



PAY RATES	P4
HELPING OTHERS HELP THEMSELVES	P10
SELF CARE IN THE COMMUNITY	P12
YOUR PROFESSIONAL VOICE	P15

SPRING 2018

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As the RCN continues its campaign for a fair pay increase for NHS nursing staff I've been reflecting on what this means for HCA members. The media is full of stories about NHS nurses finding it increasingly difficult to survive on a band 5 salary but it's vital we stand up for the whole health care team and remember the unregistered nursing workforce is getting by on considerably less. Take a look at Brian Morton's comments on page 4 where he explains the importance of the real living wage and signposts to advice about how to ask for a pay rise if you work in the independent sector.

A quick flick through this magazine shows what a range of essential roles we have. The important work HCAs are doing at this year's RCN Congress is highlighted on page 12. If there's any way you can get to Belfast to attend I'd urge you to come along. It will be a week that transforms your working life. Don't worry if you don't know anyone else going, that won't last long. Apart from the many friendships you'll make, each member of the RCN Health Practitioner Committee will be at Congress looking out for you.

Enjoy this issue of *RCN Health+Care*.

Brian Murphy

Chair, RCN HP Committee
RCN HP Member of Council

Contents

UK round-up	4-5
Nursing associates.....	6-7
Professional development.....	8-9
Clinical skills.....	10-11
Healthy lifestyles	12-13
RCN Congress	14
Standing up for you	15
Your committee	16

Story to tell?

We're always keen to hear from you about your experiences at work. So if you've got a story to share, or there's a topic you'd like to see covered in a future issue of this magazine, why not get in touch? Email bulletin@rcn.org.uk with "Health+Care" in the subject line.

RCN Direct

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4 UK ROUND-UP

HCA's short-changed with wage rise

The National Living Wage is set to increase from 1 April, but for many HCAs working in the independent sector the rise just isn't enough

Although the increase from £7.50 to £7.83 an hour is welcome, the statutory minimum rates are still not the same as the real living wage and only apply to those aged 25 and over. For those aged 21 - 24 the legal minimum will increase to £7.38.

The real living wage rates are independently calculated each year based on what people need to get by. It's higher in London where the cost of living is greater. The new real living wage is £8.75 per hour and the London living wage rate is £10.20.



Brian Morton, RCN National Officer, says: "The new minimum rates are significantly lower than the actual cost of living, leaving people dependent on benefits and other forms of tax credit. Across the health and social care sector, thousands of HCAs deliver vital care, yet they are paid the legal minimum for doing so. This is simply not good enough."

For help on speaking to your employer about fair pay visit www.rcn.org.uk/independent-pay

Have you got what it takes?

Becoming an RCN rep can help you develop while you help others

Are you the sort of person who likes supporting your colleagues? Do you take pride in sharing knowledge? Or find yourself making sure your workplace is safe?

If so, becoming an RCN rep could be just the role for you. There are three rep roles to choose from: learning rep, safety rep and steward.

Each have different aims but all are vital to ensuring the RCN can support its members by making sure they get fair treatment, are working in places where they won't come to harm and have opportunities to continually learn.

As an HCA member, you know better than anyone how best to help other HCAs.

By signing up to be a rep, you'll receive special training from the RCN and be entitled to paid time off to do your role.

Those already working as reps say it's boosted their confidence and helped them learn new skills that have helped them progress at work.

"HCAs on the ground are ideally positioned to help and give advice," says RCN learning rep Trish Mathias Lloyd.

🔗 www.rcn.org.uk/becomearep

Not just for nurses

The RCN is developing information specifically for HCAs and creating a package of benefits to make membership even more attractive to unregistered nursing staff. “All too often people think the RCN is just for registered nurses, but it absolutely isn’t – our offer extends across the nursing workforce. We want HCAs across the UK to understand the benefits the RCN can offer them as a member and join us in huge numbers,” says Deehan Cooper, HCA project lead.

More relevant and easy to access



The RCN has updated and improved its webpages for HCAs

It’s now easier than ever to find advice on accountability and delegation, get guidance on clinical issues and access information on how to develop your career. For those who haven’t yet joined the RCN, there’s a film explaining the benefits of membership and information on how to become an HCA. Visit www.rcn.org.uk/hca

With the launch of the new RCN Magazines website you can now find the features from this and previous issues of *Health+Care* online. The site works on mobiles so you can read articles, watch videos and look at picture galleries on the move. Visit www.rcn.org.uk/magazines



RCN Congress always attracts high profile speakers. Last year Labour leader Jeremy Corbyn came

What are you waiting for?

