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ISSUE NO. 337 MARCH 2016



VICTORY FOR SAFE CARE

NURSE STAFFING LEVELS LAW TO
BE INTRODUCED IN WALES P2, P8

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

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RCN pay campaign breakthrough in Northern Ireland

The RCN has secured a commitment for a “fair and sustainable way forward” for nurses’ pay in Northern Ireland following a campaign which included the threat of industrial action for the first time in the RCN’s history.

While Health Minister Simon Hamilton hasn’t retracted the unsatisfactory imposed pay award for 2015/16, he has pledged to recommend that the Northern Ireland Executive honours recommendations made by the independent NHS Pay Review Body for 2016/2017.

RCN Northern Ireland Director Janice Smyth said: “We want to thank members for their commitment and support which has culminated in this significant achievement. They helped provide clear evidence of the strength of feeling over pay.”

Junior doctors’ contract sets ‘worrying precedent’

The RCN has expressed concerns about the implications for nursing of the imposed contract for junior doctors. RCN Head of Employment Relations Josie Irwin said: “It sets a worrying precedent. Our members are increasingly anxious that there will now be moves to take their unsocial hours pay.”

What do you think?

There’s still time to respond to the Health Education England consultation on plans to introduce a new nursing support role. The RCN has been surveying members to inform its feedback and will publish a report of this online after the 11 March deadline.

🕒 [Read the RCN consultation briefing at http://tinyurl.com/j8q2cwz](http://tinyurl.com/j8q2cwz). Respond directly to HEE at <http://tinyurl.com/zsy4bz5>

Welsh Assembly passes Nurse Staffing Levels Bill

Wales is to become the first country in Europe to make safe nurse staffing in hospitals a legal requirement. The Nurse Staffing Levels (Wales) Bill passed through stage four of the legislative process last month. It now only requires royal assent to become law.

RCN members played a significant role in securing the new legislation by highlighting the issue with Welsh assembly members and raising the many benefits of having enough staff to provide quality care.



It will protect patients in Wales and empower nurses to positively influence staffing decisions

*Tina Donnelly,
RCN Wales Director*

See page 8 for more.



100 years old and counting

Mary Good, one of the RCN’s longest serving members, will be among those celebrating the RCN’s official centenary on 27 March. Twelve months of special activities kicked off in January to commemorate 100 years since the College was formed. Find out how you can get involved at www.rcn.org.uk/centenary. Turn to page 12 to read about the remarkable women who have served as RCN president over the years.



Preparing to fight for fair pay

The RCN is ramping up its campaign supporting members to fight for fair pay ahead of an expected budget announcement in March. It is producing badges, postcards and posters aimed at sparking discussions about how far nursing pay has fallen behind the cost of living.

The materials make the point that when nursing staff are demoralised by poor pay and working conditions, it is patients who suffer. Not only are tired nursing staff less able to deliver high quality care, but feeling undervalued makes them more likely to leave the profession.

EU referendum implications

In the run up to the referendum on EU membership in June, the RCN will be informing members about the implications for nursing of leaving the European Union. It will be responding to questions and advising on how nursing staff might be affected.

Currently, agreed EU minimum standards for education mean most nurses can have their qualifications recognised across Europe. A lot of health and safety and employment protection legislation was also negotiated at EU level.

Visit www.rcn.org.uk/international or email international@rcn.org.uk

Health system still failing people with learning disabilities

A new RCN report shows vulnerable people are being let down by inadequate services and too few specialist nurses



Five years on from the Winterbourne View scandal, an RCN report reveals people with learning disabilities are still being failed by a health system ill-equipped to meet their needs. The report shows that since 2010 the learning disability nursing workforce has been cut by a third in England. That's a total of 1,700 fewer posts, a third of which were senior nurses.

Learning disability student nurse training places have also been slashed, falling by 30 per cent in the last decade. There are now fewer learning disability nursing students in training than ever before, and the report warns that the move to student loans for nursing courses could impact even further on the creation of a new generation of nurse specialists in this field.

Though the Coalition Government made a pledge five years ago to move all those wrongly placed in hospital back into the community by July 2014, the number of

people staying in hospital unnecessarily increased last year.

“Members are telling us things have got worse, not better

RCN Chief Executive Janet Davies said: “People with learning disabilities are still being badly let down. The pace of change has been disappointingly slow, with too many people stuck in institutions when they should be near their families in more appropriate community settings.”

The report makes several key recommendations, including a long-term workforce strategy, an increase in the number of student training places and up-skilling all general nursing staff to care for those with learning disabilities.

🕒 Visit <http://tinyurl.com/za9pt9h>

‘Focus on efficiency must not be at the expense of safe care’



The RCN has stressed that the drive to make savings in the NHS must not jeopardise the delivery of quality care, in response to a review of productivity.

The Carter report, published last month, found billions of pounds are wasted each year due to “unwarranted” variation in

hospital running costs, sickness absence, infection rates and prices paid for products and services.

