



ISSUE NO. 330 AUGUST 2015

REVALIDATION RESPONSE
NEWS P3

END OF LIFE CARE
FEATURES P8

HEALTH SCREENING
FEATURES P10

LOOKING AHEAD

INCOMING RCN CHIEF EXECUTIVE
JANET DAVIES P7,11



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

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Work it

RCN members can look for their next nursing role and get free career advice at the largest recruitment event for nursing staff in London. The RCN Bulletin Jobs Fair hits the Business Design Centre in Islington on Thursday 10 and Friday 11 September. Meet a range of leading employers, polish up on interview techniques and understand what revalidation is with free seminars. Register to attend at www.rcnbulletinjobsfair.co.uk

Striking out

As *RCN Bulletin* went to press the College's governing Council was due to discuss the impact of the Trade Union Bill, which began its journey into law this month. The bill represents the biggest shake up of the rules on industrial action in 30 years. At RCN Congress in June members voted overwhelmingly in favour of an emergency resolution urging Council to oppose the legislation. Watch the full Congress debate at <http://tinyurl.com/qy5fnd>

Your last chance

Nominations for RCN Council elections will be closing soon but it's not too late to put yourself forward. Being a member of Council can be a rewarding way to gain more experience and help shape the RCN's agenda. Final nominations must be submitted by Friday 7 August. For more information go to www.rcn.org.uk/elections. Voting opens on Wednesday 30 September.



Image © Barney Newman

International ties

Members of the Ghana Registered Nurses Association (GRNA) travelled to RCN headquarters earlier this month to find out more about nursing leadership in the UK. The meeting was a chance for the RCN to gain a deeper understanding of the evolving health and nursing situation in Ghana and West Africa. "It was a great opportunity to share good practice and influence nursing care at a national level," said RCN President Cecilia Anim (pictured far right).



It was a great opportunity to share good practice

Applying pressure

The RCN is continuing to campaign for a rethink on immigration rules which would see overseas nurses forced to leave the country if they earn less than £35,000 after six years. Outgoing Chief Executive Dr Peter Carter met with Health Secretary Jeremy Hunt to stress the impact on nurse numbers and letters have been sent to all 650 MPs to garner their support for the cause. The RCN estimates that by 2020 the rules could affect more than 6,000 nurses currently working in the UK.

▶ Could you or your workplace be affected by the changes? Email bulletin@rcn.org.uk to let us know how. Visit www.rcn.org.uk/immigrationchanges for more.

Star staff

Has an RCN employee gone the extra mile for you? If so, you can nominate them for the Members' Award for Outstanding Customer Service in the RCN Staff Awards for Excellence. Nominations are open until 4 September and can be submitted via an online form at www.rcn.org.uk/rcn_members_award

▶ The awards are fully funded by external sponsorship, with the Members' Award for Outstanding Customer Service proudly sponsored by Medisa: www.medisa.com

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Cavell charity climb

A team from the RCN and RCN Foundation is hoping to raise £16,000 by climbing Mount Edith Cavell in Canada. They will take on the trek between 22 and 29 August in aid of the RCN Foundation. The mountain was named after the English nurse executed by the Germans during World War One and the challenge will mark a century since her death. The RCN team includes Deputy President Rod Thomson, Stuart McKenzie, Chair of RCN Congress, and Carol Evans, RCN Council member for the Eastern Region. Donate at www.justgiving.com/teams/rcn

Revalidation response

The RCN has responded to the Nursing and Midwifery Council's (NMC's) evaluation of the revalidation pilot scheme. The response was based on feedback from members who took part in the trial activity. The RCN believes the right model of NMC revalidation, which is effective and proportionate, can help to protect the public and also create and sustain a strong culture of professionalism. However, the RCN response sets out a number of areas on which the NMC must urgently provide clarity. The areas of concern include third party confirmation and the NMC's emphasis on the use of appraisal as the vehicle for revalidation. The response also stresses the importance of getting the revalidation model right, even if this means the process takes longer than planned. Read the briefing at <http://tinyurl.com/p5a4p9j>

Seven day pledge under threat



It will require the engagement and involvement of frontline staff

The RCN has welcomed the Government's vision for a "more human" NHS with services available around the clock but has warned that inadequate staffing levels remain the biggest barrier to seven day care. Health Secretary Jeremy Hunt outlined the need for a "profound culture change" but failed to specify how an inadequately staffed NHS, short of tens of thousands of nurses, can deliver a more efficient and better health service.

On the same day as his speech the independent NHS pay review body (PRB) published its report on delivering health care every day of the week in a financially stable way. It stressed the need for improved workforce planning to ensure sufficient numbers of appropriately trained staff in the right areas and recognised that potential changes to unsocial hours premia, if pitched at the wrong level, could have a significant impact on recruitment and retention.

"The findings of the PRB broadly chime with the evidence submitted by the RCN," said Head of

Employment Relations Josie Irwin. "The national Agenda for Change (AfC) pay system presents no contractual barrier to the delivery of seven day services but it will require resources and the engagement and involvement of frontline staff."

The PRB reported that there is a case for some adjustments to AfC unsocial hours definitions and premia but said that, if done in isolation, this could risk the morale and motivation of staff, damage employee relations, exacerbate existing shortages, and, in particular, risk the good will of staff already working across seven days.

As *RCN Bulletin* went to press the College and other unions were meeting to discuss the recent government announcement of a one per cent cap on public sector pay for another four years. "We urgently need to find out more detail on this and how it would be applied," added Josie. "Then we will be looking to get around the negotiating table. Be assured that we will be conveying the very strong feelings of our members."