The biggest nursing event in the UK is free to attend and has so much to offer health care support staff

RCN Congress is taking place in Belfast from 12-16 May. It offers learning, lively debates and lots of opportunities to meet HCAs who feel as passionate about caring for patients as you do.

Tuesday 15 May is dedicated to supporting HCAs with seminars and workshops on clinical and workplace issues that you’ve told us matter to you.

RCN Health Practitioner Committee member Dennis Greer has been helping organise the event. “There are sessions tailored to suit all HCAs in whatever setting they work in,” he says. “From tissue viability, to end of life and dementia care, there’s something for everyone. It’s an event not to be missed.”

There are also inspiring speakers and social events so you can make new connections and leave feeling enthused about how you can improve care where you work.

Although the event runs for five days, you can go for as little or as long as you like. It doesn’t cost anything to attend and you could get funding to cover your travel and accommodation costs too.

➔ www.rcn.org.uk/congress

6 ONE YEAR ON

Nursing associates: what you need to know

A year after the first trainee nursing associates began their training, *Health+Care* answers your questions about how the role is developing

What is a nursing associate (NA)?

It's a new nursing support role in England, which will work alongside HCAs and registered nurses to focus on patient care. Already 2,000 trainee nursing associates (TNAs) have started their training.

How long does it take to train to become an NA?

Two years.

How is the training delivered?

Through a mix of lectures at university, placement days and practice days.

Will NAs work outside the NHS?

It's expected they'll train and work in a variety of care settings. The pilot programme included private care providers and charities as placement partners.

Is this another route to becoming a registered nurse?

It could be, but it's also a stand-alone role. It's expected NAs will be able to graduate as registered nurses probably after training part-time for two further years.



Will NAs be regulated by the Nursing and Midwifery Council (NMC)?

Yes. The changes needed for the NMC to become the regulator should be complete in summer this year, with the first NAs applying for registration in January 2019.

How much will NMC registration cost?

It's not yet been confirmed but it looks like it will be similar to the fees for registered nurses (£120 a year).

🔗 Find out more information on the Health Education England website: tiny.cc/hee_nursingassociates

What about standards for NAs?

The NMC will set standards for education, training, conduct and performance for NAs once it becomes the legal regulator for them.

Does the NMC approve the NA training programmes?

Not yet, although it's developing programme requirements right now. Look out for a consultation due to take place soon. Visit tiny.cc/nastandards

Where will the roles be advertised?

Look at individual trust websites and on the NHS Jobs website: www.jobs.nhs.uk

What does the RCN say?

The RCN is absolutely clear that the nursing associate role is not a separate profession, but a new role within the nursing family that works under the delegation of the registered nurse (RN). The RCN has called for urgent guidance on the precise relationship between NAs and RNs in terms of delegation and accountability.

'We're leading the way'

TNA Georgina Portis says:

"Some days I work as an HCSW, other days are more focused on learning. Sometimes finding the balance can be difficult as unlike nursing students my role isn't supernumerary and the job still needs to get done. I've had to pass assessed roleplays, essays, practical exams and presentations too.

"There are just two TNAs on my current placement but it's usually just me as there are only nine of us in my trust. So while right now I feel a little isolated, I know there are thousands of us out there and we're leading the way for many more TNAs in the future."

Read more about Georgina's work at www.rcn.org.uk/bulletin

“

This is not a separate profession

What's happening elsewhere?

There are different training options available elsewhere in the UK. In Wales, for example, there are pre-registration degree routes which include some for HCSWs. Find out more at www.nwssp.wales.nhs.uk/opendoc/318349

NHS Education for Scotland has developed the health care

support workers toolkit. For more information visit www.sssc.uk.com

The Northern Ireland Social Care Council regulates all health care assistants, including those working in nursing homes. Visit niscce.info/index.php for more information.

