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SAVE OUR NHS

CECILIA SPEAKS UP FOR NURSING

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

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Calling all overseas nurses

The RCN wants to hear from overseas nursing staff about their experiences of trying to register with the NMC. Although a number of changes have been made to the English language requirements recently, the RCN has been hearing that nurses are still finding it difficult to register.

“We want to explore what the barriers are to overseas nurses getting approval to practise in the UK,” said RCN Deputy Director of Nursing Stephanie Aiken. “We’ll use the information to inform our discussions with the NMC about how to improve their processes while continuing to protect the public.”

Email bulletin@rcn.org.uk to share your experiences or find out more about English language testing at tinyurl.com/ybd7npau

Setting subs

Members are being consulted on plans for a vote at the AGM in May to allow RCN Council to continue to set the cost of RCN membership. Council is committing to keeping any future increases as low as possible, and no more than 4% in any one year. Annual rates will only be set after consultation with members through branches and boards. The AGM will take place on the afternoon of Wednesday 16 May in Belfast, following the end of RCN Congress.

Should abortion be decriminalised?

The RCN is consulting members on the principle of removing criminal sanctions from termination of pregnancy.

The online survey, which runs until 18 March, will help the RCN to form a position on decriminalisation in the midst of a growing national debate.

Currently, termination of pregnancy is legal in England, Scotland and Wales, within certain criteria that must be agreed by two doctors. Without this agreement, termination is a criminal offence which could result in a prison sentence. In Northern Ireland, termination of pregnancy is illegal except in very limited cases.

There are different ways in which termination of pregnancy could be decriminalised but the survey will only focus on the principle of whether or not it should be removed from criminal law.

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It's important to get members' views on this emotive subject

Carmel Bagness, RCN Professional Lead for Midwifery and Women's Health

👉 Complete the survey at www.smartsurvey.co.uk/s/RCNDoToP or read the RCN's briefing on the issue at tinyurl.com/y9oec87d



Royal champion for nurses

The Duchess of Cambridge is to become a champion for nurses, backing a campaign to give them proper recognition as the “lynchpins” of care. As *RCN Bulletin* went to press she was set to launch the global *Nursing Now* campaign aimed at raising the profile and status of nursing across the world. The RCN is an official supporter of the three-year initiative and has been instrumental in helping shape its goals. Find out more at www.nursingnow.org



March for the NHS

RCN members joined tens of thousands of protesters in London last month to fight for the future of the NHS. They braved the rain to march through the capital chanting “no ifs, no buts, no NHS cuts”.

The protest culminated in a rally opposite Downing Street where RCN President Cecilia Akrisie Anim (pictured above) delivered a passionate speech to the crowds.

“Nursing staff are bearing the brunt of the enormous pressures facing the NHS,” she said. “Staff at every level are experiencing burnout and many of our colleagues are turning their back on jobs they love. The crisis must be tackled or patients will suffer.”

Her sentiments were echoed by other members attending the march. “I’m concerned and worried about the NHS, particularly its patients. It’s understaffed and underfunded,” said Sam Newman.

The RCN supported members to attend the march as part of its Close the Gap campaign, which demands an above-inflation pay increase for NHS nursing staff. “People aren’t surviving, that’s why they’re leaving the profession,” said member Samantha Spence.

The RCN is currently in exploratory talks with the Government about possible reforms to the NHS contract. It’s determined to get a meaningful pay rise for nursing staff and to protect payments for working unsociable hours.

Visit www.rcn.org.uk/bulletin to see more coverage of the protest or go to www.rcn.org.uk/closethegap for the latest on the RCN’s pay campaign.

Tackle falling nursing degree applications now

Urgent action is needed to boost the number of nurses in training, says RCN



The RCN says a national recruitment campaign is needed to attract more people to the profession as figures show the number applying to study nursing has fallen by a third in two years.

Despite government attempts to increase trainee nurses, contentious changes including scrapping the student bursary have failed to boost the number starting degrees.

In its report, *Left to Chance*, the RCN reveals that nursing degree applications for the next academic year have fallen by more than 14,000 since the same point in 2016. The new nursing apprenticeship also attracted only 30 trainees against a target of 1,000 for this year.

RCN Chief Executive Janet Davies said: “Nursing is a wonderful career but the Government must do more to make it attractive to the tens of thousands of new nurses we need. If ministers fail, they are storing up unimaginable problems

for the future. The staffing crisis must be stopped from spiralling further.”

“The staffing crisis must be stopped from spiralling further”

The Government must offer incentives to find tomorrow’s nurses, the RCN says. With the nursing workforce shrinking, and at least 40,000 vacancies in the NHS in England alone, the opportunity to boost training places for nurses must not be squandered.

“Failing to address the issue will make care failings more likely,” Janet added. “When there aren’t enough nurses, patients can pay the very highest price. Ministers must redouble efforts to get students into nursing courses this year.”

Visit www.rcn.org.uk/bulletin to see the list of eight recommendations the RCN makes to reverse the fall in nursing applications.

