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A close-up photograph of a person's face, focusing on their blue eye. The eye is looking directly at the camera but is partially obscured by a hand held up in front of it, with fingers spread. The background is a soft, out-of-focus green and yellow.

DOMESTIC ABUSE

OFFERING SUPPORT TO VICTIMS P8

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

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Dame Sheila Quinn, 1920-2016

Former RCN President Dame Sheila Quinn died last month at the age of 96. Dame Sheila, who served two consecutive terms as President from 1982 to 1986, passed away peacefully on 8 December. An active RCN member throughout her career, she also served as Deputy President and Chair of RCN Council. She was awarded one of the earliest RCN fellowships in 1978, and in 1986 was made a life Vice President in recognition of her services to the College.

RCN Chief Executive Janet Davies said: "I was very saddened to hear news of Dame Sheila's death. She had a remarkable life, and the contribution she made to the RCN and the wider profession was immense."

Safer staffing

The RCN is seeking member feedback on draft staffing resources produced by NHS Improvement. The resources are aimed at those who make decisions about safe and sustainable nurse staffing levels. Acute adult inpatient care and learning disabilities are the first of seven clinical areas to be covered and surveys relating to these are currently open.

The deadline for completion is 22 January. Full details are available at www.rcn.org.uk/con-8216

Moving on? Be sure to let us know

Did you move house or job in 2016? Are you planning to this year? If so, please remember to update your RCN details.

To ensure the College can deliver the best service to you, and as a statutory requirement as a trade union, it is vital the RCN has accurate and up to date addresses and contact details.

🕒 Check and change your details: online at MyRCN, by telephoning 0345 772 6100, by emailing membership@rcn.org.uk or writing to RCN Membership Team, Copse Walk, Cardiff Gate Business Park, Cardiff CF23 8XG.

Council approves equality strategy

RCN Council has approved a strategy that sets priorities for promoting inclusion and tackling inequality over the next three years. There is a focus on individuals who may encounter multiple forms of discrimination – for example, black and minority ethnic women facing sexism at work compounded by racism. The strategy says: "It is hard to imagine a future for nursing that does not contain clear commitment and action towards equality, inclusion and human rights."



The strategy articulates the RCN's ambition to be courageous about equality

Wendy Irwin, RCN Diversity and Equality Co-ordinator

Delayed discharge: fix needed



A lack of social care is forcing many patients to stay in hospital longer than necessary, according to the RCN. Figures from the Labour Party show delayed discharges cost the NHS nearly £500m a year. RCN Chief Executive Janet Davies said: "Far too many older patients are forced to stay in hospital because of insufficient social care. The health service cannot continue delivering the same care in a different era – it needs to develop new solutions for the new challenges ahead."

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CBE recognises 'tireless support'

RCN President Cecilia Anim has been awarded a CBE in the Queen's new year's honours. The award was made in recognition of her work for the RCN, as a nurse specialist in sexual health and as a leader in her community.

RCN General Secretary Janet Davies said: "Cecilia is a role model and an inspiration to many working in the NHS. She has worked tirelessly to support RCN members for more than three decades. She embodies the best of nursing. This honour is a wonderful and very welcome recognition of everything she has done for the nursing profession."

RCN Fellow Elizabeth Anionwu, Emeritus Professor of Nursing at the University of West London, was made a dame in the new year's honours.

Best medicine

Artist Peter Liversidge is asking nursing staff to send him their best health-related jokes for use in a book to be auctioned as part of a Vital Arts fundraising project. Last year, the RCN won a competition as part of the Museums at Night festival where Peter created an art installation at 20 Cavendish Square. Vital Arts, part of Barts Health NHS Trust and funded by charity, delivers arts projects for patients and staff. Send jokes to audienceengagement@rcn.org.uk by 25 January.

'Catastrophic' recruitment crisis looms for the NHS

The Government is gambling with the future of the nursing workforce, the RCN has warned



A reported fall in the number of applicants for nursing degrees, combined with the potential effects of Brexit on the health care workforce, could make NHS services unsustainable, the RCN has warned.

Last month *The Times* reported applications for nursing, midwifery and allied health courses for 2017 were down 20% compared with the previous year. Nursing students in England will now have to take out tuition-fee loans after the Government abolished the bursary, and the RCN has previously warned this could have an impact on the number of students applying for nursing degrees.

RCN Chief Executive Janet Davies said: "We have consistently raised concerns with the Government that their decision to charge fees to nursing students in England and replace NHS bursaries with student loans would result in this drop.

"Despite 100 years' of nursing knowledge and expertise, our advice fell on deaf ears.

The Government went ahead in gambling on the future of the nursing workforce."

Janet added that uncertainty around the right for EU nurses to remain in the UK following Brexit risked making the existing workforce crisis even worse.

