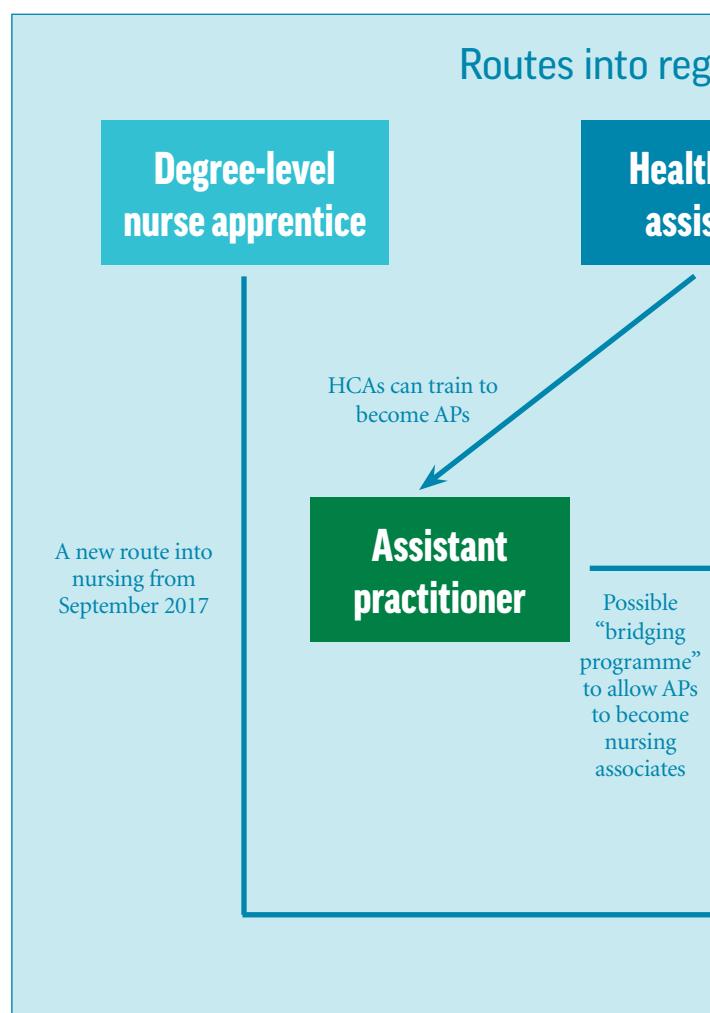
The RCN has heard concerns from AP members that the new role will push them to one side. There have been discussions about a potential "bridging programme" to allow APs to become recognised as nursing associates, but there are no details on this yet.

Are they in post already?

Yes. There are now 2,000 trainee nursing associates (TNAs) in post, spread across 35 pilot sites in England. So if you happen to work at one of these, you may well have already come across a TNA. Some TNAs were already HCAs, while others have been recruited from outside the health and care workforce. Training lasts two years, at the end of which TNAs will become nursing associates.

Will nursing associates be regulated?

Yes. In January the Nursing and Midwifery Council (NMC), which regulates registered nurses, said it would also regulate nursing associates. The RCN welcomed this decision,