Read more country-specific information on the RCN website at tiny.cc/ukdevel

TNAs can join the RCN at www.rcn.org.uk/tna

Taking the lead

Jean's not prepared to sit back in the face of change



Jean, pictured right, says HCAs can support and lead change

After 25 years in post, Jean Dipple, an HCA in a busy respite care unit at Birmingham Community Health Care Foundation Trust, faced redundancy. A restructure taking place within the trust meant she had to fight for her job. First she got angry, and then she had what she calls her “lightbulb moment”.

“I realised that if you don’t get involved with change, you become powerless, and it becomes something that’s done to you,” she says.

After being reappointed, Jean decided it was time to do more to promote the voice

of HCAs and recognise their vital role in her workplace.

“We’re the backbone of the NHS. We’re often the largest staff group and the direct care we provide places us in a unique and privileged position to support and lead change,” she says.

Jean was set to break through the glass ceiling facing many HCAs who want to lead the way.

A constant reminder

She decided to stand for election to represent HCAs as a staff governor on the council of governors at her trust. It’s not something for

the faint hearted. As a group they hold the directors to account and represent the interests of the members of the trust and the interests of the public.

“Just being at the meetings makes a difference – even if I’m not involved in the conversation. They now always ask – how will decisions affect HCAs? I’m a constant reminder and I’m never afraid to ask what the trust is doing,” she adds.

The trust is progressive, having two HCA staff governors, and Jean has no concerns about speaking out.



If you don't get involved with change, you become powerless, and it becomes something that's done to you

"It could be daunting – there's some terminology I don't understand," she says. "But I ask, 'What do you mean?' because we should be talking in a way that everyone understands."

Jean's not stopping there. She's a trust change champion, a role that will support staff and the organisation through a planned merger of three trusts. She's also completed the Edward Jenner leadership programme run by NHS Leadership and says this has already helped her improve the patient care she delivers.

"Every interaction with a patient involves leadership but shouldn't be confused with power or a 'nurse is always right' attitude," she says. "Understanding how best to interact with patients can help you support them to deal with the distressing situations they may be facing."

Being the best

Jean's actions have helped her develop new skills to support others. "I want to encourage staff to get involved and hold a mirror up to their own practice, becoming the best they can be," she says.

Gill Coverdale, RCN Professional Lead for Education, agrees. "Leadership is seen across all levels and settings in health care," she says. "Jean is an excellent example of how HCAs can contribute to the enhancement of patient care through good leadership, knowledge and skills."

Are you an HCA who sits on a council of governors? We'd love to hear from you.

✉ Email bulletin@rcn.org.uk

Getting involved

Jean's involved with her organisation's HCA forum and the RCN West Midlands regional network for HCAs.

"These groups are a great way for us to connect," she says. "We have many titles and roles but together we can unite and proudly say we're leading change."

See the back page to contact your local HP Committee member for more information about RCN networks.

Leadership programmes

The RCN's Introduction to Leadership Programme supports HCAs to become compassionate, competent and confident leaders in frontline care. The programme develops leadership skills using a combination of training days and individual coaching sessions. Visit tiny.cc/introtoladership

Find out more about the Edward Jenner programme at tiny.cc/edwardjenner

Pre-diabetes: how to help others to help themselves

Health care assistants can support patients to make lifestyle changes that can lower the risk of a potentially serious condition

What is diabetes?

It's a lifelong condition that causes a person's blood sugar (glucose) level to become too high. Type 1 and type 2 diabetes are both characterised by having higher than normal blood glucose levels, but the cause and development of the conditions are different.

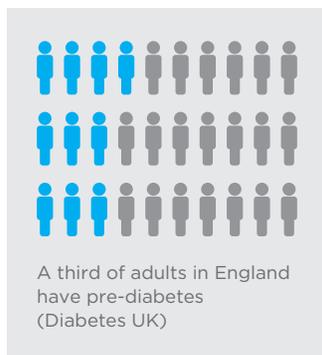
What about pre-diabetes?

Pre-diabetes is a term often used to describe people who have an increased risk of developing diabetes.

It's when blood glucose levels are higher than normal but not high enough to get a diagnosis of diabetes. It's also known as borderline diabetes, Impaired Glucose Tolerance (IGT), Impaired Fasting Glycaemia (IFG) and Impaired Glucose Regulation (IGR).

Is it common?

Yes. Diabetes UK says a third of adults in England have pre-diabetes. There are 3.5 million people diagnosed with diabetes in the UK, and an estimated 549,000 people who have the condition, but don't know it.



Why is pre-diabetes important?