The report’s author, efficiency expert Lord Carter, spent 18 months visiting non-specialist acute hospitals in England. He found they could save £5 billion a year if they implemented the

standards of a “model hospital” based on best practice and the most efficient allocation of resources.

RCN Chief Executive Janet Davies welcomed the report’s 15 recommendations “which could improve the way the NHS spends money”, but stressed “the focus on efficiency must not be at the expense of safe care.”

The report calls for a new metric, care hours per patient day, which would measure care according to how much time nursing staff spend with patients.

The RCN says any such metric must distinguish between hours spent with registered nurses and those spent with health care assistants and other support workers.

“All the evidence shows that it is the number of registered nurses which has the biggest impact on patient care in acute settings. Any new metric to measure staff deployment must not be used by trusts to hide diluted skill mix,” Janet said.



It is the number of registered nurses which has the biggest impact

🕒 The RCN launched a campaign last year to help nursing staff get involved in the efficient procurement of clinical supplies. Visit www.rcn.org.uk/smallchanges to find out more.

Making contact

RCNi is launching a new online education resource to add to its range of products for nursing staff, including an online revalidation portfolio.

To make members aware and give them the chance to subscribe, representatives of RCNi are contacting people by phone. If you decide to take up the offer, you will be asked for your bank account details so that a direct debit can be set up. Visit www.rcni.com

Agenda announced soon for nursing event of the year

The list of hot topics to be debated at this year’s RCN Congress in Glasgow will shortly be made available online. The agenda, selected by a group of elected members, promises to spark the interest of health professionals far and wide.

Emergency agenda items, on issues that have developed since the submission deadline

of 15 January, are now being welcomed. If you’ve got a great idea for something that needs to be brought to the national attention of nursing staff, email governance.support@rcn.org.uk to see how you can get it on the agenda.

RCN Congress runs from 18 to 22 June. Visit www.rcn.org.uk/congress



RCN welcomes £27m investment in Scotland's NHS

Bursaries for nursing students in Scotland are to be protected as part of a multi-million pound NHS investment which will see 500 more advanced nurse practitioners (ANPs) being trained. Though more detail is awaited on the level of the student bursary, RCN Scotland Director Theresa Fyffe welcomed the ANP plans.

"We have long campaigned for a structured development path for highly skilled nurses, so investment in the development of future ANPs is a step in the right direction," she said.

Consultation awaited as students fight bursary plans

The RCN is urging members to contact their MP to express concerns over proposals in England to scrap the student bursary and make trainee nurses pay tuition fees. As *RCN Bulletin* went to press, the launch of a consultation was expected.

An early day motion, put forward by Labour MP Wes Streeting, calls on the Government to drop its plans and instead consult on how it can best fund the future health care workforce. Members are encouraged to write to their MP to seek support for it. Do so at <http://rcn.takeaction.org.uk/lobby/6>

FROM THE HEART



Ann Chapman Registered nurse

Many of the people I've had the pleasure of caring for have had dementia, a condition which can have a profound effect on the individual, as well as on family and friends. Unfortunately I've just experienced these effects first hand.

My mum was diagnosed with vascular dementia about 18 months ago and sadly passed away last November. Her main pleasure in her last few months was listening to music. *Welcome to My World* was one of her favourite songs and it was a joy to see her smile and sing along to the words that evoked memories of happier days.

To cope, we learnt not to be upset or frustrated when her words made no sense or when she rambled on about random subjects, repeating and repeating herself. We stopped trying to keep mum in our world, a world too confusing and upsetting for her.

Instead, and taking the words from her favourite song, "we stepped into her world", a world where we could all, if only for a short time, leave our cares behind. So please from my heart, I ask that when you next spend time with someone affected by dementia, be patient and kind, and just for a short time step into their world. You'll not only enhance their lives and that of their families and friends, you'll hopefully enhance your own professional and personal experience too.

www.rcn.org.uk/dementia



Brave new vision for mental health services offers hope to those in need

A final report from the Mental Health Taskforce has called on the NHS in England to invest £1bn a year in mental health services by 2020

The taskforce, set up to build consensus on the best way forward, recommends a host of new measures to improve care for people with mental health issues. This includes a three-pronged approach to improving care through prevention, the expansion of mental health care such as seven-day access in a crisis, and integrated physical and mental health care.

RCN Chief Executive Janet Davies said: "By addressing longstanding inequalities, this report offers hope to those who need help early in order to reduce the risk of later issues. The recommendations will require careful implementation and investment but they are a real opportunity to provide a range of services that will benefit people now and in the future."

It follows a report into acute psychiatric care, led by former chief executive of



NHS England, Lord Crisp, which found access to acute care for adult mental health patients was insufficient.

“ The recommendations will require careful implementation

The report calls for faster access to acute care and an end to sending severely ill mental health patients long distances for treatment.