“ The Government went ahead in gambling on the future of the nursing workforce

Research from the Institute of Employment Studies has shown the effects of Brexit, coupled with a rising population of people over the age of 85, will mean there are too few nurses to meet the demands placed on the NHS.

Stephanie Aiken, RCN Deputy Director of Nursing, said: "This research chimes with our warnings about a perfect storm engulfing the NHS in the future, when the current nursing recruitment crisis risks reaching catastrophic proportions."

Responding to requests to hasten death



The RCN has highlighted the need for compassionate and expert end of life care in updated guidance on dealing with requests to hasten death.

The guidance says that sometimes patients talk about ending their lives as another way of expressing concerns about their condition or

level of pain. Nurses should feel confident that asking them about such comments is not assisting or encouraging someone to take their own life.

The revised publication explains the law on assisted suicide in the context of several recent calls for changes. It suggests

scenarios staff may encounter and suggested responses, and reflects alterations to organisations and sources of support that have occurred since the end of the Liverpool Care Pathway.

Amanda Cheesley, RCN Professional Lead for End of Life Care, said the guidance, compiled with experts in medical ethics and legal advisers, would provide support to nursing staff when patients open up to them about their feelings.

“There is only one chance to get the care right at the end of someone’s life, and nurses have to be empowered to give compassion as well as expertise. With this guidance, nurses can help patients to discuss and explore their feelings, a crucial element of nursing, without being concerned that their actions will be misinterpreted.”

RCN Council voted to move to a neutral position on assisted suicide in 2009. This means the College does not lobby for or against any change in the law. The revised guidance covers the legal position in all four countries of the UK.



With this guidance, nurses can help patients to explore their feelings

Download *When Someone Asks For Your Assistance to Die: RCN Guidance on Responding to a Request to Hasten Death* from www.rcn.org.uk/publications

Blood money

Some former employees of NHS Blood and Transplant may have been underpaid. Members who worked for the organisation between 2010 and 2016 but have now left are urged to email hrdirect@nhsbt.nhs.uk with their details and employment dates to see whether they are eligible for any reimbursement. Unsocial hours payments during annual leave, as agreed under Agenda for Change, have been calculated incorrectly for some former staff.

Everything you need to know about Congress...

Questions about Congress? Whether you are a first-time visitor or a veteran, a new webpage will tell you all you need to know about this year’s event, to be held in Liverpool. Dates and debates, fringe events, how to vote, help with travel and accommodation costs, the Congress exhibition – everything is covered. A typical Congress day is also described and there are comments from members who have Congress experiences to share. Go to www.rcn.org.uk/congress-guide



Name a winner and claim your prize

It's easier than ever to make nominations for this year's RCN representative and student information officer awards. Members who nominate a winner will receive £100 and those who propose a commendeo will receive £50. The deadline for submissions is 28 February.

But you only have until 24 January to nominate people for RCN fellowships – awarded to those who have dedicated themselves to nursing and health care – and for the RCN award of merit. Visit www.rcn.org.uk/get-involved/rcn-awards for details.

FGM: new guidance

New guidance from the RCN will help members working in travel health and sexual health services address issues surrounding female genital mutilation (FGM). It has been produced following advances in understanding and updated legislation. The RCN has also developed new pathways that can be used as quick reference tools and are intended to guide the development of local services.

Download *Female Genital Mutilation: RCN Guidance for Travel Health Services* and *Female Genital Mutilation: RCN Guidance for Sexual Health Care* from www.rcn.org.uk/publications

IN MY DAY JOB



Vera Cook

RCN steward, BMI Healthcare

I was so annoyed by what was happening in my workplace in the 1980s that I became a steward – and I've been one ever since. We were facing the introduction of clinical grading. Individual letters were sent to staff and they were told to agree to the new terms or lose their jobs. I knew I had to stop moaning and get out there and do something. In theatres we had more than 120 years of enrolled nurse experience behind us yet we were being offered C-grade posts. We got together and signed a petition, and the surgeons supported us. We threatened mass resignations too. By standing up for ourselves we got the E grade we deserved.

Fast-forward 28 years and I'm still here supporting members. I'm now working in the independent sector. The RCN is the only union recognised in my workplace and some staff think we're not relevant to them. But we are a voice. We can deal with members' problems. Colleagues know who and where I am, and a lot of people come to speak to me.

I get as much support as I want from the RCN and mentoring every two months. RCN staff are always there for me and they will be there for new reps too. My message to other members is that if you're not happy about an issue, do something. Get active today.

www.rcn.org.uk/reps



Rise in assaults may reflect workplace pressures

A sharp rise in attacks on NHS staff in England last year has been condemned as unacceptable by the RCN

Figures from NHS Protect show there were more than 70,000 assaults on staff last year, an increase of 4% on 2014-15. Most involved medical or mental health factors but nearly 18,000 did not. Perpetrators were subject to criminal sanctions in only 1,740 cases.