Download *Seven Day Care in England – Update for RCN Congress 2015* from www.rcn.org.uk/publications



Defence nursing oral histories

The RCN Defence Nursing Forum is looking for members who have been involved in supporting UK combat operations in Iraq and Afghanistan to contribute to a valuable project

As part of a long term strategy to increase the profile of defence nursing, the forum has been collecting oral histories from those nurses and health care assistants involved in the two conflicts. Forum chair Major Chris Carter said the aim of the project was to inform and educate the nursing profession and general public about the role of nursing in the armed forces, and to provide a tool for future generations.

“It’s really important to think about what we’ve achieved and how we preserve that for posterity,” he said. “With the end of combat operations in Afghanistan last year it felt like an appropriate time to start the project. There are many personal and professional stories to be told and we should gather those for the archives.”

The RCN has been collecting oral histories since 1986, charting the lives and experiences of individual nurses from the early 20th to 21st centuries. The results of this project will provide a welcome addition to the College’s archives.

Defence Nursing Forum members have spent the past few months interviewing members at various events, including RCN Congress, ahead of the official launch of the project in November.

Major Carter says there is still time for others to get involved. “I would urge you to consider contributing to this project. We’re really trying to chart personal experiences of people who have been involved in things like building field hospitals and other significant medical events.”

The project launch will coincide with a Defence Nursing Forum workshop, held jointly with the RCN Ethics Committee, at RCN headquarters on 5 November. This



There are many stories to be told

▶ For more information on the oral histories project visit www.rcn.org.uk/defence

will explore the challenge of reconciling professional responsibilities with ethical considerations in the field of defence nursing. It will be followed by the RCN’s annual evening remembrance ceremony to honour the sacrifice made by nurses and other defence medical services personnel killed or wounded caring for victims of conflict. For details of the workshop and remembrance ceremony visit www.rcn.org.uk/Defence15 and www.rcn.org.uk/Remembrance15

Campaign against trade deal goes on

The RCN will continue to put pressure on those negotiating the Transatlantic Trade and Investment Partnership (TTIP) deal between the EU and the United States following an important vote last month

The European Parliament voted to approve a report outlining its collective view on the ongoing negotiations. The RCN played a significant role in lobbying MEPs in the lead up to the vote, and also encouraged members to write to their elected representatives expressing concerns about aspects of TTIP. It is

the College’s view that without an exclusion for health services, TTIP will further open up the NHS to American private businesses and that this will adversely affect patient care and members’ terms and conditions of work.

The vote passed with 436 MEPs in favour, 241 against and 30 abstentions. Many of those who voted against are concerned by the report’s support for a mechanism which could enable companies to sue governments for loss of profit, known as the Investor-State Dispute Settlement (ISDS) system.

Rather than opposing any form of ISDS – which is the RCN’s position – the report favours a watered down version of it. The report does, however, state the European Parliament’s opposition to the inclusion of health and other public services in TTIP, echoing the RCN’s stance.

Matthew Hamilton, RCN EU and International Adviser, said: “Had there not been the level of interest and lobbying to date – including from the RCN and our members – it is clear that TTIP would have gone through unchecked and unchallenged.”



There are still opportunities to influence

▶ The final TTIP package will be voted on next year. Find out more at www.rcn.org.uk/internationalwork

Improving practice in Zambia

The RCN has launched an international partnership project with the **Zambian Union of Nurses Organisation (ZUNO)** with a special event in Lusaka, the capital of Zambia

An RCN project team, led by incoming Chief Executive Janet Davies, was joined by representatives from ZUNO including President Thom Dauti Yung'ana, and the Permanent Secretary for the Ministry of Health in Zambia, Dr Davy Chikamata. The RCN aims to build ZUNO's capacity to influence nursing policy and improve nursing practice in Zambia. The College will also support ZUNO to implement the World Health Organisation's safer surgery checklist at the University Teaching Hospital, the largest hospital in Zambia.

Janet said: "This is a wonderful opportunity for the RCN and ZUNO to join forces for the benefit of nurses in both the UK and Zambia. Sharing our experiences and comparing the challenges facing nursing staff in our respective countries will be a fascinating process."



The project is being overseen by the RCN International Committee, which determines the focus of the College's international development work. The committee has a longstanding objective to help build the capacity of sister nursing associations and the scheme is a pilot to test this approach. The committee will be using the learning from activity in Zambia to direct future projects.

Professor Kath McCourt, who chairs the International Committee said: "The RCN is dedicated to building relationships with international nursing organisations so we can work together for the benefit of the whole nursing profession to improve health."



Comparing the challenges facing nursing staff will be fascinating

Find out more about the RCN's international work at www.rcn.org.uk/internationalwork

The view from here

Tony Brooks
Chair of the RCN
Contenance Care Forum



Following a good debate at RCN Congress in Bournemouth on the issue of the lack of training for nursing staff in continence, it became clear that there are only two specific courses in English universities on the topic.

Continence affects all fields of nursing and all patients regardless of age. One speaker at Congress asked when those of us who have done specialist training retire, who will look after us?

Another raised the issue that there is also a need for doctors to receive appropriate training and cited the case of a doctor not knowing what size catheter to insert.

I would like to see the RCN speaking to the Nursing and Midwifery Council and ensuring that bladder and bowel care education is given priority. This will help to avoid well documented failings identified in the Francis report which listed many issues relating to continence care directly or indirectly.

www.rcn.org.uk/continence

Caring for the capital

The opportunities and challenges for nursing staff working in London are reported in a new publication from the RCN

Caring for the Capital highlights various statistics for nursing professionals working in the city. One of the biggest challenges for RCN London members is the cost of living when nursing salaries have dipped eight per cent below inflation in the past five years.