A maximum four-hour wait for admission to a psychiatric ward following initial assessment of serious need is recommended.

THE VIEW FROM HERE



Anne Corrin
RCN Head of Education

The importance of placements in nurse education can't be overstated – it's where students learn the necessary clinical skills and practical knowledge to be proficient nurses and where they develop their professional wisdom. Crucially, it's also often the deciding factor in whether or not they remain in the profession.

Many student nurses say placements are where they learn the majority of the skills, knowledge and behaviours required to be a competent, compassionate and confident nurse, and that the most significant person in that placement is their mentor.

The RCN has done lots of work over the past year around strengthening support for students in this area, most recently launching a series of mentorship reports which highlight recommendations to help students thrive at such a critical time.

We gathered evidence in a number of different ways, including holding a series of workshops across the UK, and interviewing trust board nurses. We also commissioned a review of the literature on mentoring models for nursing students outside the UK, and the models used at similar career stages by other professions.

The RCN is also hosting a summit on 29 April at its headquarters. The event will bring RCN students and members who work in education together to help make progress on moving forward. We must ensure mentorship stays in the spotlight.

www.rcn.org.uk/publications



What you've been saying

Paper exercise?

While I applaud the NMC for its emphasis on reflection as part of the new process for registration renewal, I have deep reservations about the authenticity and verification of how this will pan out in practice. Having spent the last 20 years of my nursing career as a clinician, academic and researcher immersed in reflective practice, it clearly emerged that reflection was a much used, misused and abused concept.

I fear that unless reflection is internalised and valued as a legitimate tool for the development of intelligent nursing and effective clinical reasoning it will remain a paper exercise. Perhaps I will be proven wrong.

I Jones, by email

Simple solution

If the Government is so worried about the financial burden of bursaries, why don't they create a learning contract/payback system with the student nurses? The bursary will be a loan whereby if they commit three years of service within five years of graduating, their debt is wiped out.

If the student nurse does not complete the course or their agreed hours of service in the learning contract then they repay the bursary, no different to any other student loan. It's so simple. You only pay for those who intend to work for the NHS as it has come from that budget. More nurses will therefore be available.

Helen Lada, by email

QUOTE OF THE MONTH

RCN members have been crucial in securing this historic piece of legislation, highlighting that lasting change can occur when we pull together.

Tina Donnelly, Director of RCN Wales, on the passing of the Nurse Staffing Levels (Wales) Bill

I'VE BEEN READING...



The Research Process in Nursing (7th Edition) by K.Gerrish and J.Lathlean is written in easy-to-digest chapters, covering every aspect of the research process. It's a who's who of the major players in nursing research and is the perfect book to dip in and out of, explaining key research concepts in everyday language. The 6th edition was the first nursing text I ever bought and helped demystify the sometimes complex nature of nursing research.

Dave O'Carroll,
RCN Programme Manager

3 THINGS I BELIEVE



1. Take the time to listen to your patients so they feel heard and valued.
2. Give care that is right for the patient as an individual; one size doesn't fit all.
3. Nursing practice should be open, honest and accountable.

Helen Smith, staff nurse

Got something to say?

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

HOT TOPIC



What do you think of proposals for a 'nursing associate' role?

"It sounds eerily like the state enrolled nurse (SEN)," says **Elaine Ryder**. "I never could understand the rationale for getting rid of this valuable role and now here we are again. Teams worked so well with SENs in them. We all knew who the accountable team leader was and what our roles and responsibilities were. Nursing associates must be regulated if nursing as a profession means anything at all. It's what's needed for protection of the public."

Helen Young agrees: "I was an SEN and converted in 2003 as SENs weren't deemed good enough to continue in this role. Now it seems they are to be brought back but given

a new title. Maybe if they had been able to continue as the highly skilled and caring nurses that indeed they were there would be a lot more nurses continuing in the profession now."

On Twitter, **Trevor Gage** thinks the new role must be clearly defined in relation to that of the registered nurse and that it must have NMC accountability. "It should only be viewed as a short-term measure to solve the chronic shortage," he says. As a non-nurse, **Lottie** thinks more band 4 staff could potentially be a good thing, so long as there is clarity of role. "I worry about the potential misuse of staff to replace registered workers particularly in incidences of short staffing," she stresses.

Paula Dawson can see the positives, saying: "Role emphasis on hands-on practical care leaving management and co-ordination to the next level – hooray!"

MESSAGE TO MEMBERS



Janet Davies
RCN Chief Executive

After the exposure of abuse at Winterbourne View, people with learning disabilities and their loved ones were promised change. Nearly five years later there has been little improvement to the lives of thousands of individuals who are still in inpatient units, often far from their families, rather than being supported to live in the community.

Despite numerous investigations and high profile reports, the pace of progress has been unacceptably slow. Repeatedly, ambitions have not been translated into the action that is needed to improve services.

