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FOR HEALTH CARE SUPPORT WORKERS ACROSS THE UK

AUTUMN 2018



UNCHARTED TERRITORY

WORKING IN AN EXTENDED ROLE
IN GENERAL PRACTICE



Royal College
of Nursing

RCN Law



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It's been a busy few months out there on the frontline and that's one of the many reasons why I'm so proud of the breadth of work we're all doing.

In this issue you can read about how one group of HCAs is helping patients regain their independence after a stint in hospital (page 6) and how others are there to support patients with a cancer diagnosis (page 14). They're described as VIPs – valued, inspirational professionals. Make no mistake, this could describe us all.

HCAs were at the centre of the action at a very busy and successful RCN Congress earlier this year (page 5) so I'm delighted to see one of our invited speakers writing about the value of dementia friends. Wherever you work there's something you can do to make life just a little more pleasant for people living with the condition (page 8). Finally, I hope that reading about how HCAs are developing their careers all over the UK (page 16) will inspire some of you to think about what you do next. We're an essential part of the professional nursing team and there are all kinds of options open to us.

Enjoy this issue of *RCN Health+Care*.

Brian Murphy

Chair, RCN HP Committee
RCN HP Member of Council

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Story to tell?

We're always keen to hear about your experiences at work.

So if you've got a story to share, or there's a topic you'd like to see covered in a future issue of this magazine, why not get in touch? Email health.care@rcn.org.uk

Need more *Health+Care*?

It's six months until the next issue but don't forget *Health+Care* magazine has an online platform with all the latest advice and member stories written just for you. Take a look today:
rcn.org.uk/healthcaremag

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Learning disability champion

Fiona Dilorenzo, a specialist learning disability health care assistant, gets national recognition at RCNi nursing awards

Fiona was chosen as the winner of the health care assistant award for ensuring those with learning disabilities in the Devon region have equal access to diagnosis and treatment.

She's made a huge, positive impact by following up with every single learning disability patient who doesn't attend outpatient appointments.

Fiona, the first specialist learning disability health care assistant in Devon, says: "It's great to get our message out there and hopefully encourage more people with learning disabilities to come into hospital for their appointments."

Read more at tiny.cc/ldchampion



Nursing beyond nurses



Health care support workers (HCSWs) are among the most visible members of the health and social care workforce, but often the least visible in making decisions about the future direction of care, according to the RCN in Scotland.

But now the *We Care* campaign is shining a light on the outstanding contribution made every day by HCSWs, with an emphasis on the pivotal role they're playing to deliver the vision in Scotland to move more

care outside hospitals and into the community.

Speaking in one of the films on the campaign website, senior charge nurse Laura Thomson says: "A lot of the roles traditionally done by staff nurses are now done by the clinical support workers so it would be really great if we could make people aware of what a vital job they have and how important they are in the team."

📍 [rcn.org.uk/Scotland-we-care-campaign](https://www.rcn.org.uk/Scotland-we-care-campaign)

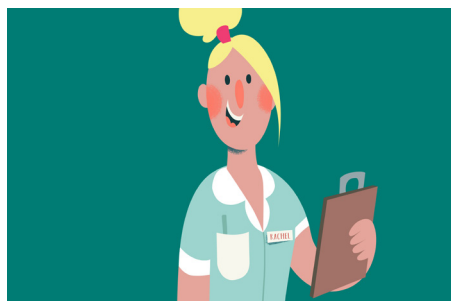
Nursing associates: more clarity needed

The RCN says the role remains ill-defined and that could lead to nursing associates (NAs) being asked to perform duties outside the remit of a support role

While the RCN is determined to see the successful integration of nursing associates into the current workforce, the proposed Nursing and Midwifery Council standards don't provide sufficient guidance on what's expected of the role. We're calling for preceptorships to ensure NAs can work effectively in specific health care settings that may require particular skills and for trainee nursing associates to be given supernumerary status.

The RCN says a lack of clarity over the scope and nature of the job could jeopardise patient care, and place unfair pressure on support staff asked to act beyond their training.

Care home journey



Follow the journey of a nursing assistant at Red Cedars Village. The RCN's new online resource to support nursing practice in older people's care homes is available at rcn.org.uk/care-home-journey

Help shape RCN Congress

The RCN Health Practitioner Committee is looking for suggestions of what you'd like to see specifically for HCAs at next year's RCN Congress

It's nursing's liveliest and most action-packed conference and HCAs can be at the centre of the action. HCA Kelly Ferranti went to Congress for the first time this year and is already looking forward to going again. "Congress has opened my eyes to what the RCN can offer me," she says. "If you're wondering if it's relevant to HCAs, it absolutely is."