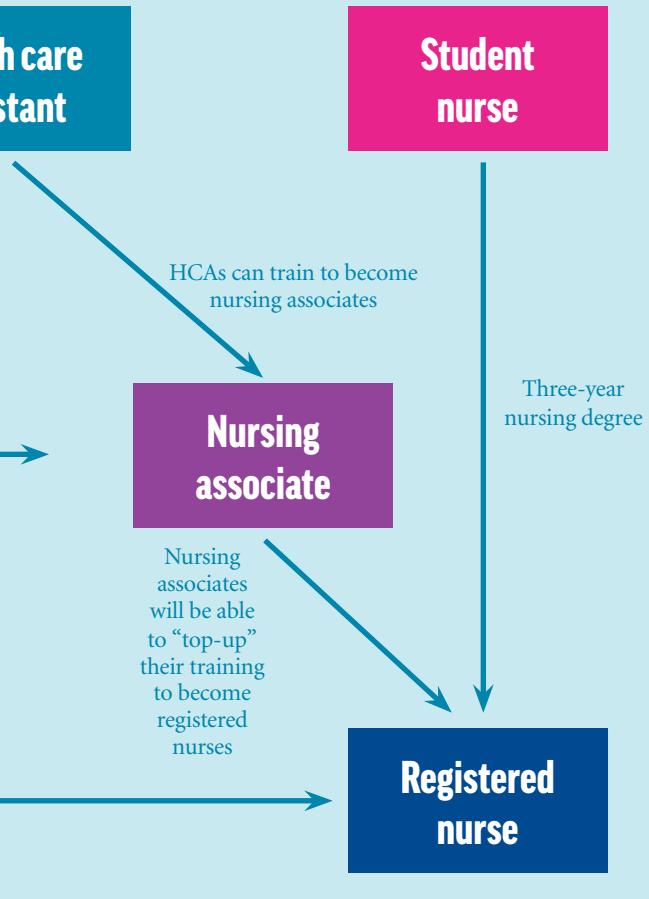


saying it would benefit patients and staff alike.

What's the RCN's view of nursing associates in general?

The RCN supports the idea of a structure that enables health care

Registered nursing



support staff to become registered nurses, should they wish.

But it has warned the new role must not be used as a substitute for registered nurses. The College has also raised concerns about the speed with which the plans have been implemented.

Will nursing associates be able to join the RCN?

Yes. Trainee nursing associates can join the RCN in the HP membership category – visit www.rcn.org.uk/join for more information. An announcement on which category nursing associates will fit into is expected shortly.

What about the rest of the UK?

There are currently no plans to introduce nursing associates in Northern Ireland, Scotland or Wales.

Are nursing associates the same as nursing apprentices?

No. Degree-level nursing apprenticeships are a new route to becoming a registered nurse. From September 2017, apprentices will be able to work as HCAs while also completing degree-level training over at least four years.

While the RCN believes more routes into nursing are required – particularly following the removal of the bursary for nursing students in England – it is concerned about the speed of implementation, the quality of training and potential confusion with nursing associates.

For more information on nursing associates visit the Health Education England website:
<http://tinyurl.com/zqbmeke>

Find out more about degree-level nursing apprenticeships at
<http://tinyurl.com/z2235oh>

There in your hour of need

Lynne Pearce talks to two HCAs who are making a difference in their workplace as RCN reps



Maive Coley

If you've ever faced a disciplinary hearing or grievance, the likelihood is you've sought help from your local RCN representative. But what else does the role involve? And what difference can representatives – or “reps” – make to the working lives of HCSWs?

To help spread the message about the vital role reps play in workplaces throughout the UK, the RCN is highlighting their contributions with a series of colourful posters. Each one tells the story of an individual rep's achievements by looking at a specific challenge, what action they took and the positive results for members.

Changing perceptions

Among those whose work is being showcased is HCA Sarah Waters, who is a steward (see “Key facts”, opposite) at Birmingham Community Healthcare

NHS Foundation Trust. Sarah became aware the terms “qualified” and “unqualified” were being routinely used to describe staff, rather than registered or non-registered. “This had a detrimental effect on staff,” says Sarah. “They felt it was outdated and derogatory terminology that undermined their professionalism. They're not ‘unqualified’ – they're fully qualified to do their roles.”

At the trust's health care support workers' development forum, she took the opportunity to raise the issue – winning applause from her colleagues. Sarah then sought agreement from the trust to change its language, with a commitment to use registered and non-registered in all future communications – including policies, job descriptions and advertisements.

For Sarah, the move demonstrates widespread recognition among all staff



Sarah Waters

that everyone is qualified to carry out their roles, has had training and takes great pride in their work, regardless of whether or not they are registered. Meanwhile HCSWs have told her they now feel more respected.

“I don’t think anyone could anticipate quite what a difference it would make,” says Sarah. “Such a simple thing as changing the language we use has had a huge impact on the health and wellbeing of HCSWs, who now feel much more valued at work.”