Transforming and delivering high quality care does not happen as a result of reports and good intentions. A dedicated workforce, sufficient in numbers, with the right people and the right breadth of knowledge and skills, is what is needed to truly transform care in this multi-faceted health and social care setting.

The RCN report released last month gives an important reality check. Robust community teams require investment. We must see the report's recommendations come to life; a learning disability liaison nurse in every hospital, up-skilling general nursing staff to care for people with learning disabilities, an increase in student nurse training places and a long-term workforce strategy. People with learning disabilities and their families have waited long enough for change. Now it's time for action.

www.rcn.org.uk/janet



Finding a way forward as one

Stuart McKenzie
Chair of RCN Congress

Members meet at RCN Congress in June against a backdrop of successful pay campaigning in Northern Ireland and a victory for safe nurse staffing in Wales. The political landscape across the four countries is incredibly diverse but Congress is an opportunity for us to come together and find a way forward on professional and trade union issues. The recent triumphs give us hope that we can influence and show how, if we work as one, we can bring about real change.

The agenda looks sure to be a rousing one with items ranging from tackling bullying and harassment in the nursing workforce, to adequately preparing registered nurses with limited placements and cut funding.

The imposition of the junior doctors' contract puts us in an uncertain position



and many of the agenda items submitted this year reflect members' concerns about what this might mean for us. Interestingly, those concerns weren't so much about pay but how we, as nursing professionals, can offer solutions to providing safe and effective seven day care.

Congress in our centenary year is set to be a good one. Make sure you're there. Visit www.rcn.org.uk/congress

Victory for safe care

Wales is to become the first country in Europe to introduce legally binding safe nurse staffing levels. Daniel Allen explores how RCN campaigning helped secure the legislation and what impact it might have elsewhere

At 5.48pm on 10 February the leader of the Liberal Democrats in Wales stood to address fellow members of the Welsh Assembly.

Kirsty Williams' speech was brief, and so was the discussion that followed. But by the time the debate concluded, less than 20 minutes later, the health care landscape in Wales – and perhaps the rest of the UK – looked very different.

Late in 2013, Ms Williams was successful in a legislative ballot and given leave the following March to introduce a bill that sought to enshrine in law sufficient numbers of nurses to care for patients safely (see box).

Leading the way

Two long years of debate, lobbying, scrutiny and amendments followed but finally, last month, the Nurse Staffing Levels (Wales) Bill passed without opposition through stage four of the law-making process. It now awaits royal assent.

Tina Donnelly, Director of the RCN in Wales, described the bill's passage as historic and said that when it becomes law it will protect patients and empower nurses. "We're very proud that the National Assembly for Wales has led the way on this issue," she said.

The bill's significance should not be underestimated. Although legislation regarding nurse staffing levels exists in some countries – New Zealand and parts of the US,

for example – Wales is setting a European precedent. And the RCN has been instrumental in the success achieved so far.

The role of members in making the case for legislation has been "absolutely crucial", says Lisa Turnbull, Policy and Public Affairs Adviser for RCN Wales. The campaign to persuade assembly members (AMs) to support the bill went through different phases, Lisa explains, beginning with a presentation of the evidence – research studies pointing to the impact of appropriate numbers of nursing staff with the right mix of skills.

"But there came a point when we had to force the issue. And that's when the weight of our safe-staffing postcards, the petition, having RCN members come and talk to the AMs, using Facebook messages, Twitter – all of that – became critical," Lisa says.

“The public have been very much involved so it came from the grassroots

The petition Lisa mentions was organised by Richard Jones (pictured), a member of the Welsh board and of RCN Council. Hosted on the Welsh Assembly website, it attracted more than 1,500 signatories, "which by the standards of the assembly is a significant number," says Richard. The bill, he believes, is all about standards of care. "And Wales is

now in the vanguard across the UK with this kind of legislation."

A passion for the NHS

But he agrees with Lisa – it was a combination of approaches that helped achieve cross-party support. "The research evidence was part of it, but I think in Wales everyone is passionate about the National Health Service. The public have been very much involved in this as well so it came from the grassroots."

And with assembly elections approaching in May, AMs could not afford to ignore the messages they were hearing.

But it was perhaps the testimony of nurses who daily face the consequences of unsafe staffing levels that proved most persuasive.

Nurses like Christine Edwards Jones, a ward manager and RCN Wales board member, who stood before a meeting of AMs and described what it's like trying to nurse patients with inadequate staffing levels.

Christine says: "It astonishes me that for our most vulnerable members of society – especially older people and those who are frail and in hospital – we have no legal mandate for safe staffing levels. We have guidance and laws for everything else, including how many dogs you can look after and how many children in a crèche, but nothing for the most vulnerable older people."