London-based staff nurse Angela Hill said: "A lot of people I know have moved to the outskirts of London because it's cheaper, but that means travelling up to two hours for work. It's impossible to imagine ever owning a house as a nurse in London."

RCN London Regional Director Bernell Bussue said: "With the cost of living continuing to rise, much more needs to be done to make sure London remains an affordable destination for nursing staff."

Download the publication from www.rcn.org.uk/caringforthecapital



Feedback

Wendy Irwin

RCN Diversity and
Equalities Co-ordinator



RCN members and staff joined others in taking part in this year's London Pride march from Baker Street to Whitehall.

The atmosphere was incredibly supportive as the crowds who turn out to support the event in their tens of thousands are always delighted to see the RCN.

While in the last few months there have been incredible strides taken by some agencies across the world to make same-sex marriage legal, it remains a sobering fact that there is still a huge amount to do to win equality for everyone, everywhere.

I'm delighted the RCN continues to play its part. At Congress in June, a resolution was passed calling for improved mental health services for lesbian, gay, bisexual and transgender (LGBT) patients and earlier in the year, the RCN and Public Health England launched a toolkit to help prevent suicide amongst LGBT youth.

We'll have a presence at a number of Pride events across the UK this summer and I hope as many people get involved as possible. After all, the most important thing is that love wins and not prejudice.

www.rcn.org.uk/proud

What you've been saying

Getting to the truth

I want to communicate with Gill Cooksey and the 298 other RCN Congress delegates who voted to oppose the use of covert video and audio surveillance in nursing homes ("What I'm thinking", July). I recently installed an audio device and I would like to explain why I felt I had to.

There is a man with some dementia in a local care institution whom I regularly take to church. Each time, without exception, he said how much he hated the place. The reason he gave was that staff were unkind and did not respect his dignity. So, with his permission, I put the device in his room. I couldn't think of any other way of getting to the truth.

The sound track seemed to me to confirm what he said. I took it to social services, who agreed that the staff were clearly making fun of him. Together, we went to the manager and now things are better.

It could be argued that I should have gone straight to the manager but I do wonder if she would have been able to stop the bad practice without the existence of the soundtrack.

One final point. My device didn't just show the mocking and jeering. It showed a different carer being so nice it almost brought tears to my eyes. I made sure that the manager knew about that too. I am sure that most of you 299 are personally doing an excellent job. Wouldn't you want the good you do to be known to your managers and maybe even used to train others? I know I would.

 **David Hogarth, by email**

Lone working worries

I was very pleased to see the article on lone working in last month's issue of *RCN Bulletin* ("Looking out for yourself", July). When I first started community nursing in 1992, much training and care was given to lone working. But sadly, as numbers of nurses have been reduced, particularly in senior positions, attention to this has decreased. Staff need looking after, not only patients, and I feel that much less importance has been given to this in recent years.

 **Susan, via Facebook**

Hot topic

What role should the arts play in health care?

Cat Forsyth, team manager, children's services, says: "The arts can play a pivotal role in the journey to recovery in mental health services. The use of art is aimed to allow individuals to draw on their creative side, enabling a safe way to explore their own thoughts and feelings. Patients have expressed to me that they have benefited greatly from this scarce resource."

Deputy ward manager **Robert Clarke** agrees. "Arts within adolescent mental health services provides a valuable tool," he says. "It enables the expression of emotion within a safe manner without the need for verbal reasoning. It enables confidence to be built, thereby improving the esteem of a young person in a difficult position."

Lesley Pallett, a workforce health and wellbeing specialist advisor, says: "Arts (in whatever format) should play a large part in health as a good environment promotes a better recovery. Whatever art form is used should be appropriate to the environment it is being used in."

Andy McGovern, a quality improvement lead, praises the benefits of music. He says: "As a nurse working in East London, I travel to work each day on the overcrowded tube and it's music that keeps me sane. As I put my headphones on I get completely removed from the chaos that traveling through London can be. Music can be an effective intervention for patients of every age. It offers health benefits throughout life."

1 word answer

Who or what inspires you?

Understanding
Melanie Barnard

Life
Jason Warriner

Colleagues
Sindy King

Quote of the month

“This will not go unchallenged”

Chair of RCN Council Michael Brown on the one per cent public sector pay cap

3 things I believe

1. Staff nurses should be supported to develop and progress within their careers to increase job satisfaction.
2. Hospitals should put more money into employing full-time staff so shortages are not the norm.
3. Hospital routines should be shaken up so that more focus is given to the patient.

Jess Ross, student nurse

Let's be heard

As experts in patient care, the nursing team needs recognition and position

At times like these it is important to promote the value of our expertise, as knowledgeable and skilled individuals and as a collective profession – a nursing team dedicated to the advancement of patient care.

The Royal College of Nursing is the voice of nursing and your message must be heard loud and clear. We know what is needed. We are there day and night, all week, every week, at the bedside, in the community, on call.

We need less posturing and to be listened to, and for our unique experience to be respected and valued.

We have an opportunity right now to position ourselves as the experts with a new Westminster government and fresh faces in Whitehall. I want to champion the professional work of the RCN and for us, nurses and health care assistants, to be the first people to be approached on matters of patient care. Politicians seldom look beyond

a five year horizon, but we are the source of long term solutions.