4 DOING THE ROUNDS

Still here for you

It's been 20 years since the first phone call to RCN Direct, the national support service for members



Back in time at RCN Direct

When RCN Direct first opened its phone lines on 1 March 1998, the College was making use of the latest telephone technology to be there for members 24/7. Since then millions of queries have been answered and many members have been given the urgent support they need.

But times have changed and the RCN Direct office has been transformed. Much of the advice now provided to members is accessed online and the guides available on the RCN website are regularly updated so members can benefit from reliable information whenever and wherever they need it.

Those seeking a more personalised approach have a range of ways to get in touch. Of course, a phone call is still what many prefer – and when you need detailed advice this is probably still the best way to contact the service. But now you can also email an RCN Direct adviser using an online form (www.rcn.org.uk/get-help/online-advice-form) and a new live chat service will be expanding during the next few weeks.

The reasons to get in touch have changed too. RCN Direct has become the first point of contact for the whole of the RCN and while advisers continue to help members with workplace issues, they now do much more. Want to get in touch with a counsellor? Contact RCN Direct. Need to have your statement checked? Contact RCN Direct. Need to contact a welfare adviser? Contact RCN Direct.

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Helping members when they need us most is central to everything we do

Sally Ashman, RCN Direct Advice Centre Manager

➤ Read more on how RCN Direct has developed over the years at www.rcn.org.uk/bulletin. Visit www.rcn.org.uk/direct or call 0345 772 6100 to receive support.

Retired members' conference

The RCN will be holding a conference on 20 June to explore how it works with retired members and how to make best use of their skills and experience. Members are helping to develop the programme for the event, which will be held at RCN HQ in London.

RCN Diversity and Equalities Co-ordinator Wendy Irwin said: “Our retired members have a wealth of knowledge. We're keen to capitalise on that and involve them in decisions about the RCN's work.”

Email wendy.irwin@rcn.org.uk for more information.

When Mary met Theresa

RCN member Mary Codling met Prime Minister Theresa May recently to share her experiences as a frontline nurse and raise concerns about the impact of poor pay on morale.

Mary is a lead nurse for learning disabilities in Berkshire and met Mrs May in her remit as the local MP. “I'm passionate about the NHS but worried about staff feeling undervalued,” said Mary. “I wanted to tell Theresa about some of the brilliant work happening locally. She listened closely and I'm hopeful the relationship can develop further in future.”



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The big picture



RCN members braved the rain to join thousands in a march to save the NHS in London. They attended as part of the Close the Gap pay campaign. Visit www.rcn.org.uk/closesthegap

MEET THE MEMBER



Each month *RCN Bulletin* asks a member to share a little bit about themselves.

Name: Jannat Kasule

Role: Child nursing student

Describe your job in three words:

Fast-paced, fulfilling and fun.

If you weren't a nurse, what would you be?

I think I'd work in textiles. I studied it at school and really enjoyed it. My mum bought me a sewing machine off the back of that and I often make or alter my own clothes.

Who would play you in a film?

It would have to be someone quite wacky, like Johnny Depp or Will Smith.

What item can't you do without at work?

Definitely my fob watch! I use it for time-keeping, observations, everything. I feel really lost without it.

If you could have a superpower what would it be?

I'd speak every language in the world, including baby! That would be so helpful in neo-natal. It can also take a long time waiting for interpreters sometimes and it would make the job a lot easier.

Why did you choose this profession?

I've always wanted to work with children. Nursing kind of came organically from that.

www.rcn.org.uk/myrcn



PATIENT PERSPECTIVE



Moeed Majid says nurses have played a vital role in helping him throughout his medical journey so far

“ I started to experience abdominal discomfort and symptoms when I was in my early teens but no diagnosis was made. At the age of 19, just going into my second year of university, it got much worse and I was diagnosed with Crohn's disease. At first, I had no idea what that was but nurses were available to help me understand. Inevitably, I ended up losing a lot of weight and became very isolated and anti-social, culminating in me having to leave university. It was quite a dark time for me.

Since then, I've undergone a lot of different treatments. I also unfortunately contracted TB and had to spend a long time in quarantine at home. Eventually, it was decided that I would have stoma surgery. It took a little while to adapt and come to terms with but I feel great now.

Throughout these experiences, the nursing staff who have cared for me have been incredible. They provided the emotional support and understanding I needed to get through these difficult times and adjustments. Even though I don't need to have as much contact with them at the moment, it's comforting knowing they are there and that they'll be by my side again in future should I need them.

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.

THE VIEW FROM HERE



Stuart McKenzie
Chair of RCN Congress

The agenda for RCN Congress is thought-provoking, contemporary and has a range of issues that I feel really define the purpose of the College. I hope it will stir members' political and professional senses. From discussing staffing levels in mental health nursing, to having parity of esteem for those with learning disabilities, each item shows that patients are at the heart of what we do.

The event starts with a debate about the dwindling nurse workforce and the failure of the Government to recruit and retain registered nurses. Then we'll scrutinise the impact of redeploying staff into work areas they're unfamiliar with, the fees overseas staff have to pay to receive NHS care and the need for staff to be allowed water bottles in clinical areas. The second day will see us debate the use of body cameras to improve staff safety and discuss how to recruit more men into nursing.

