



Don't forget  
to vote  
RCN Council elections P2,7  
Your ballot paper is enclosed  
with this issue

ISSUE NO. 332 OCTOBER 2015

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**TRADE UNION BILL**  
NEWS P3

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**ASSISTED SUICIDE**  
OPINION P6

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**ACUTE KIDNEY INJURY**  
FEATURES P13

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# BATTLING EBOLA

RCN MEMBER OLIVER CARPENTER P9



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

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## Woman of excellence

RCN President Cecilia Anim has been awarded an African Women of Excellence Award at a ceremony hosted at the United Nations in New York. The awards, organised by the Diaspora African Forum in association with the African Union, honour those who have made a significant contribution to the empowerment of women across Africa.

## Grave concerns

The RCN has expressed grave concerns about the implications for health and social care of the current political crisis in Northern Ireland. Speaking in light of the recent resignation of Health Minister Simon Hamilton, RCN Northern Ireland Director Janice Smyth said: "Significant decisions that should have been taken still haven't been delivered. We have no commissioning plan, a budget has not been agreed and we are the only region in the UK where a pay settlement for nurses has not been determined. Our health service is on the brink and people have a right to know who is running it."

## Don't bin it

Your ballot paper to elect a member to RCN Council is included with this issue of *RCN Bulletin* (for exceptions, see page 7). Please don't throw it away. It is your opportunity to choose who you want to help run the organisation. Your ballot paper must be returned by post before the deadline of 9 November. Visit [www.rcn.org.uk/elections](http://www.rcn.org.uk/elections)



## Start preparing now

The RCN is continuing to work closely with the Nursing and Midwifery Council (NMC) to help finalise the model for revalidation. The College believes revalidation can help protect the public and create a strong culture of professionalism. RCN Head of Policy Howard Catton said: "Revalidation has huge potential for nurses to demonstrate their skill, but we must ensure the model will work for all registrants across the myriad of different settings. Revalidation will happen so nurses should start thinking now about how to prepare."

🕒 The NMC Council will meet in early October to decide the final model and timescales for revalidation. Visit [rcnrevalidation.wordpress.com](http://rcnrevalidation.wordpress.com)

## Black History Month

The RCN will hold its annual Black History Month evening reception on Tuesday 27 October. The speaker at this year's event is Stephen Bourne, award-winning author of *Black Poppies: Britain's Black Community and the Great War*. Stephen will be speaking about the contribution black and minority ethnic communities made to Britain in the decades before 1948.

🕒 The event is at 5.30pm at RCN headquarters in London and is free to attend. All members are welcome.

## Ensuring equality

RCN members are encouraged to submit equality and diversity (E&D) information to the NMC. Only 24 per cent of registrants have, but this information allows the NMC to understand the impact their policies have on personal characteristics such as age, race and gender. RCN Diversity and Equalities Co-ordinator Wendy Irwin said: "Accurate information about the composition of registrants will enable the NMC to provide assurance that its systems do not unfairly disadvantage particular groups."

🕒 Members can provide E&D information and manage their registration via NMC Online. Visit <https://online.nmc-uk.org>



## Playing host

The RCN will welcome delegates from more than 20 European countries when it hosts the European Federation of Nursing Associations (EFN) General Assembly on 22-23 October in London. The EFN is the European umbrella organisation for nursing associations in Europe. As a member, the RCN is able to influence issues being debated in Europe that impact on nurses and nursing. Delegates will discuss and agree positions on matters including professional qualifications, international recruitment, health care assistants and research.

## Scotland update

The RCN has warned that plans to criminalise the mistreatment or wilful neglect of patients in Scotland could backfire and result in mistakes being covered up. In a submission to members of the Scottish Parliament, the College warned of a "significant risk" that the threat of criminal proceedings against an individual could encourage organisations, staff, patients, their family and carers to look for someone to blame, thereby undermining the duty of candour being proposed in the same bill.

Meanwhile, plans announced by First Minister Nicola Sturgeon to invest £41.6 million over four years for additional health visitors have been welcomed. It's hoped this will enable the health visiting service to provide enhanced support in response to the "named person" provision in the Children and Young People (Scotland) Act 2014, as called for by the RCN.

# Reps save NHS £100 million



*The Trade Union Bill is bad for staff, employers and most importantly it is bad for patients*

The RCN is warning that the proposed Trade Union Bill could have serious consequences for productivity and morale in the NHS, as new research shows trade unions save the NHS at least £100 million every year.

Independent evidence has revealed staff turnover in organisations without union representatives is three times higher than in those with union representatives. This equates to an annual saving in the NHS of at least £100 million, and for a large teaching hospital represents an annual saving of around £1 million.

The Trade Union Bill, which recently had its second reading in Westminster, threatens the amount of facilities time available to union representatives while also imposing stricter rules on ballots over industrial action.

The RCN believes the attempts to limit and monitor facility time are based on an incorrect assumption that there are too many trade union representatives in the public sector. Analysis of a sample of British workplaces shows that in public sector health care there is one

representative for every 80 employees, compared to one for every 66 employees in the private sector.

As part of its ongoing opposition to the bill, the RCN will be surveying all its representatives to get an accurate picture of the amount of hours they dedicate to union activities.

RCN Chief Executive Janet Davies said: "The Government claims that the Trade Union Bill will save public sector money but it will actually have the opposite effect. Aside from the financial cost of high staff turnover, when the NHS is already struggling to recruit and retain enough staff, removing the positive impact of union representation risks having a significant impact on patient safety.

"It is far too simplistic to simply look at the cost of facilities time without considering the many benefits. The health service can ill-afford further damage to staff morale, or to squander even more money on recruitment costs. The Trade Union Bill is bad for staff, employers and most importantly it is bad for patients."