I know things look bad – the announcement that public sector pay increases will be capped at one per cent for the next four years is a kick in the teeth and fails to recognise both your value and the recruitment challenges we currently face. If we don't tackle this crisis now things will get much worse, so we can't crumble under the pressure. If there's one thing I know it's that you're resilient but we must also be strong and work together if we are to be heard.

The remedy starts and ends with valuing our nursing teams. A well respected and rewarded workforce is one more likely to maintain morale, go the extra mile and stay within a vital profession, and, most importantly, be better able to provide excellent care and improved outcomes.

So get involved – we need to help people join up the dots and understand and appreciate our worth.

Janet Davies
Incoming RCN Chief Executive

Convince me

Stress is something that we could all be more aware of. When I was going through a tough time I kept a piece of paper with me while I was working and every now and then I would just write down words or sentences of how I was feeling during the day. It was a real eye-opener and seeing how bad my thoughts were getting meant I sought out help and found ways to deal with it.

Debbie Hammill, RCN safety representative

What I've been reading

I have been reading *The Happiness Project* by Gretchen Rubin. It's her personal reflections as to how, over a year, she set herself monthly goals to improve her life. It is an honest and informative reflection. She has ideas on her website and blog as to how we can make our own happiness project. She has motivated me to develop my own.

Fiona Cassells, clinical skills facilitator

From the heart

Eva Celaya
HIV primary care nurse



At the beginning of 2015 I had the unique opportunity to work in Myanmar as an HIV nurse trainer for a non-governmental organisation (NGO) called Medical Action Myanmar (MAM). The NGO has four clinics in the most deprived areas of the capital city Yangon.

It was one of the greatest experiences of my life, not only professionally but also personally. I was amazed at the utilisation of limited resources to achieve huge results and at how much I learned about HIV and other ailments.

It is very inspiring to go back to basics and remind ourselves that there is another world out there, which is not as fortunate as ours. Health care professionals continue to contribute to the HIV field, not for money but for the fight for a better, healthier world.

MAM staff supported me every step of the way and I would encourage all health professionals to spend time working abroad in developing countries which may make them better professionals and better people.

www.rcn.org.uk/humanitarian

Caring to the end

Members' experiences have helped shape new RCN resources on caring for adults at the end of their lives. Sophie Lowthian reports



An RCN survey in 2014 revealed profound concerns about end of life care in the UK. One of the challenges that repeatedly came to the fore, alongside a lack of time, was the need for more education around caring for people who are dying.

Almost 8,000 members responded to the survey. More than half said they treated people approaching the end of their lives at least once a week, with many doing so on a daily basis. Despite this, a quarter of respondents said they had received no specific training, either before they qualified or after. Only 11 per cent said they were always able to deliver the right level of care to patients at the end of their lives.

“The response to the survey was overwhelming. Not just in terms of numbers – but also in the commitment, honour and privilege which so many feel when they care for people in their last days,” says Amanda Cheesley, RCN

Professional Lead on End of Life Care. “Many members were clearly very moved to have been part of caring for someone who had experienced ‘a good death’. But many were also very deeply troubled when this was not possible.”

Present day

Fast forward to the present day and the RCN has developed resources, using feedback from the survey, to help nursing staff deliver the care they would like to people who are dying.

“In addition to the survey findings, the Neuberger report *More Care, Less Pathway* highlighted the need for education in end of life care,” says Sandra Campbell, an RCN fellow and the clinical lead on the RCN’s end of life care project. “In the absence of the Liverpool Care Pathway, the complexity for staff to some extent has increased, and the RCN recognises the need for more support.”



The resources are especially timely

The resources, says Sandra, demonstrate the RCN’s commitments following the Neuberger report, and form part of the College’s work with the Leadership Alliance for the Care of Dying People. “The resources are especially timely as the same issues relating to poor end of life care were identified earlier this year in the Ombudsman’s report, *Dying without Dignity*.”

Their availability also coincides with a Marie Curie report published last month calling for better training for health care professionals in palliative care. In *Triggers for Palliative Care*, the charity shows there is limited understanding of what palliative care can do, who it benefits and when to introduce it.

RCN support

There are two resources – both are going online and include audio and case studies. The first focuses on nutrition and hydration, the second on the key principles of end of life care. They cover communication, advance care planning, symptom management, difficult conversations, and bereavement.

A group of nurses, students, health care assistants, and patients and carers were asked to help ensure the resources were relevant and useful. “We asked carers: is this the sort of information you think staff should have?” says Sandra.

The need for good communication came up again and again. “Communication breakdown or failure is the most common reason

for complaints across health care – especially in end of life,” says Sandra. “Conversations around the reduced need for food and fluids at this time can be highly sensitive, complex and situation dependent. We hope these resources help build staff confidence to have these conversations.”

Stephanie Hall, a third year student nurse, currently on her final placement, was part of the working group. “When I started out as a student, being very new, I learnt from the staff around me – but it became clear to me that education in this area was slightly lacking compared to other areas,” she says.

“Unless you feel confident dealing with sensitive conversations, staff sometimes want to avoid them altogether and this can leave families very uninformed,” adds Stephanie. “Most communication problems seem to be down to lack of skills, never intentional poor care.”

Stephanie says there was only one module on end of life care in the course of her nurse education. “It can be quite brushed over for a sensitive issue. Because I was working as a carer alongside my training I gained quite a bit of knowledge in this area but if I hadn’t had that experience I don’t think I’d be as confident about it.

“Understandably it’s a distressing time for families therefore it’s so important we get this right in the first instance,” she says. “I’d encourage all nursing staff to go online and check out the resources – they’re really helpful and easy to navigate.”