Chris Cox, RCN Director of Membership Relations, said: "It is unacceptable that going to work brings the threat of violence and danger. But this recorded increase may be a symptom of worrying levels of frustration and aggression among patients and family members as care is delayed and staff try to cope under difficult circumstances."

Immediate action is now required

In some understaffed units the atmosphere is like a tinderbox, he said, adding: "It is likely that the reported assaults are just scratching the surface



of the problem, with many not being reported because staff don't believe action will be taken."

Assaults against staff cost the NHS more than £60 million a year – money that should be spent on addressing the factors that contribute to violence in the first place, Chris said.

Guidance for members concerned about violence in the workplace is available on the RCN website: www.rcn.org.uk/violence

ARE YOUR MEMBERSHIP DETAILS UP TO DATE?

CHECK ONLINE AT MYRCN, CALL 0345 7726 100, OR WRITE TO RCN MEMBERSHIP TEAM, COPSE WALK, CARDIFF GATE BUSINESS PARK, CARDIFF CF23 8XG.

6 OPINION

What you've been saying

Positive hospice care

I read with great interest "The View From Here" by Lauren James, a Marie Curie nurse from Cardiff, in November's issue (*RCN Bulletin* 345, page 6).

Lauren expresses her experience of nursing people who are dying in the hospice very well and above all positively. This was also my experience when I visited a work colleague who was cared for in a hospice until she passed away. The care was of a very high standard and the work atmosphere was pleasant and amicable. The hospice team offered good care and compassion to all patients.

Lauren has actually demystified the fear that many student nurses and even qualified nurses may have about care of the dying. It must be a very rewarding experience working in a hospice as there is a lot to learn and to reflect on.

Lauren uses the word "love" five times and concludes on such a positive note: "My job isn't depressing: it is the best job in the world." She has written this with her heart and mind.

✉ **Ramesh Seewoodhary, Senior Lecturer in Adult Nursing, by email**

Brave words

Watched [BBC documentary] *Black Nurses: The Women Who Saved the NHS* the other night. Loved it.

I've worked with many nurses from all over the world, and am always struck by their bravery: coming to a new country, different language, weather and culture (and prejudice sometimes), and still working so hard to care for their patients.

✉ **Alison Jeffrey, on Facebook**

I'VE BEEN READING...



I believe *The Soul of Leadership* by Deepak Chopra is a "must-read" for all, whether leaders or followers. Chopra's observations resonate with me as I recall leaders I have worked with.

His key tenets to leadership include serving and caring for your team; responsibility – owning your actions, decisions and their consequences; empowering others to achieve rather than having egocentric aims; nurturer and team builder – unifying by treating everyone fairly and impartially; and sage and seer – guiding your team with a strong moral compass. Team leaders often quote the adage "There is no 'I' in team". They should also remember that there is no 'I' in leader. Leadership is not about egocentric power, but strength in united action.

Sue Hansard, staff nurse, lymphoedema care

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HOT TOPIC



Globally and nationally, the past 12 months have seen changes and challenges in many areas, including nursing. With cuts to student funding, a 1% pay increase and the introduction of the new nursing associate role, it remains to be seen what 2017 has in store for the profession. As we head into a new year, we asked members:

What are your hopes for 2017?

For it to be recognised that for staff to provide the level of care expected, they need to be equally cared for by the workplace.

Taryn Archer @StnNurseArcher

That as a professional group we are valued and respected as much as some other professions appear to be.

A living wage would also help.

Lee Drake @LeeMatron

I hope that progress is made towards recruitment, retention and safe staffing levels in all areas.

TanyaJMarlow

That things can only get better and nurses survive the changes on the health and social care horizon by sticking together.

Katy Welsh @kwelshi

I wish for all mentors who support our students to be recognised and rewarded for all their hard work.

Margaret Mclean @msmagmclean

That nursing will evolve with technology without undermining the essence of caring.

Kitty Kath @hellokitty_kath

MESSAGE TO MEMBERS



Janet Davies
RCN Chief Executive

Predicting the future is an inexact science but in nursing it's certain that any new year will bring change and challenge. Both have been recurrent themes in the recent history of the health service and 2017 will be no different. For me, what's remarkable is that even though with every passing year more is asked of nursing staff, you always respond. Regardless of the pressures – increased demand, fewer resources – care is delivered. As a consequence, the lives of countless individuals are improved, sometimes radically so.