And so the event goes on, with agenda items that will spark the interest of every member of the nursing workforce, no matter what their specialty, where they live or what level they're at. Coming to Congress enlivens the spirit. It's where we can feel at one, united by our passion and desire to get things done. If you've never been then I'd urge you to try it out. It's free to attend and when you've been once, you'll never look back. Congress is being held in Belfast on 12–16 May.

www.rcn.org.uk/congress



What you've been saying

Back to basics

When I trained in the early 70s students were paid a wage. We did study blocks for four weeks at a time then went to the wards to practise what we had learned. Clinical instructors toured the wards to supervise students. We took charge of the ward in our third year on night duty with a trained nurse on call who toured the wards to check controlled drugs or advise on problems.

We learned fast to take responsibility and we had a job at the end of our training. There is a lot to learn by looking back on years gone by.

[Edith McDonald on Facebook](#)

NMC fee ensures safety

Having been through years of gruelling study, I am proud to be a registered nurse.

I don't wholly agree with the NMC fees, but I do feel happy to pay them.

I absolutely believe that if you are in the privileged position to hold people's health and care in your hands you should be regulated. Patients deserve to be cared for by those who are governed and held accountable.

Anyone who works in this area should be on a register so that the "bad" eggs can be monitored. If all carers had to pay a fee to work maybe there might be less abuse. The fact that those guilty of such action at present can just disappear into thin air I personally find shocking.

People deserve to feel safe, to feel protected by law and looked after by those who are willing to be subject to stringent checks.

[Chantelle Schlapschy on Facebook](#)

QUOTE OF THE MONTH

At this rate it is hard to see the nursing shortage play out in a way that isn't absolutely calamitous

RCN member [Liam Doyle](#) on the fall of applications to study nursing.

FOUR THINGS TO DO IN MARCH

1. Speak to your local MP about nominating yourself, your team or your organisation for the NHS70 Parliamentary Awards. Nominations close on 23 March. Visit tinyurl.com/y7wfk2g
2. Ask for a pay rise if you work in the independent sector. Read RCN National Officer Brian Morton's blog to find out how. Visit tinyurl.com/ask-for-a-pay-rise
3. Celebrate International Women's Day on 8 March. Members in the North West can attend an inspirational event. Visit tinyurl.com/yatzanuv
4. Have your say on the decriminalisation of abortion to help shape the RCN's position on the issue. Complete the survey at www.smartsurvey.co.uk/s/RCNDoToP

GOT SOMETHING TO SAY?

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

HOT TOPIC



What can be done to avoid an NHS winter crisis next year?

“The key is staff retention: scrap the pay cap, reverse CPD cuts and implement NICE safe staffing guidelines. Then reinstate the training bursary and increase registered nurse training numbers. That would be a good starting position.” **Ken Spearpoint**

“Surely some statistical planning based on previous years as well as planned use of community resources in advance of the bed crisis would make sense. Joint working with social care and nursing homes works in my region. My care home has done it for two winters running.”

@grainneandbrian via Twitter

“Make some uplifting advert for radio or television on prevention of cold/flu, falls and alcohol-related admission. Speak up, don't be politically correct and protect nurses by doing so.”

@McFred73 via Twitter

“I think referring to it as a winter crisis is wrong. This is all a result of chronic underfunding by the Government. They underfund the hospitals, they cut bursaries for nurses, they refuse to pay us properly, grind down our morale and then say it's a crisis. I disagree.”

Cara via Twitter

“The crisis is that we cannot cope with the demand on the NHS all year round day or night, weekday or weekend.”

Sarah Clarke

“It will survive further crisis despite political interference due to the calibre of its staff. Truly dedicated and caring staff. The question should be what will it take for the public to realise the perilous state it is in and the pressures that exist all year round.” **Chris Elston**

“More funding would provide more beds, nursing staff and training thus resulting in better patient care from the GP through to hospital admission.”

Katherine Davis

MESSAGE TO MEMBERS



Janet Davies RCN Chief Executive

Gender equality has come a long way since the first women were given the right to vote 100 years ago. But as I reflect on the current challenges facing nursing, I wonder whether the incorrect perception of it being “women's work” continues to be a barrier to its progression.

Of course, nursing isn't all about women and the contribution of men is of huge benefit to the profession. But I would argue that, despite all the progress that's been made, nursing is still seen as a female role and much more needs to be done to demonstrate that it is of equal value, both in terms of pay and education, to other skilled professions.

Why is it, for example, that the knowledge and training needed to be a nurse is continually questioned? Or that nursing as a degree-only profession is so intensely scrutinised, despite compelling evidence linking the importance of knowledge to patient safety?

Why too is it that nursing is so poorly paid, when skilled roles perhaps more traditionally undertaken by men are better remunerated?