It can be quite brushed over for a sensitive issue

The RCN and the National Council for Palliative Care are developing a series of workshops on end of life care taking place in Edinburgh on 1 September, Cardiff on 28 October, and London on 15 December. Visit www.rcn.org.uk/eolc15 to find out more.

The resources also highlight the need for nursing staff to seek support if required. “Because you’re a health care professional it sometimes seems as if you’re suddenly not a person anymore – you’re expected to be perfect,” adds Amanda. “But end of life care can be an extremely challenging area. It is important nursing staff recognise this and ask for help if they need it.”

Key messages

- Dying is a natural process.
- One size fits all decision making is morally wrong.
- Respond to each person compassionately even if they are not your direct responsibility.
- Check that each person’s understanding reflects what they have been told.
- Establish a person’s wishes and avoid assuming a lack of capacity without careful assessment.
- Nutrition/hydration are regarded in law as medical treatment.
- Artificial or clinically assisted nutrition and hydration may need to be discussed.
- The NMC code of practice says nurses “must recognise and respond compassionately to the needs of those who are in their last few days and hours of life”.

Resources will be available at www.rcneolnutritionhydration.org.uk and www.rcnendoflife.org.uk



The view from here

Melanie Thompson
Acute respiratory ward sister



I’m always looking for ways to improve the quality of end of life care on my ward.

At my first inspection in my secondary role as specialist adviser for the Care Quality Commission I heard about a dandelion symbol they used in A&E to highlight to staff that there had been a death and bereaved relatives were in the department.

I thought it was a fantastic idea that could be used in end of life care. Exploring it further I found some research about the use of a butterfly symbol at some hospitals to highlight that a patient on the ward is at the end of life.

We have now piloted the scheme and put a blue butterfly symbol at the entrance to the ward and outside patient bays when we have consent from patients or relatives. Feedback has been really good and it’s being considered for use on other wards. It’s simple but effective – prompting staff straightaway to be respectful and mindful of noise level.

www.rcn.org.uk



Behind the screen

Personal tragedy led one nurse to look for new ways to use her skills. Daniel Allen hears how her screening clinic came about



RCN member Eileen Fegan is well aware that the health checks she runs from her private clinic in Solihull in the West Midlands are beyond the reach of many. But she offers this persuasive pitch: if you can stretch to an annual service on your car, why does a similar amount spent on a health “MOT” seem excessive, especially if it saves your life?

Eileen is steeped in the NHS. She spent 21 years as a nurse in the health service, specialising in stroke and head injury. She has a son with cerebral palsy who has benefitted from NHS care – as did she when she broke her back. “I thank the NHS every day for what I’ve got,” she says.

But in 2013 her life was reshaped by three significant events: her father died as a result of an undiagnosed urine infection; a tumour was found on her optic nerve; she left the NHS.

Her father’s death rocked the family. “Dad was fit and well, then a week later he was dead,” she says. Soon after, her tumour was detected during a routine eye test and although not malignant required immediate radiotherapy. Coming hard on the heels of that double trauma, a restructure at work prompted Eileen to look at opportunities outside the NHS.

Keen to put a “most horrific year” behind her, she considered her options – and backed by a husband who knew his way round a business plan, she took the entrepreneurial route. Fourteen months on, her clinic is doing well. It has won awards and Eileen has a work-life balance she could only have dreamed of when she was head of NHS stroke services in Birmingham.

Her clients are mostly busy professionals. “They work for big corporations and are running around stressed,” says Eileen.



I’m not here to take the job of GPs

Because it’s hard for them to find time to visit their GP, she makes herself available when they are. “I’ll work till 10pm, if necessary.” But she works with her husband, the strategic and operational backbone of the clinic, so between them they can share childcare and adjust working hours to suit.

Tailored screening

A full health check costs £300. Eileen will signpost clients to other services if she is worried about any abnormalities. Screening is tailored to the individual, and tests cover a range of conditions including diabetes, heart disease, high cholesterol, hypertension, kidney disease and, for men, prostate cancer – nothing that is not available via a GP. But the point, says Eileen, is not to compete but to detect disease early. If some people find her service more convenient, and are willing to pay for that convenience, it reduces the burden on the NHS, especially if any necessary treatment can be initiated promptly. “I’m not here to take the job of GPs, I’m here to support them,” she says.

The clinic saw more people than expected last year and Eileen hopes to double the number in 2015-16. Her father’s experience has made her a vociferous advocate of early diagnosis and the price clients pay is, she insists, fair. “They get four hours of my time – and 25 years’ nursing experience.” And possibly a longer life.

For information on starting your own business search for “self employment” at www.rcn.org.uk

The RCN indemnity scheme offers cover to self-employed members subject to conditions: www.rcn.org.uk/indemnity

'Our strength is our members'

As Janet Davies prepares to take over as RCN Chief Executive on 3 August, she talks to Sophie Lowthian about what drives her



I'm a nurse and my motivations are still the same

When, as a ward sister, Janet Davies was called in to help make improvements on an older person's ward, she cut no corners in her determination to put patient care first. She remembers a fight over Buxton chairs – a type of restraint and, she says, “a truly horrible invention”.

“I'd remove them at the end of each day but some of the night staff insisted on using them and they'd reappear the next morning. It was a bit of an ongoing battle,” says Janet, who has been the RCN's Director of Nursing and Service Delivery since 2005.

Eventually the chairs were banned. “It was a good lesson in building influencing skills as I needed to get others to understand the chairs didn't have a place in caring for patients,” she explains.