The campaigning doesn't stop. If anything, it intensifies



The volume of research linking higher staffing levels to better patient outcomes is now phenomenal, Christine says. “So it’s mind-blowing that this legislation hasn’t happened before.” But, she adds, the fact that it’s happening now is “incredibly pleasing”. There is much to celebrate with the bill’s passing, and RCN parliamentary experts say the rest of the UK will be watching with interest to gauge the impact of the new law.

The end of the beginning

But as Lisa points out, royal assent in some ways marks not the end of the fight for appropriate staffing levels but the end of the beginning.

For example, arguments about the numbers of qualified nurses required to care for sick people become academic if insufficient nurses are being trained. “Campaigning to ensure the

numbers are kept up – that’s really significant,” she says.

There’s also a huge task ahead, working with the Welsh Government and civil servants, to draft guidance to ensure local health boards understand and comply with the new legislation. And there’s a need for further research, too. The bill focuses on acute adult wards but clearly there is a need for safe nursing in all care settings.

At the moment, the weight of evidence is concentrated on staffing levels in medical wards so more needs to be done to demonstrate correlations between nurse numbers and outcomes in other fields of nursing.

“So the campaigning doesn’t stop,” Lisa says. “If anything, it intensifies. But I imagine the work we will be doing will be quite different.”

‘Proudest day’

On the day the Nurse Staffing Levels (Wales) Bill passed its final hurdle in the Welsh Assembly before royal assent is sought, its sponsor Kirsty Williams AM tweeted: “Today is one of my proudest in politics! My Nurses Bill has passed its final stage and will now become law. Thanks to all who helped.”

Specifically, the bill places a duty on local health boards to “have regard to the importance of” ensuring appropriate levels of nurse staffing.

Furthermore, it says that in adult acute hospital wards a designated person should calculate safe, locally appropriate nurse staffing levels, which health boards and trusts will then have a duty to maintain. This duty is likely to be extended to other health care settings in the future.

The bill also requires the Welsh Government to issue guidance to support NHS Wales organisations in calculating appropriate staffing levels.

There will be a duty on health boards and trusts to report on their compliance with staffing requirements and the action they have taken when failings occur.

Under the provisions of the bill, there will be a statutory basis on which staff and patients can challenge poor levels of nurse staffing.

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Proving effective practice

RCN member Alice Denga, a matron at the assisted conception unit at Guy's Hospital, answers common questions about her role as a confirmer in the revalidation process

What does a confirmer do?

A confirmer verifies if a nurse or midwife has met all the Nursing and Midwifery Council's (NMC's) requirements for revalidation. The role involves making sure staff are using the NMC code in their day-to-day practice and ensuring their portfolio reflects this. As confirmers we also have an important part to play in supporting and reassuring staff. Some people think revalidation is a big task but I see it as a positive opportunity, raising the profile of the work we do and helping to improve public protection.

Who can be a confirmer?

The NMC strongly recommends that confirmation comes from an NMC-registered line manager. If this isn't possible, it should be your line manager. If necessary, you can be confirmed by a more senior NMC registrant. And if this isn't feasible, confirmation can come from another regulated health care professional. The NMC has a useful online tool to help identify an appropriate confirmer.

When should it happen?

At Guy's we appraise staff every year and for most of my nurses I've timed the appraisal three months before they are due to complete their revalidation application. Staff have 60 days before their registration renewal date to go through the online process. It makes revalidation much easier if staff record things as they go along.

What do confirmers look for?

There is an NMC checklist of requirements and supporting evidence which staff should



I can't stress enough the importance of good preparation

🔗 Find out more about confirmation at <http://revalidation.nmc.org.uk/information-for-confirmers/>

follow. This includes practice hours – 450 hours over three years, as well as 35 hours of continuing professional development (CPD) – at least 20 of which need to be participatory – and five pieces of practice-related feedback. There also needs to be five written reflective accounts and reflective discussion. In order to confirm, we need to check all of these.

Fitness to practise concerns?

These should be raised promptly through the NMC's fitness to practise procedures. Revalidation does not create a new way of raising such a concern, and the confirmation stage of revalidation does not involve making a judgement as to whether a nurse or midwife is fit to practise.

Will confirmers be contacted?

It is possible they will – yes. The NMC can randomly pick someone and ask to see evidence. That's why it's important to begin the

process early and make sure that nurses bring their revalidation portfolio to every yearly appraisal regardless of whether or not they are due to revalidate. This gives me the opportunity to examine the evidence they've gathered to make sure it meets the revalidation requirements.

Tips for registrants

I can't stress enough the importance of good preparation. The NMC has a wealth of online information to help with this. As a confirmer, my advice is to make sure staff understand the NMC code, CPD is organised and portfolios are on track. If staff have any concerns, they should speak to their line manager sooner rather than later. Keep calm, don't panic and the process should go smoothly. There's no need to fear it.