▶ Find out more about the RCN's stance on the Trade Union Bill at [www.rcn.org.uk/trade-union-bill](http://www.rcn.org.uk/trade-union-bill)



## Shaping experiments in care

The RCN has issued a briefing unpicking the merits of two new models of integrated care

The past few months have seen an extraordinary explosion of activity in health and social care reform. A briefing recently published by the RCN, entitled *Experiments in Autonomy*, provides outlines and analyses of two aspects of that activity: NHS England's vanguard programme – part of Chief Executive Simon Stevens' *Five Year Forward View*, and the Devo Manc initiative in North West England. It further considers the challenges they present for both nursing and the nursing workforce.

RCN Head of Policy Howard Catton said: "Effective nursing care is a thread running conceptually through both the *Five Year Forward View* and Devo Manc proposals. As many nurses work at the interface between health and care organisations, they are vital to the development of integrated care."

The *Five Year Forward View* was unveiled in October 2014. It sets out a vision for the future based around seven new models of care.

Expressions of interest were sought for providers to become "vanguards" prepared to adopt and pilot the models and by March this year 29 sites had been selected. They've since been testing four of the proposed models.

The much-publicised Devo Manc programme, announced in February, is arguably a larger version of these vanguard sites and will be a major litmus test for the future protocols of the NHS. It sees Manchester taking control of its own £6 million health and social care budget through a set of new arrangements brokered in a deal between 10 of the city's local councils and the treasury.

Both programmes are now underway. The first and second waves of vanguard sites are up and running and a further wave is in recruitment. The structures to deliver Devo Manc



*Nurses are vital to the development of integrated care*



have been agreed and work is taking place to ensure everything is set up for the April 2016 start date.

The RCN has been consulting members working in the vanguard sites with early survey results showing that while nurses are broadly supportive of the new care models, the usual challenges of communication and resourcing remain. If you're involved in one of the vanguards, email [mark.platt@rcn.org.uk](mailto:mark.platt@rcn.org.uk) to find out how to get involved with further research.

Download *Experiments in Autonomy* from [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## State pension changes may affect your pay

Members' National Insurance contributions could increase next year

From April 2016 you may see increased National Insurance (NI) contributions on your payslip. This is due to the introduction of the new State Retirement Pension (SRP) which will signal an end to discounted contracting out arrangements for NI payments.

It will apply to some occupational schemes whose members are contracted out of the state second pension, such as the NHS pension, and will see members of these

schemes paying 1.4 per cent more in NI contributions. Employers will also have to pay more NI contributions for their staff – 3.4 per cent more based on current rates.

You're more likely to be affected if you work in public sector organisations and professions such as the NHS, local councils, civil service, the police or armed forces. However, these changes apply across the public and private sector for all schemes that are currently contracted out of the state second pension. You may be able to see if you'll be affected by looking at your payslip. You're contracted out if

the NI contributions line has the letter D or N next to it. You're not contracted out if it has a letter A. You can check with your employer or pension provider if there is a different letter. If you're currently contracted out, you will pay more National Insurance contributions next year.

These changes are due to a change in State Pension policy and not any change to the NHS Pension scheme. Further information can be found at [www.gov.uk/new-state-pension/overview](http://www.gov.uk/new-state-pension/overview) and in the RCN Direct online advice section of the RCN website.



*Members could have to pay 1.4 per cent more in National Insurance contributions*

## New agency nurse spending rules

### Patient safety must come first

The RCN has welcomed new rules to cap spending on agency nurses, but has warned they must be implemented without putting patients at risk.

Published by Monitor and the Trust Development Authority, the rules follow a soaring NHS agency nursing bill across England from £1.8 billion three years ago to £3.3 billion in 2014/15.

NHS trusts will now have an annual limit imposed, capping the amount they can spend on agency staff over the next four years.

“Astronomical amounts have been spent paying agencies for temporary nursing staff over the past few years and it is simply not an effective use of NHS funds,” said RCN Chief Executive Janet Davies. “It is essential to work towards reducing this reliance and improving continuity of care.

“However, it’s crucial that these plans are carried out in a way that does not risk patient safety, especially at those



moments where care is under extraordinary pressure.

“These rules cannot get in the way of hospitals securing staff through agencies at short notice if they are essential to meet patient need. Safe staffing levels should be the top priority for any care setting.”

Janet said trusts need to convert the money saved into permanent positions for nursing staff.

“With a bank of nurses at their disposal, hospitals can use their own staff to supplement the workforce. However, there needs to be more incentive for nursing staff at all levels to participate in this scheme.”



*Safe staffing levels should be the top priority for any care setting*

## ‘A critical nursing shortage’

### Nursing must be added to the shortage occupation list, insists the RCN

The RCN has submitted evidence to the Migration Advisory Committee as part of its review of the Tier 2 visa system for the migration of skilled workers from outside the European Economic Area.

In its submission, the College again called for nursing to be added to the shortage occupation list, which would also prevent the loss of overseas

nurses already in the UK who don’t meet the salary threshold of £35,000 for indefinite leave to remain.

“The Government must acknowledge the critical nursing shortage in the UK,” said RCN Senior International Adviser Susan Williams. “The current system prioritises salary levels over other benefits in granting visas for overseas migrants and therefore does not recognise the huge value that nurses contribute to the economy and society. This needs to be addressed.”

Visit [www.rcn.org.uk/consultation\\_responses](http://www.rcn.org.uk/consultation_responses) to view the full RCN submission



## From the heart

### Fee Cahill

*Prostate epidemiology research nurse*



In order to successfully revalidate, Nursing and Midwifery Council (NMC) registrants need to provide evidence to show we remain fit to practise. I compiled a comprehensive professional portfolio that tracked my practice hours, demonstrated my continuing professional development, and presented five documented reflections.

This took some time to put together. We all have a pile of training certificates, random pieces of paper from a workshop, and the odd thank you card from a patient, but very few already have a portfolio that could be handed over to the NMC tomorrow if needed.