That said, 2017 seems likely to test us in new ways. One example is the restructuring of nurse education. With bursaries ending in England and being replaced this year by student loans, it looks like there will be a reduction in future student numbers, so solutions will have to be found and campaigns waged. NHS finances will, of course, continue to be squeezed and we will have to fight harder than ever to maintain terms and conditions.

The challenges are extreme but 2016, our centenary year, demonstrated our strong sense of unity and the huge pride we have in our profession. We need to draw on that strength now and, as we confront 2017 and all that it will bring, we should never lose sight of why nurses nurse – to make life better for sick and vulnerable people. Amid all the change, that constant remains.

www.rcn.org.uk



Breaking the cycle of debt

Claire Cannings, RCN Senior Welfare Adviser, on managing money

The RCN is acutely aware of the financial pressures experienced by many members. Money helps shape the contours of our lives, and research shows financial health has a real impact on physical and emotional health.

Money problems arise for various reasons, but for increasing numbers of members no major life changes have occurred. They are simply struggling with the stresses associated with meeting basic living costs. Regardless of its cause, unmanageable debt can trigger a range of unsettling responses, and fear, anger or hopelessness can result in loss of sleep, family arguments or eating poorly. Others cope by denying the debt and avoiding essential bills.

To break this cycle it's important to take practical steps. Do a financial appraisal: you might be able to see changes that will



reduce your outgoings or increase your income. Make sure you're getting all the tax credit and other financial support available by checking at turn2us.org.uk

Try to avoid high-interest credit and make sure you explore all your options, not just quick-fix solutions. And if things seem unmanageable, get expert help. The RCN can provide guidance. If you feel you would benefit from free specialist debt advice telephone 0345 772 6100 and ask for a referral to the RCN Welfare Service.

8 FEATURES

No bias or boundary

Domestic abuse is common and occurs in all classes and cultures. As Tom Metcalf reports, effects can be devastating and enduring but nursing staff are well placed to help



RCN member Amanda Burston



Victims will feel fear, isolation, and a loss of control and identity

For RCN member Ann*, domestic abuse began in childhood. Her mother would abuse her, her father and her sister physically and psychologically. She was made to feel that it was her fault, that she was being hit or screamed at because of something she'd done or hadn't done. She became shy, withdrawn and lonely.

At the time, Ann didn't realise what she was experiencing was domestic abuse and just viewed it as the way things were, an outlook that continued into an abusive marriage (read more of Ann's story opposite).

As Ann's experience illustrates, domestic abuse covers far more than physical violence – it can be sexual, psychological, emotional and financial as well. But the

common denominator is control by the perpetrator, as RCN member Amanda Burston explains.

Amanda, a resuscitation officer, has been involved in setting up domestic abuse services. "Victims of domestic abuse may have little or no freedom," she says. "Their social circles will diminish, they may have access to their phone and the internet monitored and restricted; they may be told what to eat and wear. They will feel fear, isolation, and a loss of control and identity."

Public perceptions of domestic abuse perpetrators and victims are often inaccurate, she adds. "This is something which affects all social classes, cultures and education levels. It has no bias or boundary."

The statistics make for grim reading. According to the charity SafeLives, an estimated 2.1 million people suffer some form of domestic abuse each year, including about 50,000 NHS staff. Even so, it remains one of the most under-reported crimes.

Another charity, Living Without Abuse, says one in four women and one in six men experience domestic abuse at some point in their lives; on average, two women are murdered a week and 30 men a year.

What's more, it can be difficult to identify victims in order to help them. Amanda says those suffering from domestic abuse can often become "grey people" – invisible or barely noticeable

**The member's name has been changed.*

in public, a shadow of themselves. “In the minds of victims, fading into the background of society keeps them safe from difficult questions they struggle to answer,” she explains.

Often, health care workers are the only people they continue to engage with, which makes the role of nursing staff in recognising and supporting victims all the more important. “People generally respect and trust health care staff, and feel as if they can be relied upon for confidentiality,” says Amanda. “So just by being nurses we’ve already overcome some of the barriers to disclosure.”

RCN resources

The RCN has recognised this crucial role that nursing staff can play, recently launching a set of online resources relating to domestic abuse. They are designed to assist nurses and midwives in supporting their patients, but they also recognise that health care workers may themselves be victims of domestic abuse. They include key indicators for identifying cases, information about ways to seek help and tips for staying safe online.

As Carmel Bagness, the RCN’s Professional Lead for Midwifery and Women’s Health, explains, much of the information was already out there but it needed grouping together.

“We’ve put together a series of links to resources that already exist across the UK. It’s a comprehensive signposting resource which will be regularly reviewed. Every nurse and midwife should be thinking about domestic abuse wherever they’re working, as in every area you’ll come across patients or colleagues who have been affected.”