Shaping 100 years of nursing

For almost a century, RCN presidents have embodied the ambition, vision and values of members; influencing nursing and improving patient care. Tom Metcalf looks at the remarkable women who have held the role from 1922 to the present day

Although it was Dame Sarah Swift who founded what would become the Royal College of Nursing in 1916 – and who was the driving force behind the College in its early years – she was not the first to assume the role of president.

This historic position dates back to 1922, and while Swift did serve as president between 1925 and 1927, the first to fulfil the role was Dame Sidney Browne, from 1922 to 1925.

Elected by RCN members, the president is a member of RCN Council and works alongside the chair of Council and chief executive to champion the work of the RCN and its members.

For nearly 100 years, 36 RCN presidents have acted as

ambassadors for the College and for nursing, representing the RCN and nursing across the UK and around the world, and serving as role models to members and wider health care professionals.

Current President Cecilia Anim (pictured right) says she has been motivated by the achievements of her predecessors. “I look to past RCN presidents as inspirational leaders, taking the College on its journey to promote high quality standards of care and to uphold the integrity of the nursing profession,” she says.

Since being elected in 2014, Cecilia says her love for the profession has intensified. “My passion for nursing has grown immensely,” she says. “It’s a great

honour to be able to serve and support RCN members and to pursue my aim of improving the working lives of nurses and health care assistants in the NHS and independent sector. Nursing must be valued.”

Becoming president

To stand for election as president or deputy president you must have been an RCN member for at least three consecutive years and be in the full nurse membership category. Both positions are elected for a two-year term and individuals may serve a maximum of two terms. The next elections are due to be held later this year – look out for your ballot papers with the October issue of *RCN Bulletin*.



I want to fight for members, so they can fight for patients

The early years

Sidney Browne, 1922-25

Inaugural president and founding Council member.

Sarah Swift, 1925-27

Founder of the College of Nursing.

Annie Warren Gill, 1927-29

Founded the first Scottish Board.



“At the end of a long nursing career I can say that the nurse’s life is an extremely full and happy one, and few nurses would wish to change it for any other life.”

Rachael Cox-Davies, 1929-30, 1934-35

Shaped the College’s educational policy for which it subsequently received a royal charter. Rachael was instrumental in the foundation of the Cowdray Club and the gift of the London headquarters building to the College.

Margaret Sparshott, 1930-33

A committed supporter of state registration, Margaret helped establish the RCN’s first regional branches.

Edith MacGregor Rome, 1933-34, 1937-38

First Secretary of the Student Nurses’ Association.

Dorothy Coode, 1935-37

Promoted the importance of nurse education.

Beatrice Marsh Monk, 1938-40

Worked to regulate nurses’ working hours. During Beatrice’s time as president, in 1939, the College of Nursing was granted the coveted prefix “Royal”, enhancing the organisation’s prestige.

RCN presidents exhibition

An exhibition charting the history and achievements of the RCN’s presidents over the past 100 years was recently installed in the College’s London headquarters.

An online version of the exhibition is available to view at www.rcn.org.uk/centenary/projects/presidents-exhibition

1940 to 1960

Mary Jones, 1940-42

Founded the Liverpool branch of the RCN.

Emily MacManus, 1942-44

Nursed on the frontline at Dunkirk.



"It is strange how in the midst of sordid or heartbreaking work and fatigue a sight or sound of beauty will unloose the tight heartstrings and bring a flood of content to the dry soul."

Mildred Hughes, 1944-46

Maintained the importance of professional standards.

Gladys Hillyers, 1946-48

A matron during the Blitz.

Louisa Wilkinson, 1948-50

Honoured for her devotion to military nursing.



"If you do not seize your opportunities there are other people who will seize them for you, and you will find your affairs falling into other people's hands."

Lucy Duff Grant, 1950-52

Received the Royal Red Cross for her wartime work.

Lucy Ottley, 1952-54

Received the Queen Elizabeth II Coronation Medal for her contribution to community nursing.

Sybil Bovill, 1954-56

A director of the National Council of Nurses.

Gertrude Godden, 1956-58

Known for her personal touch with patients, Gertrude was an inspiring sister tutor.

Marjorie Marriott, 1958-1960, 1962-63

Represented British nursing at the World Health Organization.

1960 to 1980

Margaret Smyth, 1960-62

President when male nurses joined the register, she saw RCN membership widen to include men as a result.



"It is not the gallant acts in life that take courage, it is the courage to face the discipline of daily routine."

Mabel Gordon Lawson, 1963-64

Seconded to Germany after World War Two.

Florence Udell, 1964-66

Led the RCN's royal charter work.

Theodora Turner, 1966-68

Survived a mustard attack and assisted in the evacuation from Dunkirk.

Mary Blakeley, 1968-72

Pioneering industrial nurse.

Winifred Prentice, 1972-76

Expert sister tutor.