Positive outcomes

Maive Coley’s work, as both an RCN steward and learning representative, is also in the spotlight. An HCSW at Nottingham University NHS Trust, she represents all staff – including those who are registered – who may find themselves in difficulties at work.

Among her more recent cases was supporting an inexperienced staff nurse who faced a formal disciplinary hearing for extending his break without permission. In fact, he had been reassuring a patient’s family, prioritising their needs over his own time-keeping.

“He needed both practical and emotional help to cope with a highly stressful situation,” says Maive. “And he also needed a positive outcome to ensure his future career prospects.”

Representing him, Maive spent as much time as possible preparing the case, seeking expert guidance from RCN staff. She made sure she understood the process and terminology, meticulously studying the evidence and anticipating various lines of questioning.

As a result of Maive’s hard work and dedication, the member received the lowest sanction possible: a verbal warning with no loss of increment.

HCSWs now
feel much more
valued at work

Fortunately his career has not suffered and he has since moved to another post.

“He was so relieved,” says Maive. “He told me he felt it was a huge weight off his shoulders.

“Without the RCN’s support, I think he would have given up nursing. Now he can move forward and put all of this behind him.”



Key facts

- The RCN has about 1,000 stewards, 450 learning reps and 400 safety reps in workplaces around the UK.
- Stewards promote employment rights by making sure members are treated fairly, helping to prevent and resolve disputes.
- Learning reps support career development. They organise learning events; support individuals with learning needs; and work with managers to influence and support the employer’s learning and development agenda.
- Safety reps ensure members’ rights to a safe and healthy working environment by carrying out safety inspections and contributing to risk assessments; reviewing workplace policies; analysing information to identify early signs of potential issues; and representing RCN members on issues associated with workplace incidents.
- No formal qualifications or a particular level of experience are needed for any of the reps’ roles and there’s a comprehensive package of free RCN training, development and support.

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Stories of neglect

Tom Metcalf talks to an HCA who has written a book highlighting abuse in care homes, a serious but often hidden problem



Like many HCAs, RCN member Alex Matthews* was drawn to care work because of his desire to help others.

"Helping people is such a great feeling, so I wanted to get back to that," says Alex, who after nearly 20 years as a language teacher made a career switch two years ago and began working in a care home.

Having worked part-time in a care home during his student days, Alex had some idea of what to expect. But he was taken aback by the standards of care he witnessed.

Some residents, particularly those with dementia, were often handled roughly, while others were left on their own for prolonged periods. Personal care was often hurried, with hygiene standards not properly maintained.

"Staff were rushed off their feet," recalls Alex. "We didn't have time to talk to residents because we were moving from one to the other so quickly. I was coming home every day with horrible stories."

It was his wife who suggested Alex write a book about what he saw. The result is *She'll Be Alright*, a series of short

episodes detailing its author's experience of neglect in the care home.

The book serves as a training and self-study guide, which Alex says he wrote to highlight a largely hidden problem.

"The neglect of older people in care homes isn't really spoken about," he says. "There's been the odd thing in the media but it's only scratched the surface. The media also don't focus on the psychological effects of being in a care home – the boredom, the depression. A lot more noise needs to be made about this so people know about it and learn how to prevent it from happening."

Alex has now left the care home and is working for an agency, while also training to become a care manager.

His ambition is to eventually put together a team and come up with a new model of care, which can be put into practice in a care home setting and used as a blueprint. He already has several ideas about what this new model might look like, including a shift towards not-for-profit care homes with a focus on empowering residents.

"Under the current system people are being disempowered – a shift is needed to ensure people in care homes are in control of and enjoying their lives."

*Alex Matthews is a pen name

The RCN has produced guidance about raising concerns in any setting. Download it at <https://tinyurl.com/zmye9k3>

She'll Be Alright is available to order from www.pavpub.com/shell-be-alright/

Join the RCN Older People's Forum at www.rcn.org.uk/forums

Broadening horizons

Boost your continuing professional development, build your confidence and connect with colleagues at RCN Congress

“It’s an amazing buzz,” says Lindsay Cardwell, who is looking forward to attending her third Congress this year in Liverpool. “It brings the whole nursing family together.”