My portfolio included practice-related feedback and I then had to seek validation of this portfolio of evidence from a third party – usually your line manager.

Reflecting on my practice, organising all of the training certificates, cards and letters, has really given me a sense of pride. I’m not just an NMC number; I’m a nurse, with evidence that I am fit to practise and deserve my place on the register.

[www.rcni.com/portfolio](http://www.rcni.com/portfolio)



## Feedback

*Janet Davies*

*RCN Chief Executive*



One of the most common questions I have been asked since starting in the role as Chief Executive has been about the dual role of the RCN.

The implication is that being a trade union weakens our professional voice and makes us too self-interested. But trade unions have a strong history of improving health and safety, improving workers' rights and facilitating positive partnership working.

On a daily basis, our network of representatives across the UK supports colleagues with up to date information on important nursing issues, developed by the RCN in our role as a professional College, as well as promoting safe and healthy work environments.

I'm proud of the work the RCN does and I believe our dual role benefits members and patients. Safe staffing, for example, is important for nurses' working conditions, for professional practice and for patient safety.

Our active trade union representatives can inform our professional work and vice versa. I would encourage all our members to think about how they could become more involved in the work of the RCN, to help improve their workplace and beyond.

[www.rcn.org.uk/jdblog2](http://www.rcn.org.uk/jdblog2)

## What you've been saying

### What is the NHS anyway?

It isn't about foundation trusts, budget cuts, or being worried about revalidation. Those reasons alone undermine its creation. What about the people?

Sure, there's warrior-like clinicians, corrupt politicians, boards of execs signing the cheques. Managers in place for managers' sake, all the time "learning from our mistakes". But, I ask, what about the people?

Mr Hunt, your jibes are blunt. You can keep your public castigation and your failed legislation. I pity the man that supports privatisation. You would sell your soul in the name of austerity. David, we really need to talk about Jeremy!

Unsafe staffing, no time owed in lieu. But, a patient needs our care, so what can you do? One per cent pay cap in our "no blame culture", under the mandate of a Tory vulture. What about the people?

Audit trails, governance, RCTs. Tick boxes, paperwork, root-cause analyses. Long days with no breaks, too much to give, not enough to take. Abbreviations, condemnation, little praise to be seen.

Oh, what joy, to be a cog in this corporate machine? Please think about the people!



**Matty, by email**

### Positive feedback

As a nurse of 15 years I recently found myself on the receiving end of health care. Being a patient who is also a nurse inevitably alters the outlook on the care you receive. I was able to understand the delays, empathise with the suboptimal staffing levels and identify with the lack of appropriate equipment. I could see past all these issues and following discharge from hospital wrote to my local NHS feedback team to single out all the truly great individuals who made a positive difference during my patient journey.

It's often easy to point out problems, but I would like to challenge my fellow nurses to be alert to the great care that is provided which often slips quietly under the radar. Let staff know, provide feedback to their line manager or write a letter. Not only will it give them a well needed boost, it will also be useful for when they need to reflect to meet the forthcoming NMC revalidation requirements.



**Joanne Grant, by email**

## Hot topic

### Should the ban on assisted suicide be overturned?

**Carolyn Doyle** says: "This is a difficult and emotive question, one that in my capacity as lead nurse for end of life care I am often faced with. However, when I have been asked by people at the end of their lives to help them end it all, they have invariably on further exploration, meant they wanted the pain, the distress, the psychological anguish to end.

"Do I believe an overturn on the ban on assisted suicide would end the suffering? No. I feel it is viewed as an answer to a difficult situation when people and their families can't access good end of life care due to lack of available resources. When people can access what they need, when they need it, in order to ensure people receive care to enable as comfortable a

death as possible, public confidence will grow and a call for the ban on assisted suicide may be reduced."

Chair of the RCN Mental Health Forum **Ed Freshwater** says: "The key problem for me when considering the ban on assisted suicide is that a 'yes/no' position is far too simplistic. As we have this debate, it is worth reflecting on the concept of medically prolonged life versus an acceptable quality of life, which is sometimes contradictory. I accept that in the relief of suffering a person's life may be shortened; that is not the same as assisting suicide. I believe we should be in the business of minimising suffering, but through a person-centred collaborative process, and that's not easily resolved in law."

## A quick question

What is the most essential survival item for a nursing degree?

**A good diary**  
Louise Goodyear

**A comfortable pair of shoes!**  
Jess Ross

**A Filofax**  
Louisa Power

## Quote of the month

“We have confidence in the named person model and the protection it will offer young people”

RCN Scotland  
Director  
Theresa Fyffe

## 3 things I believe

1. Nurses should take loving, compassionate care all the way to the boardroom.
2. Patients absolutely know when they are given authentic, loving care. They know when they are not.
3. Nurses need to believe in how special they are; to be a nurse is to be privileged.

Vicki Matthews,  
RCN Neuroscience  
Forum member

## Use your vote

Members have the power to decide who will set the direction of the RCN for the next four years

Included with this issue of *RCN Bulletin* is one of the most important pieces of information you will receive from the RCN this year. Your voting paper to elect a member to RCN Council is your opportunity to choose who will represent you. Council members are accountable to you and you need to feel confident that their priorities chime with yours.

It only takes a few minutes to read the candidate statements but the choices you make will influence the direction of the RCN for the next four years. It's not a decision to make lightly but it would be worse if you chose not to vote at all. I encourage you all to use your vote and make it count.

You may get a feel for who you want to elect straight away. It might be in their nursing background, their passion to defend the profession or their previous experience in governance roles. Whatever makes you tick, make sure you place a cross in the box of the candidate you feel will best represent you.



If you haven't received a voting paper, it is most likely because you live in an area where a Council member has been elected unopposed.