The current focus on gender equality is something to be capitalised on and I hope, for the sake of staff and patients, nursing makes strides in getting the recognition and rewards it deserves.

www.rcn.org.uk/closethegap



Spreading positivity



First-year nursing student Gino D'Andrea has designed an online tool aimed at students who may be going through a challenging time

In only 10 months of studying I've realised that life as a student nurse is a roller-coaster of many ups and downs. After witnessing several students leave the course in a short space of time, I decided to conduct my own research into why student nurse retention is such an ongoing and serious problem. I found the reasons why students were leaving varied immensely but I also found one consistent reason why students were staying. This reason was support.

With this in mind, I created a webpage – www.keepgoingstudentnurse.com – to try and spread some positivity. Students can visit it any time they need a boost, click on a single button and be shown a unique message of support from someone, somewhere in the world. Each message has been written anonymously by fellow students, nurses, health care assistants, patients, and members of the public.

My ambition is to get “Keep Going, Student Nurse!” on the app store to reach as many student nurses as possible. My favourite quote from a patient so far has been: “I will always remember the student nurse who helped save my daughter's life. I may not remember her name, but her face is engraved on my memory. To someone else, you are that nurse they will never forget. Keep on going.”

8 FEATURES

Is legislation the answer?

Staff shortages are threatening the quality of patient care, with nurse vacancies reaching new heights. But as Wales and Scotland look to the law to address the problem, RCN Bulletin asks what progress has been made



“

We don't accept that it's costly to provide an appropriate level of registered nurses – it's very costly not to

Last year, when the RCN asked nursing staff to describe their last shift, responses flooded in – 30,000 in two weeks. Six months have passed since then but revisiting respondents' comments now has done little to diminish their power.

“I drove home from work sobbing today, knowing the patients I cared for did not get even a fraction of the level of care I would consider acceptable,” one member wrote. Another said simply: “We all struggled to get through the day today.”

The accounts were often harrowing and, as RCN Chief Executive Janet Davies said, “desperately sad”.

But were they powerful enough to advance the debate over safe staffing? In short, is anything changing?

Janice Smyth, Director of RCN Northern Ireland, is the College's lead on safe staffing. “This is a situation that's not easily fixed – and it's come about as a direct result of cost-saving measures,” she says. “We have acute shortages of registered nurses all over the UK at a time when research evidence is very clear about the impact of shortages on the quality of patient care and mortality.”

Small steps forward

Yet while the experiences of frontline staff may not yet be improving, there are signs of progress.

NHS Improvement, for example, recently published guidance for services in England on safe staffing in five areas, adding to earlier guidelines on urgent and emergency care, and maternity services.

And the Scottish Government is developing a bill on safe staffing, expected later this year, following a commitment by First Minister Nicola Sturgeon at RCN Congress 2016.

'Many will jump before they drown'

Karen Summers, an RCN member, recently resigned from her post as ward sister because of the intolerable pressures placed on her and her team. She says:

“If you chip, chip away at a large establishment such as the NHS over a long period, the effects of these cuts may not immediately be obvious and therefore may be absorbed and go unnoticed. Then, all of a sudden, as we are witnessing now, the whole ship starts to rock, take on water and many (such as me) will jump before they drown.

“Every day is like the aftermath of a major incident. Staff are moved, sometimes twice in one 12-hour shift, in an effort to try and keep staffing levels above 'at risk'. Those that don't come to work fearful or in tears will surely go home crying.”

The RCN is working hard to ensure the bill is fit for purpose. Rachel Cackett, RCN Scotland Policy Adviser, says discussions with the team drafting the bill are ongoing, and the RCN has seats on all the groups influencing it.

Making a real difference

“We’re doing everything we can to ensure those writing the bill understand our perspective and what needs to be included to make a real difference to our members. As always, the devil will be in the detail – and we’ve not seen that yet.”

NHS boards had already been directed to use NHS Scotland’s workload and workforce planning tools, but these are not resulting in the right workforce being in place to meet patient need, says Siân Kiely, RCN Scotland Knowledge and Research Manager.

“The bill needs to do far more than just put the status quo into legislation. So we’re lobbying on lots of issues, from making sure the role of the senior charge nurse or team leader is non-caseload-holding to ensuring the bill has real teeth if care isn’t safe because of too few staff.”

Clearly workforce planning goes hand in hand with safe staffing – or it should.

Janice says: “Across the four countries of the UK, there are issues about identifying clearly who is responsible for developing workforce strategy and commissioning pre and post-registration education. Things are not as clear and robust as they should be.

“We know, for example, that in Northern Ireland there was no workforce planning done between 2009 and 2015, and during that period decisions were made to cut the number of nurses being trained.”

This continuing depletion of nursing numbers in a bid to save money is a false economy, she says.

“Agency bills are soaring and not having enough staff impacts the wellbeing of patients. But there is now also evidence that it is adversely impacting the health and wellbeing of nurses. Sickness absence rates are at an all-time high.

“So we contest very strongly that the actions taken have saved money. We don’t accept that it’s costly to provide an appropriate level of registered nurses – we believe it’s very costly not to.”

A graphic example of the effect on staff wellbeing of nursing shortages came recently in a letter to the RCN from member Karen Summers. Karen was a ward sister, a job she was passionate about, but which she left because of the despair she and her team felt about being able to provide only minimal standards of care (see box on opposite page).