New Congress Chair BJ Waltho is urging more HCAs to get involved next year too. "By coming to Congress you'll see how much your work and the contribution you make to patient care is valued by the whole nursing team," she says.

Apply before 17 October for funding to attend either as a voting member representing your branch, or first choice forum, or for funding from your RCN region or country.

Read about how HCAs got involved at Congress this year at

tiny.cc/congressfirsts and email health.care@rcn.org.uk with your ideas for next year. Visit rcn.org.uk/congress



Thank you Tanis

Brian Murphy, who represents health practitioner members on RCN Council, has said that former RCN lead for HCAs Tanis Hand will be missed, now she's left the College.

"I want to say a very public thank you to her for her immense work over the years. Her passion and determination to raise our profile was second to none and her ground-breaking work on the RCN's learning resource First Steps for Health Care Support Workers leaves a lasting legacy," he says.

Promoting independence

Beth Cook and Sharon Thompson work in an innovative role helping patients regain their independence at home



Beth (pictured left) and Sharon (pictured right) enjoy promoting patient independence
Picture by Kim Brett photography

As a trained assessor at Hilton Nursing Partners, Beth makes sure patients are able to cope after they've been discharged from hospital. The difference between her role and other similar unregistered nursing roles is that the assessments take place in the patients' homes. "It's a great job," says Beth, who's worked in health care for five years since graduating from her psychology degree. "It really helps patients feel more confident and it provides evidence of their ongoing health and social care needs."

Beth says she loves helping patients to live as independently as possible and taking a practical approach to their care, getting them to do day-to-day tasks like preparing meals and drinks. Doing this makes it much clearer what they can and can't do, so recommendations and referrals can be more accurate and they can be signposted to additional support networks in their community.

She worked as an assessor in a hospital before but things never felt quite right. "Patients

were being discharged without being given the proper time for assessments and the assessments that did take place were in the wrong environment," she says. "Being at home feels much more natural for patients and it helps motivate them to do well."

Ground-breaking work

Beth's also been involved in a ground-breaking service to help patients who've been identified as needing to be discharged to a residential setting but want to return home. She explains:

“The decision about whether they can remain at home isn’t made until we’ve supported them in their home for two weeks with a high level of care. We’re still piloting this approach but the results so far have been positive.”

Independent working

Communicating with patients is a key part of the role but assessors also support the personal nursing assistants to deliver hands-on care.

Co-ordinators in the office allocate the work but after that it’s down to assessors to prioritise their own tasks and manage their own time. The team leaders are either registered nurses or experienced social carers and if assessors identify that patients have more complex needs, they refer them to the senior care team which includes occupational therapists, registered nurses and registered social workers.

Sharon, who’s also an assessor, says the additional responsibility she has really motivates her. “I’m able to make my own decisions about who to see and when, so time management is a really important part of my role,” she says.

But Sharon also enjoys promoting patient independence. “Seeing patients smile when they complete a simple task is great. The best is when I sign them off as independent and ready to continue with their lives



at home – that can’t always happen, but their faces light up when it can,” she adds.

A new employment model

Hilton is a nurse-led organisation, with about 200 staff, of which three-quarters are (unregistered) personal nursing assistants and 25 assessors. They have a strong ethos of employee engagement in the way services are reviewed and developed; all staff with more than one year’s service are “partners” rather than employees and are given shares options. They’re now piloting the idea of offering RCN membership to nursing staff after a year.

The benefits of this new style of employment model are paying off. “I get a lot of support from my employer,” says Sharon. “I’ve completed the three-day RCN accredited assessors training course and I’m now part of the pilot of

a new module on assessing health and social care needs, created with Canterbury Christ Church University. It’s the first course of its kind aimed at unregistered staff in the UK.”



Being at home feels much more natural for patients

Assessors have the chance to help develop newer members of staff too. Beth says she’s a mentor to other staff because as well as showing them the right way to do things, she can help give them the confidence to do things for themselves. “I’ve recently got involved with the Prince’s Trust programme,” she says. “It was great to have a young person shadow me and introduce them to the health and care sector so they can give it serious consideration as somewhere they would like to work too.”

8 CLINICAL SKILLS



Should we all be dementia friends?