As well as providing support for victims and nursing staff, the resources also cover domestic abuse from the perspective of those who carry it out.

“It’s important that we recognise nurses and midwives will sometimes also be the perpetrators of domestic abuse,” says Carmel. “This presents a challenge for the RCN because we need to think about how we can support these members as well,

which involves understanding why they might be responsible and directing them to the appropriate programmes.”

Expert panel

The resources were compiled by a panel of experts, including RCN members and staff. Amanda – RCN Nurse of the Year 2015 – was invited to join the group after she proposed a resolution at last year’s RCN Congress calling for mandatory domestic abuse awareness training for all health care workers. “As nurses, the RCN is our trusted place so having the resources on the RCN website means they carry a lot of weight,” she explains. “It also means we’re able to tap into thousands of members, as well as the general public, to raise awareness.”

“Signposting is key,” she adds. “You can start a conversation with a victim, but on average it takes five interventions before someone engages with support agencies. So the resources are there for when people feel ready to use them.”



If you need help...

As an RCN member you can get free, confidential support and assistance to help you deal with any challenging emotional issues you may face. To make an appointment with the RCN counselling service, call 0345 772 6100.

FROM THE HEART



Ann

RCN member and domestic abuse survivor

To begin with, there wasn’t a lot of physical violence. But there was always the threat of it, and sometimes my husband would hit me.

There was financial abuse too – he controlled all the bank accounts – and sexual abuse. I felt powerless to stop it and thought I deserved it for making him angry.

A few years ago he told me he wanted to separate. I didn’t – I thought our marriage was fine because it was all I knew.

At this stage the abuse went off the scale, physically and psychologically, and he tried to strangle me on a few occasions. Eventually, the house was sold and the marriage ended.

I still didn’t think I’d been in an abusive relationship. But over the course of a 12-week survivor programme I signed up for, I came to the realisation that I had.

I was devastated – I thought I was stupid for not seeing it at the time. But then I began to realise it wasn’t my fault. It was his responsibility. The abuse would have occurred whatever I did.

I no longer feel ashamed. I want to speak out and help others. I’m going to use my position as an emergency nurse to develop links between A&E and local domestic abuse services, and encourage staff to ask patients the disclosure question.

www.rcn.org.uk/domestic-abuse 

Nursing associates: FAQs

What are nursing associates and how will they fit into the health care team? Will they be regulated and can they join the RCN? Tom Metcalf checks the facts



What is a nursing associate?

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.

Why has this new role been created?

Health Education England (HEE) says the creation of an additional nursing support role will have several benefits, including:

- providing a route into nursing and a career ladder for the health care support workforce
- enhancing the quality of hands-on care offered by the support workforce through defined and funded training and development
- strengthening the support available to nursing staff, releasing them to focus on care planning and management, advancing their practice and using their high level skills.

When will nursing associates be in place?

A cohort of 1,000 trainee nursing associates began their training in the past few weeks, spread across 11 pilot sites, with a further 1,000 to follow later this year. Training will run over a two-year period, at the end of which trainees will become qualified nursing associates.

What will nursing associates be able to do?

Deliver fundamental care in a range of primary, secondary, community and social care settings. The HEE says their training will provide them with technical knowledge and practical experience. In the autumn, *Health Service Journal* reported that nursing associates would be able to administer medicines without supervision. The RCN expressed concerns about this, and HEE has said nursing associates will only administer medicines “if suitably trained and competent, in settings where it is deemed appropriate

and where this is guided by organisational medicines management policies”.

Will nursing associates be regulated?

Health Secretary Jeremy Hunt has said the Nursing and Midwifery Council (NMC) should regulate nursing associates, as it does registered nurses. The NMC is due to decide this month whether it is in a position to act as regulator but has already said it is “well equipped” to do so.

What does the RCN say?

The RCN supports the idea of a structure that enables health care 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. They will be able to join under the health practitioner category of membership – for information visit www.rcn.org.uk/join



Nursing associates must not be used as a substitute for registered nurses

🔗 Read more about nursing associates on the HEE website: www.hee.nhs.uk

No substitute

When the RCN published its response to Health Education England’s plans for nursing associates, Chief Executive Janet Davies said: “RCN members are clear about the value of a supporting workforce who have a framework for progression and the ability to develop. But there are worries that these new roles could result in a continuing lack of registered nurses. They must not be used as a method of substituting support workers for the regulated, knowledgeable workforce of registered nurses.”

Applause for paws

An RCN survey has demonstrated that members value the benefit animals can bring to health care settings. Sharon Palfrey investigates tails from the frontline

Animals play a huge role in many lives, and the evidence is growing that they can have major health benefits for adults and children alike. Whether it is a dog helping to guide a person who is blind or a cat keeping an older person company, there are countless ways in which animals can help to boost wellbeing and improve lives.