Today, many years later, it's this same dedication to championing excellent patient care which is the driving force

in Janet's professional life. But leading an organisation was never part of some grand career plan, she says.

“My journey to this point has been a gradual process. I've been lucky – my first director of nursing post came about by chance. I was asked to provide cover and things just developed from there. I loved it, I didn't expect to, but I did,” she adds. “I'm still very much wedded to the fact that I'm a nurse and my motivations are still the same.”

Janet recalls a period working as a ward sister on an exciting nursing development unit at Manchester Royal Infirmary. “I had trained in the old traditional nursing schools, before they moved to universities, where you did things because that's what you were told to do,” she explains. “At Manchester, there were lots of university students coming through the unit and it opened my eyes to the value of a degree. Their

knowledge and the way they questioned everything was so refreshing it inspired me to undertake a degree. It really changed my outlook on nursing.”

Janet says she feels honoured to have the opportunity to lead the RCN into the future. “Peter has been great. I've really enjoyed working with him and I'm looking forward to building on the strengths of the RCN,” she says. Which are? “Our members, of course – they are our greatest strength. There is so much expertise out there. I'd like to see more getting involved in the work we do in all areas of nursing – be it our professional forums, clinical research or becoming active as a trade unionist. We are strong in numbers but I want us to be strong in actions.”

An RCN member herself for many years, Janet is passionate about the need for members' talents and dedication to be properly recognised. “These are challenging times and we must focus on helping all our members – nurses, midwives, health care assistants and students – to do their jobs better, more happily, and with more confidence,” she says. “If we can get things right and provide the best support for our members, we can help get things right for patients, too.”

Career profile

Janet trained as a general and mental health nurse. Before joining RCN staff, she had a long career within the NHS. She was Director of Nursing in West Lancashire and Liverpool, and Chief Executive of Mersey Regional Ambulance Service.

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Nursing at the coalface

Retired RCN member Joan Hart talks to Lynne Pearce about her career as a pit nurse working in the Yorkshire coalmines



Ditching her nurse's uniform for baggy overalls, pit boots and a hardhat with headlamp was all in a day's work for Joan Hart.

"Once the men realised that I wasn't a giggling little thing, but was prepared to go down the pit and see the conditions they worked in, they began to accept me," she explains.

Now her memories of a nursing career that began in 1948 – the year the NHS came into being – have been published in *At the Coalface*. "When the pits began to close I was sad because I felt no one would ever understand what we did. So I started

trying to write my story," says Joan, an RCN member since 1953.

Wonderful raconteur

After joining a local writers' group, she met professional writer Veronica Clark who co-wrote her book. "Joan's a wonderful raconteur with a fascinating story," says Veronica. "She saved so many lives."

In the family home in the mining village of Bentley, near Doncaster, Joan carried much of the responsibility for bringing up her younger siblings, which inspired her to choose nursing.

Part way through her training, Joan moved to London, eventually finishing her course at Hammersmith Hospital. After marrying, she returned to South Yorkshire to run the medical centre at Brodsworth Colliery – the largest in Yorkshire – where she looked after about 3,000 men.

Although she loved the work, family circumstances meant a move back to the capital, but in 1974 she returned again to work at Hatfield Colliery, the last remaining deep coal mine in the country. Joan's memoir is especially poignant, as the pit is due to close next year.

Difficult time

The national miners' strike of 1984-85 was a particularly difficult time. As a management member she couldn't go on strike, instead travelling into work in a convoy. But she continued to care for the men, stepping in to help those injured in scuffles with the police during



Once the men realised I was prepared to go down the pit, they began to accept me

picketing. When the strike ended, some of the men refused to let her treat them because she had continued working. "But when I explained my position, they accepted it," she says.

In 1978 she also witnessed a disaster at the nearby Bentley Colliery, which resulted in seven deaths. "It was a very sad time and something that I didn't want to remember," says Joan.

Going down the pit held no fear for her. "I was never scared," says Joan, who would often accompany any young new miners who were afraid on their first shift. Her daredevil spirit has continued: at the age of 75, she did two freefall parachute jumps and a wing walk. "When I reached 80 I wanted to do another, but my doctor wouldn't let me," she says.

Although she's proud her book has been published, Joan says: "I can't understand what all the fuss is about. It's just my job and that's what we did."

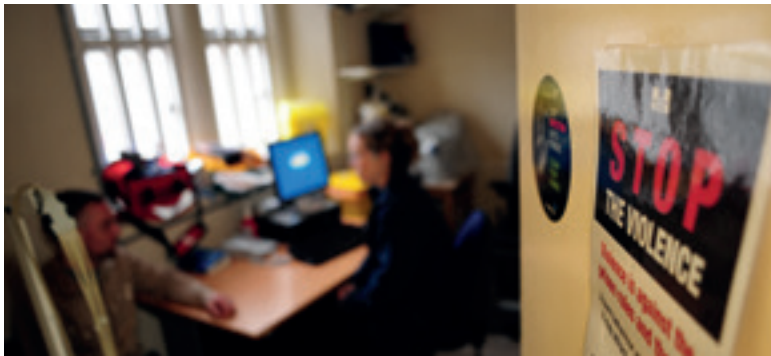
Win a copy

At the Coalface, by Joan Hart with Veronica Clark, is published by Harper Element in paperback and eBook, and *RCN Bulletin* has a copy to give away in a prize draw.

To enter, email bulletin@rcn.org.uk or write to the address on page 2 with your name, address, telephone number and RCN membership number. Entries must be received by Friday 28 August.