Eirlys Rees, 1976-80

A theatre sister through the bombings of World War Two, Eirlys chaired the RCN's first annual meeting. *"If people are to receive the health service they have been led to expect – care and treatment free at the time of need – the NHS must be adequately financed," she said.*

More modern times

Marian Morgan, 1980-82

A strong trade unionist, Marian was the first president elected by the full membership rather than Council. *"It is nursing which is special, and anyone who performs the function of nursing in a competent way is very special indeed – but putting on a nurse's uniform doesn't make them so," she said.*

Sheila Quinn, 1982-86

Chief Nursing Adviser for the British Red Cross.

Maude Storey, 1986-90

Involved with the first graduate course for nurses.

June Clark, 1990-1994

Developed nurse leadership in Kazakhstan and Romania.

Betty Kershaw, 1994-98

Dame Commander of the Order of the British Empire.

Christine Watson, 1998-2000

Shop steward in the College's oldest branch. *"We are building a future together for all nurses. We are stronger when we stand together, and as nurses we are stronger because of our diversity," she said.*

Roswyn Hakesley Brown, 2000-02

Initiated and led the Presidential Taskforce for Nurse Education, which recommended that graduate preparation for nurses be expanded to all of the UK.

Sylvia Denton, 2002-06

Founded the RCN's Breast Care Nursing Society.

Maura Buchanan, 2006-10

British nursing administrator.



"We constantly evolve, we constantly modernise, we constantly change and adapt."

Andrea Spyropoulos, 2010-14

A member of the College since she was 18.

Cecilia Anim, 2014-present

Longstanding RCN activist and specialist in sexual health nursing. *"I want to fight for members, so they can fight for patients," she says.*

New toolkit launched to combat infection

The RCN is calling for a clearer focus on tackling the causes of sepsis

Working with the Infection Prevention Society and nurse specialists, the RCN has published a revised infection prevention and control toolkit, aimed at reducing infections and managing the risks associated with antimicrobial resistance.

The toolkit highlights the importance of sepsis and its two main causes – pneumonia and urinary tract infections, estimated to be responsible for a third of all health care associated infections, and a leading cause of ill health outside hospital.

“In the absence of a national strategy, we wanted to raise awareness of these specific

infections, as they’re not confined to acute settings and can be caused by a variety of bacteria,” said Rose Gallagher, RCN Professional Lead for Infection Prevention and Control.

“Greater attention to preventing infection will go a long way in saving lives and reducing the risks of antimicrobial resistance developing further,” added Rose.

“A challenge of this size requires a clear, effective national plan of action. The publication of this toolkit is the first step towards reducing two serious burdens of infection in England, therefore improving public health and patient care.”



📌 The toolkit is supported by NHS England.
Download it from www.rcn.org.uk/publications

Forum member is helping eradicate FGM

Joining the RCN Women’s Health Forum has given one member the opportunity to work with NHS England to help protect and support women and girls at risk of female genital mutilation (FGM).

Jo Buckley is one of the newest committee members of the RCN Women’s Health Forum.

After qualifying as a nurse two years ago, she began working at a sexual health clinic and developed an interest in protecting girls and women from FGM – a practice that involves surgically removing parts of a female’s genitalia for non-medical reasons.



Policy should be shaped by those on the frontline

Although the practice is illegal in the UK, it was only last year that the Government introduced a mandatory policy that health workers, social care professionals and teachers have a duty to report it if they believe a girl under 18 has undergone FGM.

“It’s gone from something that wasn’t really spoken about to something that is becoming more understood, but more needs to be done,” says Jo.

Through her involvement with the forum, Jo joined NHS England’s FGM stakeholder group which has led to a secondment within its adult safeguarding team specifically tackling FGM in England.

It’s Jo’s job to make sure that services and adult safeguarding

programmes relating to FGM and new government legislation are being carried out.

“I will be running workshops around the mandatory reporting of victims of FGM, giving support and advice to nursing staff and evaluating the outcome of the new policies,” she says.

Through her work, Jo will get an insight into policy and government legislation which will be beneficial to the forum’s work. “Forum members are really supportive of each other and I hope I can share what I learn from my secondment as I believe policy should be shaped by those on the frontline,” she adds.

Join the RCN Women’s Health Forum at www.rcn.org.uk/forums

Reserve your place at national child health event

Booking is now open for the annual RCN and Royal College of Paediatrics and Child Health (RCPCH) joint conference.

Taking place in Liverpool between 26 and 28 April, the event sees paediatricians and child health professionals come together to share good practice, discuss the latest in key clinical issues and discover cutting

edge paediatric research. The RCN's Children and Young People Nursing Conference runs for the first two days alongside the main RCPCH conference. The theme is working together across boundaries. Delegates will hear from a range of prominent speakers.

🔗 Visit <http://tinyurl.com/hv3fwe7>

Diminishing safeguarding services putting children at risk

An RCN survey of designated nurses has shown the country's most vulnerable children are being put at risk by diminishing safeguarding services. Though these nurses play an important role in identifying and protecting children at risk, only two fifths said they're able to focus on this.