Congratulations to Trevor Allen (Eastern), Sue Warner (West Midlands) and Brenda McIlmurray (representing health practitioner members) to whom this applies. The student member of Council election will take place later this year and voting papers will be distributed with the November issue of *RCN Students*. Nominations close on 5 October.

Please don't throw this opportunity away. Have your say and return your ballot paper before the deadline of 9 November.

Michael Brown  
Chair of RCN Council

## Convince me

Why do students from different universities all learn different things to different standards when the NHS and public are paying for a standard quality of nurse post registration?

How come there is no set syllabus for nursing in the UK?

Diversity in delivery is a good thing, I agree, but why should one university favour academic grades and another practical skill when we all get the same degree?

Jack Long, nursing student

## What I've been reading

I have been leafing through *Poetry in Medicine*, edited by Michael Salzman. It is a cornucopia, including classic and lesser known poets, funny, sad and poignant. Though the editor is a neurosurgeon, it is by no means medicalised in its perspective, including such sourly humorous couplets as “If the doctors heal, then the sun sees it, if doctors kill, then the earth hides it” by Anne Sexton. My particular favourite is a 90-year-old's perspective on being surrounded by students while his catheter was removed.

Philip Noyes, RCN steward



## The view from here

Nicola Meredith  
RCN Public Health Forum  
Committee Member



Flu arrives every winter, and last year it was a considerably busier flu season in parts of the UK than we had seen for quite a while.

Although most people who are fit and well manage to shrug off flu and make a full recovery, this is not the case for everyone. Every year people die from flu, that's why stopping the spread to your patients, who may be among the most vulnerable individuals in our society, is a professional responsibility.

The flu vaccine remains the single best way to protect yourself from flu. Health care workers with direct patient contact are at higher risk of flu than the general population, so it's important to get that protection. Remember, flu spreads quickly especially in closed environments and the flu vaccine also helps prevent it spreading.

This year, make the positive move to reduce your chances of catching and spreading flu, and get your flu jab.

[www.rcn.org.uk/truth\\_about\\_flu](http://www.rcn.org.uk/truth_about_flu)

# Getting to the truth

Tim Baggs explains how the RCN helped secure £19,000 in compensation for a care worker who had been unfairly dismissed



When RCN member Sheila Salmon acted to stop a distressed service user from harming herself or others with a fork on an understaffed lunch shift, she never thought it would lead to her losing a job she loved. She had been working at a hospital for people with learning disabilities and mental health needs at the time.

Even when, one month later, she was unexpectedly called into work before the start of her night shift, she had no inkling she was about to be suspended.

Sheila, an experienced health care assistant, was dismissed in July 2013 following the incident at Croxton Lodge in Leicestershire in which she and a colleague restrained the service user, who was later found to have sustained an arm injury.

She recalls: "I couldn't believe it. The shift was unsafe because we didn't have enough staff. I hadn't initiated

the restraint as I was looking after another client but I helped to hold her for everybody's safety.

## Flimsy evidence

"The log of the incident said minimal and appropriate restraint was used, yet at the disciplinary hearing they said I hadn't used the proper restraint technique. Sally, my RCN rep, said she had never seen a dismissal on such flimsy evidence but the letter they sent me said they no longer had any trust and confidence in me. That hurt the most."

Now, thanks to the RCN's support and legal representation, Sheila has been awarded £19,040 in compensation for unfair dismissal. An internal panel heard Sheila's appeal against her dismissal in September 2013 and found she should not have been sacked – meaning, in law, she should have been automatically reinstated.



*RCN lawyers understood everything that was happening with my case. They left no stone unturned*

But her employer, which had taken over the running of the hospital after the previous owners went into administration, did not inform her. "They thought I would go away," says Sheila.

RCN lawyers uncovered further evidence showing her employer had deliberately withheld the outcome of her appeal, presenting it to an Employment Tribunal in May 2014 which ruled in Sheila's favour. Even so, the lawyers then had to appeal to the Employment Appeal Tribunal to make her employer liable for paying compensation because the previous owner's insolvency meant Sheila would otherwise only receive a basic award from the Government's National Insurance Fund. The appeal was successful.

Sheila, who worked at Croxton Lodge for seven years, says: "If they had offered me my job back, I'd have taken it. I just wanted someone to say 'thank you' for trying to make sure no one was injured.

"I didn't want to have to look for another job at 58 and struggled to get work in care. I had to tell the truth in my applications and say I had been dismissed but that I had appealed. I only had one reply and that was a no."

After a period working as a cleaner, Sheila has now got a job in a care home and remains ever glad that she became an RCN member. "The RCN has been brilliant," she says. "They told me not to worry and made sure I understood everything that was happening with my case. They left no stone unturned."

▶ Find out more about RCN legal support for members at [www.rcn.org.uk/support/legal](http://www.rcn.org.uk/support/legal)



# Battling Ebola

David Ford speaks to RCN member Oliver Carpenter who helped treat three British nurses who contracted Ebola in Sierra Leone

British media coverage of the Ebola outbreak in Africa was widespread throughout 2014 but it peaked when three British nurses contracted the virus within seven months of each other.

All three were successfully treated in the High Level Isolation Unit (HLIU) at the Royal Free Hospital in London where RCN member Oliver Carpenter works as a clinical practice educator on the neighbouring ward treating patients with infectious diseases.

“It sounds a bit odd but since I was a student I had always wanted to look after someone with Ebola,” says Oliver. “We had a lecture on infectious diseases, including Ebola, and it just sparked my interest. It was a great sense of achievement to actually treat someone with it and have them survive.”

It was spring 2014 by the time media coverage of Ebola had come to the fore, but Oliver says the team started preparing in December 2013.

“We began training people to help support us on the ward,” he says. “The HLIU is only open when we are treating a patient. It takes us between six and eight hours to activate the ward which is on standby 24/7.”

The first patient was flown in from Sierra Leone in August. Oliver recalls the day he got the call saying he was needed on the ward.