If undiagnosed and untreated the person will almost certainly develop type 2 diabetes. Often people don't know they have it until it's too late because they might not notice any symptoms.

So when should people seek help?

As soon as possible if they have any of the main symptoms of diabetes, including thirst, urinating more, tiredness, weight loss and blurred vision. Early diagnosis of diabetes is important because the disease will progress if untreated.

What causes pre-diabetes?

Pre-diabetes is linked to obesity and other poor lifestyle choices. People diagnosed with pre-diabetes can slow down or prevent the condition from developing into type 2 diabetes by making lifestyle changes.

What lifestyle changes can help?

Eating healthily, keeping fit, losing weight, stopping smoking, drinking less alcohol and being emotionally well can all help and should be discussed with patients.

How can I help promote best practice in diabetes nursing?

Join the RCN Diabetes Forum. It's a way to influence changes in diabetes nursing that will benefit patients and nursing staff. Visit www.rcn.org.uk/forums

🕒 Diabetes essentials is one of many learning resources accessible on the RCN website. Visit www.rcn.org.uk/professional-development/learning-zone

Lifestyle changes can lessen the risk of pre-diabetes progressing



'I see myself as a patient educator'



Karen Hassall is an HCA and leads on pre-diabetes at the Ashley Surgery in Market Drayton

"Diabetes can affect all aspects of a person's life but we can help manage the condition. Self-

management skills are an essential part of diabetes care for every patient.

"I work with a forward-thinking nursing team and patients are referred to me first for a diabetic foot check, blood pressure monitoring and a lifestyle discussion. Patients with diabetes are more likely to have serious foot problems that could lead to amputations so the foot check is an important part of my role.

"I give advice to meet an individual patient's needs because health education is about getting patients to achieve the best they can through looking at important issues such as diet and exercise.

"As a patient educator I'm always on the lookout for new courses and information on diabetes as I want to increase my knowledge and understanding to benefit patients."

12 HEALTHY LIFESTYLES

Reaching out

Steven Evans-Jones has recently been named HCA of the Year by the RCN in Wales. He explains why he's passionate about taking his health and wellbeing message into his local rural community



As a practitioner assistant in the outpatients department in Dolgellau Hospital, I've got the freedom to develop my own initiatives. It's a health and wellbeing hub and everyone who works here knows we need to encourage self-care in the community.

This is such a beautiful area, but there are challenges, whether that's access to information, the cost of travel or transport links. So I need to get out there and get our vital messages across. If people have to travel for an hour and a half to go to a stop smoking

session, they're not going to do it. But I make myself available. If the only time people are free to listen to me is at 8pm, then I'll do it. We have to be practical to get the information to the people who need it. One way of doing this is to discuss



sun awareness and how to recognise skin cancer with specific groups such as farmers and construction workers who are outside all day.

I also manage a network of information boards that are placed in leisure centre changing rooms, fire and police stations and colleges. I hope this will help those who don't actively seek support.

Tackling taboos

I've looked at ways to encourage men to look after their own health at Berwyn Prison too. Often the lads I've talked to say no-one has ever spoken to them about something like testicular cancer before.

Health education must be central to all the care we give. Patients live their lives in their community and only use hospital services for a very short time. People have got to try to take responsibility for their health but they need our support. It's up to all of us who work in health care to help.



A credit to the department

RCN member and lead nurse Anne Thomas nominated Steven for the RCN Wales HCA of the Year award. "He's so enthusiastic when he talks and you can't enthuse others without that.

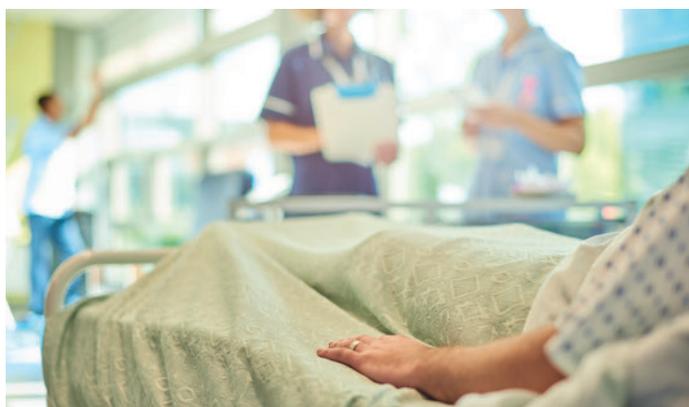
"The benefits of having Steven work with us are amazing and are reflected in the positive feedback we receive from patients and community groups. He's a real credit to the department," she says.