Cautious optimism

In Wales, however, there are grounds for cautious optimism, says Tina Donnelly, Director of RCN Wales.

The Nurse Staffing Levels (Wales) Act became law in 2016, with a phased implementation. Its purpose is to ensure NHS organisations are providing sufficient nurses to allow sensitive care for patients.

“We were very pleased that the Welsh Government supported the passage of the legislation. This is the first time in any part of the UK that the NHS has legislation that focuses upon legal accountability for the delivery of safe nursing care. It takes into account numbers of qualified nursing staff, the ratio of registered nurses and support staff and the skill mix,” Tina says. “We’re also delighted the Government accompanied it with a significant

‘The act will empower nurses’

RCN member Joanna Doyle manages the All Wales Nurse Staffing Programme, which supports NHS Wales to fulfil the requirements of the Nurse Staffing Levels (Wales) Act. She says:

“Health boards are formulating operational and strategic plans to ensure they have local processes and procedures in place to calculate and maintain nurse staffing levels, in accordance with the act. The level of engagement and support for the national programme of work is to be commended. Nursing staff and students recognise the value of the work and welcome the opportunity to be involved.

“It will be the priority and a legal requirement for every health board to comply with the act, albeit in the face of a shortage of nurses, financial pressures and limited resources. It’s acknowledged that despite resources being limited, health boards are responsible for ensuring resources are allocated efficiently and effectively to meet the requirements of the act.

“The act will empower nurses, providing them with the evidence they need to support their professional judgement when determining the nursing workforce required to meet the needs of patients. And it will provide them with mechanisms and support in cases where they have concerns regarding nurse staffing levels.”

increase in the commissioning of student nursing numbers for the last two years, as we believe this is needed to deliver safe care.

“At the same time, our role is to look after the interests of our patients and members, so obviously we’re going to be scrutinising the health boards in the delivery of the requirements of the legislation.”

And as Lisa Turnbull, RCN Wales Policy and Public Affairs Adviser, is keen to emphasise, there is more to safe staffing than new laws. “Legislation is a huge step forward but it is not the be all and end all. Safe nursing care also requires funding, cultural changes, changes to processes and ways of working. There are lots of aspects to this we need to watch. But at the same time, when we see successes we want to extend them.”



This is a situation that’s not easily fixed

🔗 Visit www.rcn.org.uk/safestaffing to find out more about the RCN’s work on safe staffing

10 FEATURES

Come to

CONGRESS

DEBATES • LEARNING • EXHIBITION 2018

As the RCN prepares itself once more for the biggest and most influential event in the nursing calendar, we look at what's in store this May

The debates

Every year, Congress debates around 25 subjects covering clinical, financial, social and political areas and the outcome of these provide a clear steer on what work members want the RCN to focus on.

Last summer, members successfully campaigned to scrap the 1% cap on NHS pay increases following an emergency agenda item calling for a summer of planned protest activity. It resulted in the largest rally the RCN has ever held. Never underestimate the power of emergency agenda items which can be submitted at any point up to and during Congress, and reflect the most pressing issues.

The speakers

From broadcaster and journalist Sir Michael Parkinson, to senior politicians and health campaigners, speakers at Congress are always a popular highlight. Watch this space to find out who will be taking the stage this year.

Up for discussion this year

Don't miss the chance to take part in lively debates, including:

- the role of robots in health care
- recruiting more men into nursing
- decriminalising cannabis for medicinal use
- the use of body cameras to improve staff and patient safety.

The exhibition

With over 120 exhibitors, the RCN exhibition is the largest and most comprehensive exhibition of its kind where more than 4,000 members network with employers, universities, recruiters and health care providers.

“

Going to Congress reminds you why you started nursing in the first place

BJ Waltho, Vice Chair of RCN Congress

RCN Congress 2018 is taking place from 12-16 May in Belfast. For the full agenda and to book your place visit www.rcn.org.uk/congress



Rightful recognition

Who should be allowed to describe themselves as an advanced practitioner? Sharon Palfrey finds out about an RCN initiative that's helping provide clarity



Recently published research suggests almost 600 separate job titles are being used by nurses working in advanced practice roles, with no clear link between their education level, competence or experience. There's currently no statutory standard; in fact anyone can call themselves an advanced practitioner. This is a challenge for senior nurses and hugely worrying for patients.

The RCN's advanced level nursing practice credentialing programme sets out to address this thorny issue; potentially helping senior nurses with their career development but also providing reassurance to patients that they're receiving care from the most appropriate staff.

Teamwork

Patients being treated by the major trauma team at the Chorley and Royal Preston Hospital can now feel confident they are being treated by the best. There, the team of three RCN

members, Elizabeth Midwinter, Carla Painter and Jo Bingham (pictured left to right above), are now officially recognised as advanced practitioners in their field. As they go about their work, they now sport the RCN credential badge having proved their skills and qualifications to independent assessors.