“It was 25 August and I was looking forward to having the summer bank holiday. I got a phone call on the Saturday morning and I was straight onto the ward,” he says.



“

*It was a great sense of achievement to treat someone with Ebola and have them survive*

📍 The RCN is supporting International Infection Prevention Week, which runs between 18 and 24 October (see page 15).

“It was actually quite exciting to be caring for the nurses. The care we were giving wasn’t that different but there was an experimental treatment that we were using which came with added pressure as there was a limited supply.

## Main risk

“The patients had been over in Africa treating people with Ebola so it was strange to think that they had more experience treating people with the disease than we had.

“The main risk is if there is a breach in the isolator but this is under negative pressure so, if there is a breach, it will help to keep air inside for a short period of time.”

Within seven months the ward, that on average treats one patient every three years, had seen three nurses come through and successfully discharged after overcoming Ebola.

Oliver says: “It was a busy time, former staff members came back to help out and we closed down beds on neighbouring wards to make sure we had enough staff. We had two nurses in the room with the patient and then two nurses outside as runners. They would then swap over after six hours. The doctors came and went as they were needed. Other medical teams generally just came to the clean zone at the nurses’ station.”

In his role Oliver was charged with making sure everyone’s training was up to date and that people were clear on the procedures when using the isolator. He now uses his experience to give talks on treating patients with Ebola and other infectious diseases.

“It was a great learning opportunity,” he says. “We increased our knowledge with every patient, which allowed us to identify new protocols and methods to provide the best care possible.”

## Out of the asylum

A new exhibition at the RCN Library and Heritage Centre will trace the history of mental health nursing from the 19th century to the present day. Tom Metcalf reports



*A nurses' day-room at Claybury Asylum, Woodford, Essex, c.1893. Wellcome Library*

Mental health nursing has come a long way since the days when patients were housed in vast Victorian asylums under the watchful eye of “keepers” or “attendants” with little training.

Nowadays, mental health nurses are required to complete a Nursing and Midwifery Council (NMC) approved degree. They are trained in a range of psychotherapeutic techniques and the building and sustaining of relationships with patients and service users is central to care.

But despite these advances, mental health nursing is still sometimes overlooked. A new RCN exhibition hopes to change this, as Cris Allen from the RCN Mental Health Nursing Forum explains.

“As a mental health nurse of many years, I’ve always felt that mental health nursing can sit in the background behind other fields of practice,” he says.

Cris was discussing this with RCN Professional Lead for Mental Health Ian Hulatt at RCN Congress three years ago and they resolved to find a way of bringing mental health nursing and its history to the attention of the wider nursing community and the general public.

“Ian and I both had an interest in the days of asylum care and the move from the attendants of the past to the nurses of the present day. It’s an interesting journey, punctuated by significant events and legislation. The whole landscape has been changing for more than 100 years and we wanted to find a way of portraying the history of mental health care across the UK.”

The end result is *Out of the Asylum: The History of Mental Health Nursing*, an exhibition exploring the role of the largely untrained but often hardworking attendants in Victorian asylums through to the breadth of nursing roles today.



*It’s quite a complex and controversial history*

The exhibition is a collaboration between the Mental Health Nursing Forum and the RCN History of Nursing Society (HoNS), supported by the RCN Library and Archives Services. Cris and the HoNS Chair Dr Claire Chatterton visited the RCN archives in Edinburgh to select artefacts for display.

“We wanted items which illustrate the history of mental health nursing and show the changes through the years,” says Cris.

Claire adds: “We had to think about what would best tell the different aspects of the story and if there were any gaps. We wanted to showcase what we have in the archives so we tried to use RCN artefacts as much as possible, although we did borrow a few from other museums.

“It’s a complex and controversial history so it was about trying to tell it in a balanced and thought-provoking way. People often equate the past with bad practice, but there were positives too, and examples of people doing good work in difficult circumstances – much like today.”

### A brief history

The first staff in asylums were known as “keepers”, which says a lot about the type of job they were expected to do. The focus was on containment and keeping people with mental health problems in a secure environment.

Prior to the 19th century those with mental health problems were often sent to private “madhouses”. The 1845 Lunacy Act paved the way for

the building of much larger, public asylums – it took two hours to walk the wards at Colney Hatch asylum in north London. As a result, large numbers of staff were recruited and they came to be known as “attendants”, reflecting a shift towards attending to, or caring for, patients. As male staff were needed to look after male patients, more men were drawn to mental health nursing than other areas of the profession.

Early mental health nurses learned on the job, guided by colleagues and lengthy rule books. In 1885 doctors responded to the need for more guidance for staff and published *The Handbook for the Instruction of Attendants on the Insane*, known famously as the “red handbook”.

By 1891, the Medico-Psychological Association – now the Royal College of Psychiatrists – had established the first national training scheme for nurses, ahead of the general nursing equivalent. Another first came in 1910, with the establishment of the first nursing union – the National Asylum Workers’ Union.

By the turn of the century, the movement towards state registration for nurses was gathering momentum. Mental health nurses were included in the 1919 Nurses Registration Act, although initially in a supplementary part of the register. Around this time, following the 1913 Mental Deficiency Act, a distinction also began to emerge between those nursing in mental illness and “mental deficiency” – what is now known as learning disability nursing – where previously the boundaries had been blurred.



*I hope people will see it as an opportunity to widen their horizons*



*John Michael Andrews, nurse at Plymouth Mental Hospital, 1947. RCN Archives*

▶ The exhibition *Out of the Asylum: The History of Mental Health Nursing* is being shown at the RCN Library and Heritage Centre in London from 5 October 2015 to 4 March 2016.

The exhibition charts all these significant developments right up until the present day. Visitors will be able to explore the early roots of mental health nursing and the changes that have emerged in relation to four themes: treatment, the environment, legislation and education.

Sarah Chaney, RCN Audience Engagement Manager, says we can learn a lot from the experience of mental health nurses throughout history.