RCN Professional Lead for Children and Young People, Fiona Smith, said: "Preventing child abuse should be one of our utmost priorities. Designated nurses need the time and resources to fulfil their role. By failing to achieve this, more and more children are left vulnerable."

🔗 Visit <http://tinyurl.com/jp2a3ec>



Forum name change better reflects diversity in general practice workforce

The RCN Practice Nurse Association has changed its name to the General Practice Nursing Forum.

Chair of the forum Marie Terese Massey said: "This change reflects the constantly evolving nature of primary care. It better represents the wider workforce that is delivering care in general practice, not just practice nurses, which will have been the case when the forum was first started."

🔗 Visit www.rcn.org.uk/forums

Abstract deadline extended for SOTN conference

The deadline for submitting abstracts for this year's RCN Society of Orthopaedic and Trauma Nursing (SOTN) conference and exhibition has been extended. Delegates now have until Friday 18 March to submit abstracts online.

The conference takes place from 8 to 9 September at City Hall in Cardiff.

The theme, tying in with the RCN's centenary celebrations, is valuing the past, embracing the future.

🔗 Visit www.rcn.org.uk/events

WHAT I'M THINKING



Jane Hughes

CYP Professional Issues Forum

As a nurse who qualified nearly 30 years ago, I have experienced many changes in training, technology and the organisation of the NHS.

Many more changes are on the horizon for our future nurses. As a mother of a newly qualified staff nurse, I see the real pressures in nursing practice today, but also the real vibrancy and strength of our newest nurses.

I met Mohammad four years ago at his interview to become a children's nurse. He stood out not only because he was the only male in his group but also because of what he said. He saw no Asian male children's nurses as role models and he wanted to become that role model.

Mohammad graduated in December 2015 with 350 from his cohort. He is now working in London and has just written his first piece in a journal.

He hopes to become a public health nurse, promoting knowledge of cultural diversity in children's nursing. He has a keen interest in shaping the future of nurse education and research and I truly believe he is a role model.

Seeing this group of CYP nurses graduating and starting out in the workplace is a reminder of how hard they have worked and their enthusiasm for their chosen career. They are the future ambassadors for our profession.

www.rcn.org.uk/forums



16 EVENTS

For details of more events visit the region and country pages of the RCN website or go to www.rcn.org.uk/events

Nursing older people

RCN and BGS joint conference

14 April
Holiday Inn Birmingham
Smallbrook Queensway
Birmingham B5 4EW

The RCN's Older People's Forum and British Geriatric Society (BGS) are joining forces to explore innovations in caring for people in the later stages of life. This conference will focus on multidisciplinary team working in the community.

The current policy agenda of moving more services into the community, at a time when resources are limited, means innovations, research and service developments should be shared to improve patient outcomes. Delegates will

stimulate debate, discuss best practice and examine the barriers and solutions to multidisciplinary working in health care settings outside the acute sector.

Keynote speakers include Elaine Rashbrook, Public Health England's National Lead for Older People, and Mervyn Eastman, Co-founder of the Change AGEnts co-operative and PASA UK, the practitioner alliance for safeguarding vulnerable adults.

Concurrent sessions will run alongside the main programme, covering major issues of relevance to nursing professionals of all levels working with older people and those with dementia.

The BGS offers a limited number of grants to registered nurses and nursing students



with an expressed special interest in the care of older people to attend conferences.

Visit <http://bit.ly/BGSnsg> to apply if eligible.

🔍 Search for "older people" at www.rcn.org.uk/events

Scotland

LD nursing history

Ongoing until 22 April
RCN Scotland Learning Hub
42 South Oswald Road
Edinburgh EH9 2HH

The former Strathmartine Hospital is believed to be Scotland's first and oldest institution for people with a learning disability. It was set up in the 19th century and was finally closed in 2003. This travelling exhibition, hosted at the RCN Learning Hub in Edinburgh, brings together memories of staff and residents at the hospital to paint a picture of the personal stories behind the official records.

🔗 Visit <http://tinyurl.com/jn5cjbs>

Climate change

Sustainability workshop

13 April
RCN headquarters
20 Cavendish Square
London W1G 0RN

The first ever member sustainability event hosted by the RCN aims to bring together those interested in incorporating sustainability into their nursing practice and health care service.

The conference will feature presentations from senior leaders and commentators on sustainability in health care and will equip delegates with practical ideas to take back to their workplace. The programme will explore the UK picture of climate

change and what opportunities there are for nursing professionals to impact on sustainability where they work.

It will consider case studies from the acute sector, community services, integrated health and education to demonstrate the scope of possible change, and the opportunities for attendees to apply them in their own workplaces.

The event will also be used to launch an RCN sustainability network, aimed at supporting members wanting to improve their knowledge and practice in this area.

🔍 For more information and to find out about the RCN's broader work on sustainability contact mark.platt@rcn.org.uk or call 020 7647 3471