Amanda Cheesley, RCN Lead for Long Term Conditions and End of Life Care, wanted to know how much the health service exploits these benefits. She asked members to share their experiences to find out what they thought about the health service becoming more animal-friendly.

Hundreds responded and members' enthusiasm was clear: 90% felt animals could improve the health of people with mental health problems; 82% felt dogs in particular encouraged patients to be more physically active; and almost 60% said just the presence of animals seemed to speed physical recovery.

Amanda says: "A positive mental outlook often makes all the difference in health care and animals can help to boost a patient's mood in many ways. They provide companionship, help patients to regain their independence and provide a kind of support that people often can't."

'Even alpacas'

Survey respondents agreed. One who works in a care home said "the joy is palpable" when dogs visit, adding that "ducks, rabbits,



Animals really can help to relieve suffering and bring happiness

goats and even alpacas" had been brought in for residents to stroke and pet.

Members reported a pet presence in many different settings, not just care homes. Hospices, intensive care, neurology, children's wards and mental health were among those mentioned. A palliative care nurse commented: "We have a resident cat and he brings much peace and serenity to our patients. He calms them down, they talk to him and he gives them comfort."

A nurse in outpatients said: "I worked with a young man with learning difficulties who found it hard to socialise. He found confidence in talking to other people about his dog. This was a big step for him."

Despite the rewards, a quarter of respondents said that animals were prohibited from their workplace, with risk of infection the most common reason given. But the RCN argues that with the

right protocols, such risks can be easily managed.

Amanda, who used to take her Great Dane with her when she was a district nurse, says: "Health services need fully trained animals – and handlers who can ensure the care of both animals and patients. Animals really can help to relieve suffering and bring happiness into patients' lives, but services need to adapt to make this possible for all."

Share your experiences

The survey has now closed but Amanda Cheesley is keen to hear more about members' experiences of working with animals. Perhaps you've worked with sniffer dogs in your role as a defence nurse or have experience of using pets in your care home. Email your thoughts to bulletin@rcn.org.uk

Fighting for a fair deal

How would it feel to turn up for your first day of training for a new job and be told you are no longer required? Sharon Palfrey hears what happened to one member



Having something like this happen to you plays on your mind 24 hours a day

Jenny* was relieved to be offered a new job. She'd accepted dismissal from her role as a prison nurse because she knew her disability made it unrealistic for her to continue in that job. She maintained a positive outlook and looked forward to a new start as an NHS 111 call adviser.

"This new job was completely different from my former role," she says. "I have osteoarthritis, which made walking around a huge prison complex extremely challenging. But walking around a room, which is all my new job physically called for, didn't concern me."

Jenny was expected to attend a training course before starting her new job and she had happily gone along. However, two hours in, her trainer told her that her employment offer had been withdrawn. Jenny was shocked to find out later the issue was her

levels of sickness in her previous job. Her potential employer believed that her mobility issues would limit her ability to move round her new workplace.

Jenny sought help from her RCN rep and was referred to the RCN's legal team. She wanted to know why this had happened and felt she had nothing to lose.

Fair treatment

This was an unusual case. Jenny didn't have a contract of employment but she still had the right to be treated fairly. "We had to show that having a policy not to employ people who had high levels of sickness absence was actually unfair," says Emma Greenbank from the RCN's legal team. "Her potential employers hadn't fully considered her individual circumstances or the differences between the new role and her old role."

Going to an employment tribunal is not for the faint-hearted but the RCN's legal team knew this was the best way to get a fair outcome for Jenny. The judge agreed and Jenny was awarded £24,800 for injury to feelings and loss of income.

"Even though I had the RCN by my side it was still horrible. I felt like I was the one on trial," says Jenny, who has recently started in a new job as a disability assessor. "Having something like this happen to you plays on your mind 24 hours a day, seven days a week. I couldn't think about anything else. I hope as a result of the tribunal they [her former employer] never consider doing this again."

"I wouldn't have done it without the RCN," she adds. "If you find yourself in a similar situation, don't hesitate to get advice on whether to take it further."

📞 If you need advice about a legal matter, telephone RCN Direct on 0345 772 6100.

**The member's name has been changed.*

World of nursing

The recent RCN International Centenary Conference attracted delegates and speakers from around the world. Here's a flavour of some of the many topics discussed over the two days

Future-gazing

Delegates at the conference were encouraged to look to the future and consider what the next hundred years might bring as they heard from an expert in the field, Robert Madelin, Senior Adviser for Innovation at the European Commission in Belgium.