Bernadine McCrory from the Alzheimer's Society wants to change the way people think about dementia



Pictures courtesy of the Alzheimer's Society

What is the dementia friends campaign about?

It's an initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition.

Why is it important for health care staff?

You're at the frontline of care and you can help people with dementia live well. There's a lot of negativity around the condition but a diagnosis doesn't change someone as a person. They still have a role to play and you can help them do this

by knowing the person you're supporting and helping others understand their condition.

Can anything be done to prevent dementia?

No. Better vascular health could help slow the progression of vascular dementia but currently there's no way to completely prevent it. Keeping active, maintaining a good diet, blood pressure control, using statins, minimising alcohol intake and looking after mental wellbeing will help people with a diagnosis to manage better.

Is dementia a natural part of ageing?

Not at all. It's caused by changes in the brain.

Is it just about people forgetting things?

No. When there's a reduction in brain function there's damage to thinking, planning and remembering.

Is Alzheimer's disease the same as dementia?

No. Dementia comes in many forms. Dementia is the group of systems caused by diseases such as Alzheimer's disease, vascular dementia and Lewy Body dementia. 62% of people with dementia have Alzheimer's disease.

Should I tell someone with dementia upsetting news if they'll forget anyway?

Yes. They have the right to know. Consider the individual – sensitivity is required to deliver upsetting news whether the person has dementia or not.

Read more about becoming a dementia friend at dementiafriends.org.uk



Talking to someone with dementia

Do:

- find a quiet place
- keep it simple
- get their attention first and maintain eye contact
- listen carefully
- keep checking for understanding.

Don't:

- talk down to a person
- ask lots of questions
- talk a lot
- continue if the person becomes restless
- put them under pressure
- ask "why?"

Dementia signs and symptoms

- Memory loss.
- Communication problems.
- Mood changes.
- Sight and other visual difficulties.
- Difficulty in talking things through and planning.
- Confusion about time or place.

THE VIEW FROM HERE



One of the ways we try to give our patients with dementia the best possible care is by allowing them to wake up naturally. Who would want to be woken at 7am, just to sit in a chair all day? I certainly wouldn't.

For patients with dementia who are already confused there will be an impact if they're disturbed while sleeping and settled. Is it any surprise that they may feel angry or get aggressive?

In a task-based environment, it's important that everything gets done. We make sure our patients are fed, get their medicines on time and aren't allowed to sleep for too long.

Dementia is a growing, progressive disease and it's something that we're all going to be facing in one way or another. I'm proud to be able to give dignified care to my patients. It's the kind of care I'd want for my own family member.

Nadene Jones

HCSW at Prince Charles Hospital in Merthyr Tydfil

Uncharted territory

What's it like to work as an assistant practitioner in a GP practice? Dennis Greer from Northern Ireland shares his story



Pictures by
Stephen Latimer photography

When the practice nurse reduced her hours I was asked if I'd be interested in helping design a band 4 role. I jumped at the chance and just a few months on I now work as an assistant practitioner for 10 hours a week alongside my work in the treatment unit.

As the assistant practitioner I support the general practice team and have become an important resource. I've taken on clinics for hypertension, spirometry (see box), INR (international normalised

ratio) and flu. It's uncharted territory for me and the practice but I'm happy to prove an AP can take on this kind of work as long as you've had the appropriate training and education. Being given responsibility for the flu clinic was a big step as it's always been run by a nurse.

In Northern Ireland assistant practitioners are trained by an independent training company and competencies are assessed by practice nurses and GPs. I've had

one-to-one training to use the RAT (regulating anticoagulant treatment) system which tells you what dose of Warfarin the patient needs to take, when to repeat the test and when the patient needs to see a GP. For my flu injection training I went to Belfast for a study day where I learned about the procedure and the warning signs I need to look out for. The practice brought in a spirometry trainer so I feel confident and competent in all these areas. This is so important as these roles are always changing. This will in turn benefit the practice and help to meet the current and future needs of patients.

Building trust

The patients are happy with my role too. I've been in the practice for nine years so lots of them know me, and some even ask for me. They have confidence in me because they know I know what I'm doing and they trust me. If they feel comfortable, that's always going to help.

I like to take a holistic view. I had one patient come to see me for a spirometry test. I knew her and could tell straight

away that there was something wrong – but she “didn’t want to bother the doctor”. I stopped the test and called for the GP. He sent her straight to hospital where it was found that she had pneumonia. When she recovered she came back to thank the practice for helping her, which was lovely but it also showed that by working as a team we can best help patients.