“Our Library and Heritage Centre exhibitions and events stem from the principle that we can only move forward in practice if we understand and appreciate our past – the mistakes made, certainly, but also the challenges overcome and achievements that have often been forgotten.”

In addition to the exhibition, an interactive online timeline on the history of mental health nursing is due to be launched in October. This will be accessible at [www.rcn.org.uk/histmh nursing](http://www.rcn.org.uk/histmh nursing). The RCN has also organised a mental health nursing seminar series, with events being held around the country until March 2016. For more information visit <http://tinyurl.com/ocvbmrz>

Cris believes this will give mental health nursing the wider exposure it deserves. “Hopefully the exhibition and seminar series will help to show the contribution mental health nurses have made over the years,” he says. “I’m delighted it’s all coming to fruition. I hope people will see it as an opportunity to widen their horizons.”



## What I’m thinking

*Dr Tommy Dickinson*  
Nursing lecturer



As part of the RCN’s mental health nursing seminar series I’ll be giving a talk on the men who were sent to mental hospitals in the mid 20th century to be “cured” of homosexuality and those who nursed them.

The talk will be based on my recent book, *Curing Queers*, which uses oral recollections from nurses and patients alike to tell the story of a barbaric period in British medical history.

Patients underwent horrendous electrical and chemical “therapy”, followed by social skills training – this involved spending time with female nurses in an attempt to “socialise” them around women.

Some nurses realised the ridiculousness of this, and there is at least one instance of a nurse telling her superiors a patient was “cured” to spare him further treatment. This shows nurses of the past were not just passive subordinates – they could make compassionate decisions and take action to help their patients, even if that meant subverting the established order.

[www.rcn.org.uk/hons](http://www.rcn.org.uk/hons) ▶

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# Think kidneys

Sophie Lowthian speaks to RCN members involved in a national programme to tackle acute kidney injury



Despite being among the body's most important organs, the kidneys are often overshadowed by the heart, lungs and brain. But a national three-year programme from NHS England and the UK Renal Registry is trying to change that, encouraging health care staff and the public to "think kidneys".

The aim is to improve the care of people at risk of, or with, acute kidney injury (AKI), and to see a future where all health care professionals think about kidney status in the same way as blood pressure and heart rates.

The need for the focus is clear. According to the programme's *Think Kidneys* website, one in five people admitted to hospital in the UK each year as an emergency has AKI. And a National Confidential Enquiry into Patient Outcome and Death report from 2009 reveals that in the UK up to 100,000 deaths

each year in hospital are associated with AKI. Up to 30 per cent could be prevented with the right care and treatment.

RCN members Annette Davies (pictured) and Coral Hulse, who share a passion for raising awareness of AKI, were approached to take on advisory roles on the *Think Kidneys* programme following their involvement in National Institute for Health and Care Excellence guidelines on AKI in 2013.

Their workload is varied – Coral has helped design a risk matrix, while Annette has most recently been involved in a Twitter chat – but their overall motivation is the same. "We need to spread the message about kidneys, taking the programme as far and wide as we can," says Coral, a nurse consultant for the Critical Outreach Service at Mid Cheshire Hospitals NHS Foundation Trust.



*Lives will be saved as knowledge in this area increases*

"Lives will be saved as knowledge in this area increases," says Annette, a renal nurse for 20 years and currently a teaching fellow at the University of Surrey, called "the wee nurse" by her students for her commitment to the cause.

"The programme is already starting to permeate into the different corners of health care," says Annette. "One of my students called the other day to say she'd taken her husband to hospital as she'd recognised he was showing signs of AKI. She was pleased with herself for spotting it."

"AKI has not been there in undergraduate training," says Coral. "*Think Kidneys* is bridging a massive knowledge gap. Nursing staff are the first line of defence and every health care professional could come into contact with someone with AKI at any point."

Coral and Annette say their wish is for nursing staff to think kidneys at every single patient encounter. "It's not just signs and symptoms, it's about health promotion too. We have a responsibility to educate the public," adds Annette. "I'd urge nurses, health care assistants and students to go online and find out more."

"With revalidation on the horizon the *Think Kidneys* website offers a useful place to learn and reflect," Coral adds. "If you haven't thought kidneys before, it's time to start thinking kidneys now. Knowledge is power. In a few years I hope the programme's legacy will be a clear reduction in AKI, and therefore in mortality. Then I'll know we've done a good job."



▶ Acute kidney injury is a sudden and recent reduction in a person's kidney function. Find out more at [www.thinkkidneys.nhs.uk](http://www.thinkkidneys.nhs.uk)

## Looking out for the liver



Members of the Gastrointestinal Nursing Forum are helping health professionals identify people at risk of liver disease with a newly updated RCN competency framework

*Caring for People with Liver Disease: A Competence Framework for Nursing* will help nursing staff promote healthy livers and lifestyles as well as care for individuals with existing liver disease.

Michelle Clayton and Lynda Greenslade are both specialists in liver care and members of the RCN

Gastrointestinal Nursing Forum's Steering Committee. The duo helped write the framework, sponsored by Norgine Pharmaceuticals Limited, alongside other liver specialists. It was published in late September.

Michelle, who is a liver recipient transplant co-ordinator and lecturer in liver care at the University of Leeds, said: "Liver disease is the fifth most common cause of death in the UK.

"Nurses in every area of clinical practice can identify individuals at risk of liver disease, for example by screening for hepatitis B and C, alcohol consumption and obesity, and by helping people make informed choices through health promotion and education."

As part of the work to update the framework, the forum commissioned a survey to gather nurses' views and experiences of using the prior version. The survey showed that the previous edition



*Nurses in every area of clinical practice can identify individuals at risk of liver disease*

had been used to develop and support new nursing roles in liver care, expand ward teams and support the appraisal process.