"We decided to do it as a team," says Elizabeth. "We all come from different nursing backgrounds but we wanted to set a minimum standard for our nurse clinician roles. Going forward we'd expect any new trainees in the team to be working towards RCN credentialing and any new nurse clinicians to have the RCN credential."

There are other professional benefits for Elizabeth too. "In the future I may consider being credentialed by the Royal College of Emergency Medicine, but I'm proud to be a nurse and wanted recognition from a nursing body, and the RCN credential has the

added benefit of being transferable outside emergency medicine."

So would Elizabeth recommend the RCN credential to other senior nurses? "Absolutely," she says. "It proves you're working at a certain level. My only criticism is that it's not mandatory and I fear there are people out there who don't have the skills or qualifications necessary who still insist on calling themselves advanced practitioners."

Wendy Preston, from the RCN nursing department, says being recognised as an advanced level nurse practitioner strengthens senior roles and provides assurance to patients. "This is an exciting opportunity for senior nurses and we hope it will help them develop professionally and enhance their career prospects."

She adds: "It's more important than ever that we have a register of nurses working at an advanced level whose expertise and skill in their practice, leadership, education and research has been formally assessed and recognised."



This is an exciting opportunity for senior nurses

What is credentialing?

It's the process of assessing the background and legitimacy of nurses to practice at an advanced level through evaluating their qualifications, experience and competence.

An RCN credential allows nurses to gain formal recognition of their level of expertise and skill in their clinical practice, leadership, education and research in a way that is recognisable to colleagues, employers, patients and the public.

Those who are successful in being awarded the credential will be included on a publicly available database of credentialed nurses, and will receive a badge and certificate.

To find out more visit www.rcn.org.uk/credentialing

12 FEATURES

Snowbound

Being a rural district nurse doesn't come without challenge, but snowdrifts and power blackouts couldn't stop 1940s nurse Mary Mathieson or current RCN member Aileen Rodgers



Mary Mathieson (pictured above) was a well-known figure in the Campbeltown area of Scotland. A passionate nurse and midwife, her niece Anne Mathieson, now in her late 70s, remembers: "When she visited our house in her uniform she always looked so professional – never a spot on it."

Mary worked across a large area of the Kintyre Peninsula. Being close to the Atlantic, heavy snowfalls weren't unusual for the area, but in 1947 much of the UK experienced snow like it had never seen before. In fact, the winter was so extraordinary Mary recorded her experiences in a memoir which is now part of the RCN archive.

In it she recounts that when the roads became impassable, more imaginative methods of transport were employed. "Next came the experience of going in the lifeboat with Doctor Cameron," she writes. "Between cold and seasickness, it was an unpleasant journey and I was glad when I saw Dunaverty slip. We walked from the slip across Machribeg Bay in a blinding snow storm, holding tightly onto each other."

By 10 March she "couldn't believe her eyes" that it was still snowing, but one of her most challenging nights was yet to come. Called out at 1.20am to a patient in labour, she was forced to abandon her car

just halfway into her journey and continue on foot.

"The family, knowing the terrible conditions, had sent one of the sons to meet me," she recalls. "He saw my light coming, then disappear. I knew the road, but the night was dark and the snow was heavy and the drifts high. I wondered if I would ever reach my destination.

"I passed abandoned cars and tractors, and only the tips of the telegraph poles could be seen. I knew there was a deep ditch near Marchfield that I had to cross. I linked up with my escort, who previously kept calling to me and sometimes I could see the stable lamp he was carrying.

"We reached the house and I was drenched in snow from the waist down. I had a bath and change of clothes and was ready for my job.

"I never would have safely reached the house without my escort and without doubt would have lost my way."

Mary's risk taking is not something that would be recommended today, but her niece Anne remembers her dedication as one of her defining characteristics: "She had a reputation that you could call her any hour of the day or night, regardless of the weather. I remember being very young and her leaving a New Year's Day dinner to go on a case, saying 'I may be back, and I may not.'"

After struggling through the snow for two months, the thaw

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We reached the house and I was drenched in snow from the waist down

finally came at the end of March. As the weeks spent under a blanket of white came to an end, Mary said: "I thought that I would never see the fields green again. Snow lay on the roadside for a long time, but the sun came out and the snow melted, and everything came back to normal."

A new era

Seventy-one years later, RCN member Aileen Rodger (pictured below) is one of three senior community nurses working in a team based out of Campbeltown Hospital. She had her own encounter with winter weather when a freak snow storm cut off the peninsula in 2013.

"I was on the Isle of Gigha just off the west coast of Kintyre," she remembers. "There is a senior community nurse based there, and our team would provide relief for her days off and holidays. I was due to leave on the Friday morning, but severe weather had cut off the power and the ferry to the mainland was cancelled."

The next day the ferry was running, but the roads on the mainland were blocked leaving Aileen stranded on the island.

"With the power still cut off, I joined the local community trust chairman Joe, to fill flasks with hot water from the hotel (which had a generator) and deliver them to vulnerable people. In fact most of the island's residents were better off than me, as the fully electric nurse's home was now cold and without cooking facilities. Residents' homes have wood-burning stoves, so they were able to keep warm. I got many kind offers of a bed for the night!"