Helping improve custody care



The RCN Nursing in Criminal Justice Services Forum is playing a vital role in enhancing services for people in police custody

A resolution supported by members at RCN Congress called on the College to lobby all UK governments to enhance the role of nurses providing services to people in police stations and courts.

Forum member Mark Warren said while liaison and diversion and street triage services are proving successful in England, it was

important to have them rolled out across the UK.

“Taking it forward is going to be a challenge but there is a clear groundswell of opinion that this needs to happen,” he said. “We need to highlight the good practice going on in various schemes and put pressure on other organisations to adopt them.”

Street triage pilot schemes in England have been successful in preventing people with mental health issues being unnecessarily

“

We're pushing at a half open door because there's a lot of support for this already

▶ To watch the full debate from RCN Congress visit <http://tinyurl.com/nk2ozy9>

detained in police custody. The Government has also promised £15million to fund alternatives to police cells for people detained under the Mental Health Act.

In Scotland, forum member Jessica Davidson has helped develop a nurse-led service delivering care to people in custody across the south east of the country, with support from the police.

Mark added it was important to ensure that what's been promised is delivered, and to continue to build links with the police and UK governments. “We're pushing at a half open door because there's a lot of support for this already,” he said. “The police are very keen to work with us and we need to maintain and use those links.” He is confident of making progress. “As a forum we've got a clear vision for improving services across the UK, so hopefully that will develop over the next few months. We're very positive about it.”

The cost of nursing older people

The Older People's Forum was in the spotlight at RCN Congress as members voted overwhelmingly in favour of lobbying the Government to recognise the true cost of care

Forum member Iain McGregor, who manages a care home in the East Midlands, opened the debate by saying: “The purpose of this resolution is not to be making more money for profit-making organisations, but to have the true cost of care recognised and the funding available to deliver excellent care.”

Funding for long term care has failed to keep pace with increasing care

needs, rising costs, and the resource implications associated with legislation and regulation. Means-tested funding arrangements for long term care can be hard for people to understand and many care home residents have to make a considerable contribution to the cost of their care.

Staff costs are another significant factor for care home providers, with many employers only able to pay the national minimum wage. Staff training and the redesign of care home services are often of low priority to care home providers, who are having to look at other ways of

making sure that the standards set down by national regulators are being met.

The struggle to balance income with outgoings has led some care homes to accept residents in a bid to fill vacant places, despite the fact that they might not be able to meet their needs, members said.

“The Government needs to come up with an individualised care funding programme based on the needs of residents rather than a blanket payment approach so that we care home providers can deliver excellent care for all,” added Iain.

“

We need an individualised care funding programme

▶ Watch the full Congress debate at <http://tinyurl.com/p7yfp7h>

Critical care champion

The RCN has a new Professional Lead for Acute, Emergency and Critical Care. Anna Crossley joins from Public Health England, where she worked as an environmental public health scientist looking at the health effects of extreme weather events. An emergency nurse by background, Anna has experience in both civilian and military nursing.



“I am looking forward to working with forum committees to assist them in achieving projects that are important to their nursing speciality, enhance their member’s knowledge and skills base, and enable products that are useful, usable and used,” said Anna.

Anna takes over responsibility for several forums, including the Defence Nursing Forum, Emergency Care Association and the Society for Orthopaedic and Trauma Nursing.

Find out more about Anna at www.rcn.org.uk/anna_crossley

Explaining pain

The RCN has launched three accessible patient information leaflets on pain using an EasyRead format.



The Pain and Palliative Care Forum and the Learning Disability Nursing Forum have worked together to develop the leaflets. They relate to acute pain and the three areas covered are the assessment and management of pain after surgery, epidurals and patient controlled analgesia.

Felicia Cox, Chair of the Pain and Palliative Care Forum, said: “This is the first step to producing accessible information for people coming into hospital who might have a learning disability or impaired cognition. We plan to extend the range of patient information about pain and other symptoms.”

Download the leaflets from www.rcn.org.uk/publications

Forum elections

Applications are now open for positions on a number of forum steering committees. Steering committees lead and facilitate the work of the forum. Each committee has between four and seven members and is led by a chair, who they elect from among themselves. As a forum steering committee member, you will be involved in organising the forum’s activities. You will also work in partnership with your RCN professional lead to deliver guidance related to your specialty. Applications are being accepted until 26 August. Visit www.rcn.org.uk/appointments

Education conference

The call for abstracts is open for the RCN Education Forum international conference and exhibition 2016. The conference takes place at the International Centre in Telford from 15 to 16 March. It will provide an opportunity for nurse educators to share the latest evidence regarding teaching and learning for practice, and explore the role of innovation in shaping the future of nursing. Abstract submissions are open until Monday 7 September. Visit www.rcn.org.uk/education16

Accessible information

A new information standard has been approved which aims to ensure that patients with a disability or sensory loss receive accessible information and communication support. All organisations providing NHS or adult social care will be required to follow the new accessible information standard by 31 July 2016. This includes NHS trusts and GP practices. Visit www.england.nhs.uk/accessibleinfo for more information.

What I’m thinking

Marie Therese Massey
Chair of the RCN Practice Nurses’ Association



Probiotics are live organisms that can exert an effect on the human body via the gut. I went to a meeting on their use in medicine, particularly in relation to irritable bowel syndrome (IBS) and other gastrointestinal disorders.

IBS is a complex condition and effective management can be influenced by environmental and lifestyle factors including stress. To believe all of the purported benefits of probiotics then we would need to look no further for a successful alternative to medical management but, as is often the case with complementary and alternative treatments, the evidence varies.