Lynda, a clinical nurse specialist in hepatology at the Royal Free Hospital NHS Foundation Trust in London, said: "In the feedback, nurses requested more guidance on how to implement the framework into practice and a further section has been added to support this."

Both Michelle and Lynda would be happy to hear from nursing staff who would like help implementing the framework into their practice.

You can email them at [m.clayton@leeds.ac.uk](mailto:m.clayton@leeds.ac.uk) or [lynda.greenslade@nhs.net](mailto:lynda.greenslade@nhs.net). Find out more about the RCN Gastrointestinal Nursing Forum at [www.rcn.org.uk/forums](http://www.rcn.org.uk/forums)

Download *Caring for People with Liver Disease: A Competence Framework for Nursing* at [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## A change of direction

A forum committee member reflects on his first few months in a new role at the Care Quality Commission

Learning disability nurse Jonathan Beebee has a particularly personal reason for following his chosen profession. A head injury suffered several years ago left him unconscious for six days. At one stage the doctor told his parents he would be a "cabbage" for the rest of his life. Fortunately, Jonathan recovered, and his experience affected his career choice.

"Finding out my parents were told they would need to feed me, change

me, and that I would be in a wheelchair, unable to talk, got me thinking about what sort of support I would receive if that was to be my life," he says.

Since qualifying in 2002, Jonathan has worked in a range of frontline nursing roles.

In July he took up a new position as Learning Disability Policy Manager at the Care Quality Commission (CQC), the independent regulator of all health and social care services in England. The job involves looking at how the CQC can improve services for people with

learning difficulties. "We often hear how the needs of people with learning disabilities aren't being met," says Jonathan. "But rather than standing back and criticising, we need to look at what we can do. How can we make services safer and more effective while keeping the priorities of the people we support at the forefront?"

The move to a more strategic role represents a change of direction for Jonathan. "It's been a bit strange to move away from directly supporting people but my job at the CQC is a really good opportunity to make a difference on a national scale."



*My job at the CQC is a really good opportunity to make a difference*

Find out more about the RCN Learning Disability Nursing Forum at [www.rcn.org.uk/ld](http://www.rcn.org.uk/ld)

## Working for yourself?

The RCN has published a leaflet outlining its indemnity scheme for members who are self-employed, volunteers or Good Samaritans.



Indemnity is cover against the financial consequences of a clinical negligence claim. RCN members are covered either by their employer or the RCN, but in certain limited circumstances will need to purchase cover for themselves or their employees.

Self-employed members are generally covered by the RCN – voluntary and Good Samaritan work is also covered – but there are exceptions and members are encouraged to read the leaflet to be sure of their position. Visit [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## Help fight infection

Members are being urged to update their knowledge and thinking on infection prevention as part of an awareness week supported by the RCN.



International Infection Prevention Week (IIPW) runs from 18 to 24 October and is an opportunity to promote key messages around patient safety.

Rose Gallagher, who advises on infection prevention and control for the RCN, said: “This global event is a chance to renew the focus on reducing avoidable infections and reviewing practices regardless of your role or work setting.”

Check out the National Resource for Infection Control at [www.nric.org.uk](http://www.nric.org.uk) for more information on IIPW or join the RCN’s Infection Prevention and Control Network at [www.rcn.org.uk/ipcn](http://www.rcn.org.uk/ipcn)

Download relevant RCN resources by searching for “infection control” at [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

## Reviewers needed

The charity Breast Cancer Care produces a number of patient information leaflets and publications to provide support and guidance for patients with breast cancer and their families. They are looking for health care professionals to peer review their free publications to ensure they are user friendly and fit for purpose. If you are interested in being a reviewer, or would be able to recommend someone, contact publishing assistant Peter Gannon at [peter.gannon@breastcancercare.org.uk](mailto:peter.gannon@breastcancercare.org.uk)

## Travel health

Nurses with an interest in, or already working within travel health, might like to attend the Northern European Conference on Travel Medicine (NECTM) in London next year. The RCN is a partner in the event which will cover all areas of travel medicine, considering pre-travel, intra-travel and post-travel issues. The conference will reflect the multi-disciplinary nature of travel health with sessions specifically for nurses, pharmacists, clinicians, academics and students. Visit [www.NECTM.com](http://www.NECTM.com)

## Shape of caring

The RCN has been surveying members on their views about the *Shape of Caring Review* which was commissioned by Health Education England (HEE) in partnership with the Nursing and Midwifery Council (NMC). The review makes 34 recommendations that aim to help ensure nurses and HCAs receive consistent, high quality education and training throughout their careers to enable them to deliver high quality care. The RCN is collating responses for consideration in its response to HEE and to inform future work.

## What I'm thinking

**Dion Smyth**  
*Cancer and Breast Care Forum*



When the estimated cost of wasted drugs exceeds £300 million per annum, it could seem reasonable to make us all aware that prescription remedies do not fall freely from the free-for-all medicine tree.

Jeremy Hunt has announced that he'd like the indicative price of medicines costing more than £20 to be presented on the packaging. However, when professional bodies are asked to ensure their practice is evidence based, is there evidence that such displays will have the desired effect?

Will we soon be telling patients about the cost of procedures, diagnostic investigations and curative cancer operations? If so, could that deter some patients from taking them?

For a department that spent billions on a failed NHS computer upgrade that was reported as one of the worst and most expensive contracting fiascos in public sector history, surely working out the evidence of such a large scale administrative measure would seem prudent?

[www.rcn.org.uk/forums](http://www.rcn.org.uk/forums)

## What's new in women's health?

Friday 6 November, 9am-4pm  
RCN HQ, 20 Cavendish Square,  
London W1G 0RN

This one day conference, hosted by the RCN Women's Health Forum, is essential for all nurses and health care professionals working in the field of women's health.

Included in the day are keynote presentations, interactive talks and panel discussions that will share the latest research and innovations in women's health nursing.