While recognising the funding challenges around an ageing population, Mr Madelin spoke optimistically about the "silver economy". He argued that living longer should not diminish anyone's quality of life and said the nursing profession must innovate to ensure best practice in the future.

He also called on nursing staff to embrace the new technologies available in health settings, but argued that no robot could replace human compassion.

A nurse in the Lords

With 20 years of experience in the House of Lords and 60 years as an RCN member, few political figures understand the challenges faced by nursing staff better than Baroness Audrey Emerton.

Invited into the House of Lords by Prime Minister John Major in 1997, Baroness Emerton initially turned down the offer because she didn't want to join the Conservative Party. As such, she was made a cross-party life peer.

During a question and answer session, she recalled her work on the 2011 Health and Social Care Bill to influence the reorganisation of the NHS and offered an eloquent description of



Technology will change the way we nurse, but we won't get rid of nurses

the challenges of being the only nurse in briefing meetings.

Baroness Emerton also encouraged younger nursing staff to get involved in politics rather than passively accepting the status quo.

Nursing in a digital world

Anne Cooper, Chief Nurse for NHS Digital, argued that over the past 10 years nursing staff have begun to get more serious about technology.

She described today's nurses as "information navigators" but said they needed to get better at learning their way around information resources. The importance of the nursing role, however, would not diminish. "Technology will change the way we nurse, but we won't get rid of nurses and how they get involved with people."

The patient information recorded by staff is these days under great scrutiny, she said. Nurses need to understand the consequences of this transparency – everything they record about patients now becomes "big data" and affects the wider health care picture.

Relationships with patients were also changing, she said. People now take more responsibility for caring for themselves, shifting the power balance between patient and nurse, so nurses should think of patients as partners.

Mentorship matters

"Failure to fail" students who are not up to scratch is a significant issue for nursing organisations and has the potential to affect patient safety, Stephanie Aiken,



Jane Cummings, Chief Nursing Officer for England, addressing the conference

RCN Deputy Director of Nursing, told the conference.

Mentorship is not a role everyone relishes and people shouldn't be required to take it on, she argued. But investment was required in those who chose to become mentors, and the context in which mentorship occurs should be given wider consideration. Current models of support were not working in a lot of areas, she said.

The removal of the student bursary in England would also bring changes. The expectation of nursing students would be altered by them having to pay for their courses, she suggested.

Find out more

To learn more about the full range of sessions held at the RCN International Centenary Conference, please go to www.rcn.org.uk/icc and download the abstracts.

Tackling key issues in justice settings

Jess Davidson, Chair of the RCN's newest forum, Nursing in Justice and Forensic Health Care, discusses her vision to support all members working in justice and forensic settings

Working with members, sharing good practice and representing her profession nationally are just some of the things that Jess Davidson is looking forward to as Chair of the recently merged Forensic Nursing and Nursing in Criminal Justice Settings forums.

The new forum, Nursing in Justice and Forensic Health Care, will support members working in police custody care, sexual assault services, prisons, immigration and detention centres, secure hospitals and other similar settings.

Jess, a senior clinical forensic charge nurse for NHS Lothian, said: "We want more forum members to contribute what they

think are the key issues in this area of nursing so that we can plan the year ahead and what we'll bring to RCN Congress in May.

"It's daunting because I know how very challenging it is to deliver care in this area and we want to get it right. And we need a good overview from all four countries as there are different laws. But the main thing is that the forum is a place to come and share issues and ambitions and represent the profession at a national level."

You can find out more about Jess and the Nursing in Justice and Forensic Health Care Forum at www.rcn.org.uk/forums



Iron deficiency anaemia project forges ahead

Forum members have been instrumental in a project designed to help nursing staff spot the signs of iron deficiency anaemia (IDA).

IDA costs the NHS £55 million a year but many nurses are unsure of the signs and symptoms.

The Gastrointestinal Nursing Forum, along with members of the Women's Health and Midwifery forums and other renal and blood management nurses, led the project aimed at highlighting the condition.

If left untreated, it can have serious health implications



The idea is to make iron part of the conversation

and may require surgery and blood transfusions. The project, supported by Vifor Pharma UK, included printed guidance and pocket cards for student nurses.

Isobel Mason, chair of the Gastrointestinal Nursing Forum, said: "Now we're coming to the end of the project, we're seeing the impact of it and trying to make sure that nurses know about it. IDA is easily treated, but a lack of awareness and training has led to it often becoming a serious problem for patients – and a heavy expense for health services. People don't realise how prevalent it is, and nurses need to be able to recognise it.

"IDA is really common in many areas of practice, but particularly in women's health and for people with gastrointestinal problems as our bodies find it hard to absorb iron. The guidance highlights how nursing staff can help patients to make sure they get enough iron including how to manage intravenous iron."