One of the biggest differences between Mary's experience and Aileen's is the size of the area covered and teamwork that goes in to providing care. Today Aileen's team has a practice population of nearly 8,000 people and covers almost the whole Kintyre peninsula. It's not just district nurses who are involved with the care either. Social workers, GPs, carers, OTs,

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When you go the extra mile, patients and families appreciate it

physios, nurse specialists, admin support, drivers, porters and volunteers all contribute.

But a big team and a big area doesn't mean the personal touch has been lost, and just as was the case for Mary, Aileen is often on her own as she makes her visits.

"The part I love most is visiting the patients," says Aileen. "I enjoy being part of a larger team, bouncing ideas off colleagues and having the support that Mary wouldn't have had. But it's good to be able to practise autonomously. As a specialist nurse practitioner and an independent prescriber, I get to use my clinical skills and judgement and I can make decisions during the visit."

Whether it's district nursing in 1947 or 2018, you can't get away from the fact that the role requires a lot of dedication and hard work. But for Aileen it also has its rewards, "When you go the extra mile, patients and families appreciate it. Every day I know I have to do my job because there are people relying on me. I'm part of the community and there's reward in that."

Find out more

If you're interested in the history of nursing, the RCN History of Nursing Society works to record, discover, preserve and share the history of the profession. Find out more and how to join at www.rcn.org.uk/get-involved/forums/history-of-nursing-society

If you're a district or community nurse and would like to develop your practice and skills, and influence the future of your specialty, join the RCN District Nursing Forum at www.rcn.org.uk/forums

🔗 Visit www.rcn.org.uk/bulletin to read an extended version of this feature.



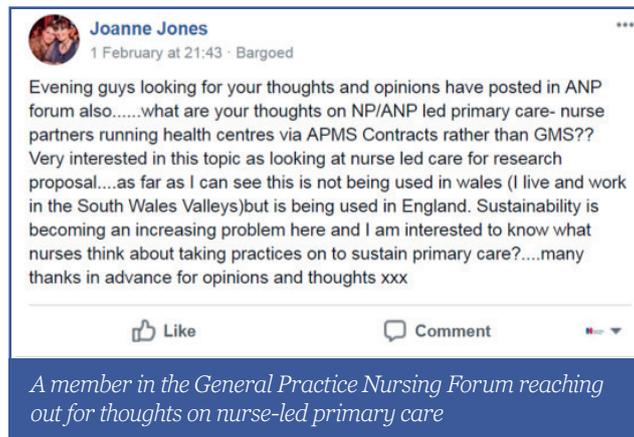
14 FORUM FOCUS

Using Facebook effectively

Facebook offers forum members a space to connect with each other with a frequency and immediacy never before possible

The use of Facebook to connect and support forum members has sky-rocketed over the last 18 months and is still gathering pace. Many of the forums and networks are now set up with their own closed Facebook groups which enable more regular, speedy and spontaneous communication with forum members.

Take a quick look online and you'll see that the groups offer a vibrant hub to share news, discuss clinical topics, seek advice, promote events, discuss nursing issues and support colleagues. But more than anything, they can help improve the experience of being a forum member.



A member in the General Practice Nursing Forum reaching out for thoughts on nurse-led primary care

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It's a great way for members to receive advice

Some of the forums' groups have taken off in a quite spectacular fashion. The General Practice Nursing Forum already has almost 4,000 members and has become a valued resource allowing members from across the UK to connect on a daily basis.

Fiona Sanders, General Practice Nursing Forum committee

member and the Facebook group moderator, says: “The group has been popular from the start and continues to grow rapidly, proving how useful it is. It's such a great way for members to network and receive advice, support and information.”

There are a few inevitable downsides to such a large, active group but Fiona says it's a small price to pay for the resource: “It's such a busy group and a large number of posts can go up each day. We've had to deal with concerns and issues as well as try to ensure that the tone and topics remain relevant and respectful. It's all worthwhile though for what it offers our members.”

Head to Facebook to request to join your forum's group and begin enjoying the benefits of a sociable and supportive online community.



The eHealth Forum promoting opportunities available to members through the RCN Foundation



Social media etiquette

The NMC's guidance on using social media gives clear advice on how to behave online. It says you put your registration at risk if you act in any way that is unprofessional or unlawful including:

- sharing confidential information inappropriately
- posting pictures of patients without their consent
- bullying, intimidating or exploiting people
- inciting hatred or discrimination.

It's part of the NMC code to treat people with kindness, respect and compassion and maintain effective communication with colleagues. Think before you post, the guidance urges, and always protect your professionalism and reputation. Visit <https://tinyurl.com/nmc-guide>

IN THE SPOTLIGHT



Education Forum

Who's the Chair?

Professor Pauline Walsh, Pro Vice-Chancellor and Executive Dean of Medicine and Health Sciences at Keele University.

Recent highlights?

The forum was involved in shaping the RCN's response to the recent update in education standards, organising a teleconference to discuss and contribute to these highly important changes. It has also been expanding work across the four countries with committee members connecting with RCN learning reps to put on local events.