There's also the opportunity to discuss practical challenges within women's health with the panel, get the latest publications and share personal experiences with colleagues.

Visit [www.rcn.org.uk/womenshealth15](http://www.rcn.org.uk/womenshealth15) for more information. Call 02920 546460 to book or email [rebecca.hoole@rcn.org.uk](mailto:rebecca.hoole@rcn.org.uk)



### Northern Ireland

[www.rcn.org.uk/northernireland](http://www.rcn.org.uk/northernireland)

#### Belfast

Wednesday 21 October,  
6.30-8.15pm  
RCN Northern Ireland, 17  
Windsor Avenue, Belfast BT9 6EE  
[RCN Northern Ireland  
Outpatients Network Event:  
Outpatients – The Future](#)

### Scotland

[www.rcn.org.uk/scotland](http://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](http://www.rcn.org.uk/aboutus/scotland/events)

### Wales

[www.rcn.org.uk/wales](http://www.rcn.org.uk/wales)

#### Llandudno Junction

Wednesday 21 October  
Conwy Business Centre,  
Llandudno Junction LL31 9XX

Two RCN Wales seminars. In the morning, *Accountability and First Steps for Health Care Support Workers*. In the afternoon, *Record Keeping and Delegation for Health Care Support Workers*

Contact Rhona Workman on 02920 680713 or email [rhona.workman@rcn.org.uk](mailto:rhona.workman@rcn.org.uk)

### East Midlands

[www.rcn.org.uk/eastmidlands](http://www.rcn.org.uk/eastmidlands)

#### Kettering

Wednesday 7 October, 9.30am  
Kettering Conference Centre,  
Thurston Drive, Kettering  
NN15 6PB

[RCN Northamptonshire  
nursing conference:  
Who is Watching You?](#)

Do you feel as if your practice is under greater scrutiny than ever before? Do you know what the many authorities interested in your health care practice and performance actually do and why? Find out at this event.

### Eastern

[www.rcn.org.uk/eastern](http://www.rcn.org.uk/eastern)

#### Chelmsford

Wednesday 18 November  
Marconi Centre, Beehive Lane,  
Chelmsford, Essex CM2 9RX  
[Nursing Leadership: Building](#)

### *Resilience and Raising Standards in the Independent Sector*

This conference will be of interest to nurse leaders working in local independent, private or third sector organisations. For further information contact [jenna.williams@rcn.org.uk](mailto:jenna.williams@rcn.org.uk)

### London

[www.rcn.org.uk/london](http://www.rcn.org.uk/london)

#### Westminster

Thursday 5 November, 12.30-4pm  
RCN HQ, 20 Cavendish Square,  
London W1G 0RN  
[RCN Defence Nursing Forum and  
Ethics Committee Workshop:  
Doing the Right Thing on a  
Difficult Day](#)

Reconciling your professional responsibilities with ethical considerations in the field of defence nursing can be challenging. This workshop will explore how to get the balance right and explain what support is available for those facing difficult decisions. All delegates are warmly encouraged to remain for the RCN Remembrance Ceremony at 5.30pm. For more information visit [www.rcn.org.uk/Defence15](http://www.rcn.org.uk/Defence15)

### North West

[www.rcn.org.uk/northwest](http://www.rcn.org.uk/northwest)

#### Chester

Thursday 15 October, 9am-4.15pm  
Trafford Hall Hotel, Ince Lane,  
Chester CH2 4JP

[Home Alone? The Future of  
Integrated Health and Social Care  
Services followed by RCN  
Cheshire East and Cheshire West  
Branch AGMs](#)

### Northern

[www.rcn.org.uk/northern](http://www.rcn.org.uk/northern)

#### Newcastle

Wednesday 28 October  
Thistle Newcastle City Centre,  
Neville Street, Newcastle upon  
Tyne NE1 5DF

[Independent sector nursing  
conference](#)

To book contact [mandy.clark@rcn.org.uk](mailto:mandy.clark@rcn.org.uk)

### South East

[www.rcn.org.uk/southeast](http://www.rcn.org.uk/southeast)

#### Canterbury

Thursday 8 October, 1-5pm  
Franciscan International Study  
Centre, Canterbury CT2 7NA  
[Reflections on Revalidation  
professional study event](#)  
Held by RCN East Kent Branch  
and led by Mary Brown,  
Principal Lecturer at Canterbury  
Christ Church University. No  
need to book.

### South West

[www.rcn.org.uk/southwest](http://www.rcn.org.uk/southwest)

#### Plymouth

Thursday 26 November  
Plymouth Albion RFC, Brickfields  
Recreation Ground, 25 Damerel  
Close, Plymouth PL1 4NE  
[RCN South West's programme  
of continuing professional  
development](#)

Events are free to both members and non-members. Call the RCN Events Registration Team on 02920 546460.

### West Midlands

[www.rcn.org.uk/westmidlands](http://www.rcn.org.uk/westmidlands)

#### Birmingham

Wednesday 7 October,  
starting at 2pm  
Ardenleigh Unit, Training Block,  
385 Kingsbury Road, Erdington,  
Birmingham B24 9SA

[RCN Birmingham East & North  
and Solihull Local Learning  
Event: Mid-life Career Reviews  
and Planning Until Retirement](#)

Find out how you can start to develop your career in a way that will suit you as you work later in life.

### Yorkshire & the Humber

[www.rcn.org.uk/  
yorkshireandhumber](http://www.rcn.org.uk/yorkshireandhumber)

#### York

Friday 16 October  
CVS, York YO1 6ET

[Overseas nurses' event](#)  
All overseas nurses are invited to this all day event, sponsored by LV=, to offer support and learning opportunities to nurses who have come to work in the UK from abroad.

To book, email [jill.hargreaves@rcn.org.uk](mailto:jill.hargreaves@rcn.org.uk) or call 0113 386 0504.