Steven is an ambassador with men's health charity, Orchid. Visit orchid-cancer.org.uk



Delayed discharge

An older person's health can deteriorate rapidly as a result of bedrest in hospital. HCAs will tackle the issue at RCN Congress



The number of older people in hospital who don't need to be there is a challenge. Age UK says that when an older person gets "stuck" in hospital it can undo much of the benefit of their treatment. When they eventually go home they could be weaker and less well than they should be.

This isn't a new issue but it's one the RCN Health Practitioner Committee (HP) says must be addressed. So at this year's Congress, they're leading the debate.

David Burnside, who'll present the discussion, says the whole nursing team should remember the impact a delayed discharge can have. "It could quickly lead to an

older person losing muscle strength, making them more susceptible to falls" he says. "If they were previously able to climb the stairs, get out of bed and stand up from the toilet, but they're no longer able to do these things, this could be the difference between dependence and independence," he adds.

The HP Committee has found evidence that the number of unnecessary stays in hospital has increased by a third in just two years, with the majority of patients being more than 65 years old.

It would take some simple, fundamental actions to tackle this, David says. "Help patients get out of bed, get dressed, eat

meals at a table. This will help reduce muscle wastage and not only facilitate discharge, but make people potentially less dependent on home care support when they leave."

🔗 www.rcn.org.uk/congress



Can anyone speak in a Congress debate?

Yes – a good debate is made up of a wide cross-section of views.

Will there be a vote on this issue?

No, because it's a matter for discussion.

Will the views of HCAs be represented in votes cast at Congress?

Absolutely. The HP Committee has seven votes for each resolution and other HCA members may vote as members of other committees, regions or countries.

A professional voice

Registered nurses outnumber HCAs in the RCN many times over, but Tracie Culpitt is ready to ensure the views of the whole nursing workforce are heard

Tracie isn't afraid of a challenge and she isn't afraid to speak out. As the representative for HCAs on the RCN's new professional nursing committee, she's ready to help the whole nursing workforce improve patient care, education and standards.

"The committee will bring us all together to make sure the job is done safely," she says. "We won't be afraid to ask questions and get people involved, while remembering there is life outside the NHS and not everything happens in England!"

Tracie, a former London representative on the RCN HP Committee, has the drive

needed for her exciting new role. And she has experience on the ground; in her role at Kings College, she mentors staff on bands two to four, who come from similar backgrounds to her. It's clear she's passionate about making the working lives of HCAs better.

"I'm not the kind to back down but I'm always respectful," she says. "Being influential isn't just about your qualifications or role, it's mostly about having good values, working hard and common sense."

Right now Tracie wants to see the professional work HCAs do and the challenges they face acknowledged.

"Many HCAs would make excellent registered nurses and leaders if that's what they want to do. But I want us all to be able to evolve in our own roles. The lack of progression and recognition isn't just something nurses face, it's an issue for the unregistered workforce too.

"It's time to raise the profile of a talented unregulated nursing workforce who are transforming health care. Too many HCAs think the RCN is just for registered staff. It's not."

What does the professional committee do?

It makes decisions about the work the RCN does to improve nursing practice and patient care. It considers the clinical issues that face the nursing profession and makes suggestions about how they should be tackled.

Find out more at www.rcn.org.uk/governance



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Your RCN Health Practitioner Committee

HP Member of Council



Brian Murphy (Chair)

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

Country and regional representatives



Dennis Greer (Vice Chair)
Northern Ireland



Maive Coley
East Midlands



Lorraine McLauchlan
Scotland



Kevin Morley
Northern



Lindsay Cardwell
South West



Tom Palin
North West



Philip White
West Midlands



Judith Page
Wales



Tracie Culpitt
Professional Nursing Committee Member

Vacancies



The committee currently has vacancies for representatives from the South East, London and Eastern regions. If you're interested in getting more involved with the RCN, visit www.rcn.org.uk/appointments



Contact your representative by emailing governance.support@rcn.org.uk



David Burnside
Yorkshire & the Humber



Karen Pike
Trade Union Committee Member