However, there is some evidence that they can have a beneficial effect for some individuals with IBS, constipation and post-antibiotic diarrhoea, but where they work for some, there will be no recognised health benefit for others. Professionals need to advise if there has been no improvement after one month, then they should be discontinued.

www.rcn.org.uk/forums

The craft of orthopaedic care

Thursday 10 and Friday 11 September
Nottingham Conference Centre,
Burton Street, Nottingham NG1 4BU

By attending this RCN Society of Orthopaedic and Trauma Nursing international conference and exhibition you will learn about the latest developments in orthopaedic practice and explore the importance of innovation in improving standards of patient safety and care.

You'll have the opportunity to:

- listen to eminent keynote speakers discussing issues affecting the orthopaedic team
- share the latest research and developments in orthopaedic and trauma nursing practice
- attend sessions to acquire specialist knowledge and complex practical skills.

Abstracts are now being invited.

📧 Email orthopaedic@rcn.org.uk for details. Fees start from £170. For more information visit www.rcn.org.uk/ortho2015



Northern Ireland

www.rcn.org.uk/northernireland

Belfast

Wednesday 5 August
RCN Northern Ireland HQ, 17
Windsor Avenue, Belfast BT9 6EE

RCN Northern Ireland
Children and Young People's
Network: *Raising Standards,
Raising Concerns*

This event is for RCN members working in an acute paediatric setting at a band 5 or 6 level. The aim is to help members identify and communicate their concerns about issues which may impact on their ability to deliver safe and effective care to their patients.

For more information call 02890 384600 or email cst@rcn.org.uk

Scotland

www.rcn.org.uk/scotland

Edinburgh

Wednesday 28 October
Hilton Edinburgh Grosvenor
Hotel, Grosvenor Street,
Edinburgh EH12 5EF
*Nursing Scotland's Future –
RCN Scotland campaign for
the Scottish Parliament
elections in 2016*

An opportunity for members to shape the RCN's election manifesto and priorities. For more information visit www.rcn.org.uk/aboutus/scotland/events

Wales

www.rcn.org.uk/wales

Cardiff

Monday 7 September
The Grape and Olive, 3 Wedal
Road, Cardiff CF14 3QX
*Two RCN Wales seminars. In
the morning, Mental Capacity
Act 2005 and Deprivation of
Liberty Safeguards. In the
afternoon, Safeguarding and
Vulnerable Adults*

Email rhona.workman@rcn.org.uk or call 029 2068 0713 for more details.

East Midlands

www.rcn.org.uk/eastmidlands

Derby

Monday 7 September, 7pm
Derby NHS Walk-in Centre,
Entrance C, London Road
Community Hospital,
Osmaston Road, Derby DE1 2GD
RCN Derbyshire
members' meeting

Eastern

www.rcn.org.uk/eastern

Stansted

Wednesday 14 October
Holiday Inn Express, London
Stansted Airport, Thremhall
Avenue, Essex CM24 1PY
*Joint county conference – RCN
Essex and Cambridge Branch*
RCN President Cecilia Anim will be attending. For more information email linsey.byrne@rcn.org.uk or call 012 8471 7718.

London

www.rcn.org.uk/london

Westminster

Wednesday 2 September, 1-3pm
Room 211, RCN HQ,
20 Cavendish Square,
London W1G 0RN
RCN Peer Support Group meeting
The Peer Support Group is a network for work injured and disabled RCN members. At the group's next meeting RCN London Operational Manager Nora Flanagan will speak about revalidation. All welcome. Please email holly.chadd@rcn.org.uk if you plan to attend.

North West

www.rcn.org.uk/northwest

Manchester

Friday 16 October, 6.30-8pm
St Anne's Hospice, Peel Lane,
Little Hulton, Worsley,
Manchester M28 0FE
*RCN Greater Manchester
Branch meeting*

Northern

www.rcn.org.uk/northern

Penrith

Thursday 24 September, 12.30pm
Newton Rigg College, Penrith,
Cumbria CA11 0AH
RCN Cumbria Branch meeting
This meeting will include a discussion on NMC revalidation. Before each branch meeting there is a learning and development session for representatives starting at 10.30am.

South East

www.rcn.org.uk/southeast

Canterbury

Thursday 3 September, 1-5pm
Ann Robertson Centre, Pilgrims
Hospice, Canterbury CT2 8HQ
*RCN East Kent Branch health
care practitioner study event*
Afternoon event including sessions on accountability and delegation, embedding the 6Cs into practice and the care certificate. To find out more and book your place email eastkentrcnbranch@yahoo.com

South West

www.rcn.org.uk/southwest

Location TBC

Tuesday 29 September, time TBC
Venue TBC

West Dorset HCA learning event

This HCA learning event, free to members, will cover career development, mental capacity and managing challenging behaviours. Email jaydee.swarbrick@dorsetccg.nhs.uk for more information.

West Midlands

www.rcn.org.uk/westmidlands

Solihull

Wednesday 19 August, 1.30pm
Education Centre, Solihull
Hospital, Lode Lane,
Solihull B91 2JL

*RCN Birmingham East &
North and Solihull local
learning event: NMC*

Revalidation and You
Revalidation is coming in 2015, and it is something every registered nurse and midwife must be aware of and prepared for. Paul Vaughan, RCN West Midlands Regional Director, will talk about the process of how to demonstrate to the NMC that you remain fit to practise.

Yorkshire & the Humber

www.rcn.org.uk/yorkshireandhumber

Leeds

Wednesday 19 August, 2-4pm
RCN Leeds Office, 9 Bond Court,
Leeds LS1 2JZ
*RCN West Yorkshire
Branch meeting*