What's coming up?

The forum's annual conference is taking place on 20-21 March in Newcastle (see page 16 for more details). At a time when a lot of conferences are struggling, the forum is proud of how strong and valued this has continued to be. This year, speakers will be discussing simulation and technology-based learning, shaping tomorrow's

leaders in times of turbulence, and the nursing associate role.

Why join?

Pauline says: "The main benefit of joining the forum is the opportunity to connect with other people. The forum and committee are made up of a range of professionals from across the nursing education specialty, bringing a breadth of experience and expertise. It can be invaluable having this support at your fingertips, for advancing nursing education across the UK as well as informing your own career."

Find out more about the Education Forum at www.rcn.org.uk/forums or visit the Facebook page.



WHAT I'M THINKING



Judy Evans

Midwifery Forum committee member

The benefits of breastfeeding are well known but there are many reasons why newborns might end up receiving formula first and often this is beyond a mother's control.

In response to this, the UNICEF Baby Friendly Initiative has long been advising the importance of teaching women how to express breast milk and collect or 'harvest' colostrum.

Colostrum is a yellow, sticky liquid that is produced from 16 weeks of pregnancy before the milk comes in and is the optimum source of nutrition for a newborn. It is antibody-rich and filled with protein, vitamins and minerals, making it the perfect first feed to activate early protective immunological responses in the infant's gut.

The maternity unit at Basildon University Hospital, where I practise clinically, started an antenatal colostrum harvesting service for diabetic women who, following birthing, need to have their baby's blood glucose levels monitored as a possibility of hypoglycaemia could result in a delay to them going home. It has been hugely successful and I was both amazed and impressed to see how committed the women have been to this.

Antenatal teaching makes women more confident handling their breasts and removes some of the unfamiliarity upon first attempting to breastfeed. To empower women this way is another step forwards in promoting and encouraging breastfeeding.

www.rcn.org.uk/forums



Blog ready

The RCN has published a handy guide for forum members about writing effective blogs for the RCN website and forum pages. It includes tips on what to include and avoid, an example of a well-written, engaging blog and next steps for getting started.

Blogs provide members the opportunity to share their thoughts and expertise on topical issues and news affecting their nursing specialty. They are published on the RCN website and promoted over relevant social media channels to engage a wide audience.

Download a copy of the guide from www.rcn.org.uk/publications by searching for *Guide to Blogging* or the publication code 006 693. If you have already written a blog or would like advice on how to publish one, email bulletin@rcn.org.uk

Haematology happenings

The RCN is working with the British Society of Haematology (BSH) to increase the involvement of nursing staff in producing guidelines and promoting good practice within the specialty.

A dedicated nursing session is being held as part of the BSH Annual Scientific Meeting and they would like to encourage interested members of RCN forums to attend. The session will be held in Liverpool on 17 April at 1.30-3pm. RCN Director of Nursing Policy and Practice Dame Professor Donna Kinnair will be presenting alongside other expert speakers, followed by an open discussion.

For further details and to book your place visit www.bshconferences.co.uk. Nurses can also apply for grants of up to £500 before 5 March. Visit www.tinyurl.com/y8v2kobn

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

Newcastle

Education Forum conference

20-21 March

Newcastle Civic Centre
Newcastle upon Tyne
NE1 8QH

Don't miss the chance to get the lowdown on the current burning issue in nursing education: nursing associates. For those involved in health care education, this two-day event is a unique opportunity to ask questions to the expert panel and find out how the new role is having an impact on the nursing workforce.

"This is a really vibrant conference bringing together nurses and other health

care staff interested and engaged in education and professional development," says Pauline Walsh, RCN Education Forum Chair, who developed the programme.

"There's always a fantastic atmosphere and delegates go away having made new connections, learnt about best practice and more able to influence the future of nursing education."

Professionals from the NMC and Health Education England will be sharing their views on the nursing associate pilot as well as other timely education issues.



📅 Book online at www.rcn.org.uk/RCNED18 or call 02920 546460

Exeter

Mindfulness skills for nursing staff

1 May

7-8.30pm
Buckerell Lodge Hotel
Exeter EX2 4SQ

This free event will highlight techniques for reducing stress levels and focusing on one task at a time.

Kevin Hickson, a Devon branch executive team member who is leading the event, says: "With high workloads, an overstretched workforce and underfunded health service, it's vital nursing staff look after themselves. Mindfulness has been proven as an effective method of self-care."

📅 There is no need to book in advance of this event – just turn up

London

Challenges in fertility nursing

17 March

RCN HQ
20 Cavendish Square
London W1G 0RN

Gain up to six hours of CPD for revalidation at this stimulating professional nursing conference. This year the focus is on the mental and emotional journey of patients undergoing fertility treatment and how best to support them.

Find out more about fertility preservation in children and young people, recognising domestic abuse in a fertility setting and moving on from treatment.

This is a chance for you to network with peers and colleagues, while developing your professional portfolio.



📅 Book at www.rcn.org.uk/fertility18 or call 029 2054 6460