Isobel added: "The idea is to make iron part of the conversation as it can make a difference to patients' lives."

Download the guidance, *Iron Deficiency Anaemia in Adults*, at www.rcn.org.uk/publications

New look for key infusion resource

The *RCN Standards for Infusion Therapy* is a key reference document in the delivery of nursing care for patients receiving this type of treatment. Infusion therapies support a wide range of health care, from blood transfusions to pain relief, and many people will receive one or more of these in their lifetime.

The RCN resource has recently been revised. The updated edition includes a new section on service development, reflecting the role of commissioning in IV therapy and the continued development of outpatient/home parenteral antimicrobial therapy services. Its aim is to support care and clinical management to improve patients' experience of infusion therapies.

To mark the publication of the revised standards, a special masterclass exploring the planning and delivery of infusion therapy across the health service was held at the RCN's London headquarters last month.

Members and other staff from both hospital and community settings heard from Professor Dame Donna Kinnair, RCN Director of Nursing, Policy and Practice, as well as Rose Gallagher, Head of Standards, Knowledge and Innovation, and Amanda Cheesley, Professional Lead for Long-term Conditions and End of Life Care.



Rose said: "The event brought together nursing staff from a broad range of fields to explore the changing face of infusion therapy and its impact on patient care." She added: "Infusion therapy is evolving fast, and this updated document reflects the very latest in knowledge and practice. We hope that it will be used far and wide to improve delivery of care and patient experience."

To read and download the new standards visit <http://tinyurl.com/hgrrejf>

Setting standards

Matt Butler, the new Chair of the RCN eHealth Forum, is the member representative on the Professional Record Standards Body (PRSB) advisory board. The PRSB aims to ensure care records in the health and social care system follow a widely agreed set of quality standards. Set up in 2013, the organisation aims to create an electronically transferrable patient record that is up to date and accessible to all those responsible for care.

Recognising that nurses should play a central role in defining the national standards they work to, the PRSB is keen to receive advice from nursing experts. To that end, the RCN has been heavily involved in the process.

April fertility event

If you are a nurse, midwife or health care assistant working in women's health services and wider reproductive health care, the RCN Fertility Nursing Conference in April will help inform you of the latest issues in this field. Topics including female genital mutilation and transgender fertility changes will be covered, and there will be an update on legal issues and fertility preservation guidelines.

Carmel Bagness, RCN Professional Lead for Midwifery and Women's Health, said: "This conference will give updates on evidenced-based clinical, scientific and regulatory advances within the field of artificial reproductive technologies and will also count towards CPD for revalidation." To book visit www.rcn.org.uk/fertility17

THE VIEW FROM HERE



Ismalia de Sousa
Clinical nurse specialist

Secondary prevention is the forgotten gem of nursing intervention. The way we approach disease is too focused on how we can treat it rather than how to prevent its occurrence or recurrence.

I'm a clinical nurse specialist and part of my role involves providing secondary stroke prevention education and advice to patients, their families and carers. In stroke care, we focus heavily on emergency treatments such as the mechanical removal of clots (thrombectomy) in the treatment of acute ischaemic strokes. However, the truth is that a great proportion of strokes can be prevented by the choices our patients make in their lives.

Providing secondary stroke prevention is not just about telling people what they should and shouldn't do. Most patients know the importance of exercising regularly, keeping alcohol to a minimum and avoiding smoking. Offering our patients the same messages they might have heard in the media is not the point.

Rather, as nurses our role is to relate our patient's condition or diagnosis to their lifestyle choices and explain how they're related. It's a discussion that should be led by the patient and focused on a specific area of their life. Nurses should apply their motivational interview skills to try to modify their patient's behaviour.

Not everyone follows our advice but we must keep trying.

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

RCN Education Forum

The future of nursing education

21-22 March
Cardiff City Hall
Cardiff
CF10 3ND

The RCN Education Forum is hosting a conference exploring the future of nursing education and practice in the UK. The event is designed to support all health care educators from around the UK operating in clinical and professional settings.

Highlights include a keynote presentation by Professor Dame Jill Macleod Clark, Emeritus Professor at the Faculty of Health Sciences in the University of Southampton, on recalibrating education standards in nursing.

Professor Clark is leading on the Nursing and Midwifery Council's work to develop new standards of proficiency for future graduate registered nurses.

She will update delegates on the project, share the journey to date and outline her vision for the future of undergraduate nursing.

Delegates will also hear from two academics from Northumbria University. Dr Alison Steven, Reader in Health Professions Education, and Professor Pauline Pearson, Professor in Nursing, will discuss SLIPPS – Sharing Learning from Practice to Improve Patient Safety.

🕒 Visit <http://tinyurl.com/hos2gb9> for more information and to book your place.



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