The centrepiece of Congress is the debates programme, which runs over four days in the main hall. They allow members to discuss all manner of issues affecting the work of the RCN and the nursing profession – topics covered last year ranged from dementia to the effects of Brexit on health.

At Congress 2016 in Glasgow, Lindsay opened an important and timely discussion about the pros and cons of the new nursing associate role, speaking to a hall full of delegates. “I was very nervous beforehand,” she admits. “But everyone was very supportive and helpful.”

Striking a chord

Lindsay’s debate struck such a chord with fellow members at Congress that they decided the RCN should undertake work to follow it up – the College is part of Health Education England’s nursing associate implementation group.

Although it was initially daunting, speaking for the first time has given her more confidence to have another go. “If I have something to add in a debate, then I’ll definitely get up,” she says. “Last time, so many people came up to me afterwards to talk about the new role, sharing their views and concerns. It’s still a hot topic and I’m so glad we raised it.”



Come along –
you’ll get so
much out of it

But taking part in the various discussions is just one aspect of the overall Congress experience for Lindsay, who is an RCN steward and also sits on the RCN’s HP Committee, representing the South West region.

“It’s also great for networking,” she says. “You get to hear other people’s news, catching up with those you don’t often get to see. I’ve made lots of friends and social media helps us to keep in touch throughout the year.”

A full programme of fringe events, including some organised by health care support workers, boosts the learning opportunities available at Congress. “There’s a lot that’s relevant for health care practitioners,” says Lindsay.

Last year, she helped to organise some key events, including one looking at documentation and record keeping. She also attended a talk on sepsis. “It makes you much more aware,” says Lindsay. “You chat with others and they tell you about their experiences, which can help to influence your own practice for the better. Come along – you’ll get so much out of it.”

COMMITTEE PROFILES

David Cardwell, HP member of RCN Council

David has been involved with the RCN for the best part of 15 years. During that time he's taken on a variety of roles, including safety rep, committee member of the College's Perioperative Forum and executive officer of the RCN's Somerset branch.

In 2012 he was one of the first two HP members to be elected onto RCN Council. He says a personal highlight of his involvement with the RCN to date was when he became the first HP member to speak and vote at Congress, back in 2003.

With his term on Council coming to an end this year, David is looking towards the next stage of his activist career, and says he plans to stand for election to the RCN's new Trade Union Committee.

In his day job, David is a band 6 operating department practitioner at Your World Healthcare. He's also a band 4 community HCA.

His spare time is taken up with involvement in the Air Cadets, where he's a sergeant and first aid instructor, and St John Ambulance. He also runs his own first aid training business. As David puts it: "To quote *Pirates of the Caribbean*, 'you can sleep when you're dead!'"



Dennis Greer, HP Committee member for Northern Ireland, Committee Vice Chair

Dennis has been a member of the HP Committee for three years and was recently elected Vice Chair.

When not involved in RCN business, Dennis works in a treatment room in Omagh and is also part of the Hospitals at Night team at South West Acute Hospital in Enniskillen.

He is passionate about ensuring those HCAs who want to become registered nurses have access to sufficient training and career development opportunities.

He's also committed to raising the profile of the RCN among HCAs in Northern Ireland.

"I would like them to become more proactive and encourage them to get more involved with the RCN as reps and through campaigns," says Dennis. "I also want more of them to come to Congress and experience what I've experienced – the camaraderie and development opportunities."

His own highlights of the past three years include seconding a resolution at Congress on behalf of the RCN Students' Committee and working with his fellow committee members – "a great bunch!"

In his spare time Dennis enjoys walking his two border collies and one German shepherd.



Your RCN Health Practitioner Committee

Representing the RCN's health care support worker members across the UK

The committee reports directly to RCN Council through its dedicated HP Council members and provides a platform for HCAs and APs to influence RCN policy at a UK and local level.

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David Cardwell

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