Developing roles

Our roles are constantly evolving and I think they will continue to evolve in the future. People are just starting to see that we have transferable skills and I think we shouldn’t be shy telling them. While we must be careful that we’re not just seen as a way of getting work done for less cost, I see no reason why we shouldn’t promote what we’re able to do. I always work within my remit, I have the appropriate skills to do the job, and have had the right training. So why shouldn’t I extend my role into interesting new areas?

I’m here to help people; to look after them and take care of them. Like other nursing staff I want to be the patient’s advocate. Today’s HCAs are important frontline staff.

A lot of other health care professionals rely on us so if you want to progress in your career; be confident, develop your knowledge and skills and do what’s right for you and your patients.



“Dennis has opened our eyes to the value of involving other health care professionals in the primary care team and the variety of skills they bring. He’s enthusiastic and has improved morale in the team and after seeing how he works I intend encouraging other practices to consider welcoming assistant practitioners into their team.”

Dr Ciara O’Neill, principal GP at Three Spires Surgery

What’s spirometry?

The NHS website describes it as a simple test used to help diagnose and monitor certain lung conditions by measuring how much air you can breathe out in one forced breath.

It’s carried out using a device called a spirometer, which is a small machine attached by a cable to a mouthpiece.

Visit [nhs.uk/conditions/spirometry](https://www.nhs.uk/conditions/spirometry)

Knowing when to say no

Roz Hooper, from the RCN's legal team, explains why you must speak out if you're uncomfortable with work delegated to you



“I’ll sue you if you do anything wrong!” That’s something none of us want to hear. But what happens if you do get it wrong in the workplace? If you break a local policy you could face disciplinary action but is it possible you could end up in court?

Health service providers must make sure their work meets legal requirements – they’re accountable to both the criminal and civil courts. If your employer is taken to court as a result of your actions, they’ll have insurance cover in place to pay any

compensation. But you might have to give evidence and explain your actions.

So when are you personally accountable? Pretty much all the time. You have a duty of care when it’s “reasonably foreseeable” that you might harm patients through your actions or just as importantly, by not doing something.

This applies to whatever you’re doing in work, from something straightforward, like giving a patient a bath, to performing complex surgery.

You’re accountable if you accept the responsibility to perform a task. So, you need to be sure that you have the ability to competently perform tasks allocated to you, and you must tell a senior member of staff if you’re unsure.

Delegation

So are you still accountable if a task has been delegated to you by a registered nurse? Absolutely yes.

They may be in overall charge of the nursing care, but they can’t do everything so will need to appropriately delegate some care to colleagues.

What to consider before accepting a delegated activity

- Do you have the knowledge required to undertake the task?
- Do you have the skills required to undertake the task?
- Is it within your job description?
- Are you confident about the communication and interpersonal skills required as well as your clinical competence?
- Are you sure the activity isn't too complex for you to accept?
- Are you sure you're not compromising patient care by accepting it?
- Does the person delegating have the authority to delegate the work?
- Are you sure that accepting the work will not impact on your performance?
- Are you confident the delegator has the appropriate clinical knowledge to delegate the activity to you?
- Do you have the capacity to take on additional work?

If you've answered yes to all the questions then accept the delegated activity. If not, say no.

To help keep you safe we've pulled together some key questions (above) that you should always ask before accepting a delegated task. Make no mistake, if you can't answer yes to all of these questions you mustn't accept the task. Don't be afraid to say no. You're not being difficult and you should never be made to feel bad about doing this.

Sometimes refusing a delegated task is the only thing you can do to protect the patient, the organisation, yourself, and even the delegator. If you're unsure, always seek further advice or clarification. You might prefer to observe a task before asking

to do it under supervision, to give you the skills and knowledge you need.

Even after you've accepted the delegated work you're still expected to keep your skills and knowledge up to date so don't be afraid to ask for regular updates with your supervisor if you're not offered them. You also need to make sure you're working in accordance with local policies and make sure your job description is up to date.

If you feel uncertain about a delegated task, and it's difficult to resolve the issue locally, call RCN Direct for advice on 0345 772 6100.



**When are you accountable?
Pretty much all the time**

📄 Download *Accountability and Delegation. A Guide for the Nursing Team* [rcn.org.uk/professional-development/publications/pub-006465](https://www.rcn.org.uk/professional-development/publications/pub-006465)

The backbone of the trust

Meet the valued, inspirational and professional (VIP) nursing staff supporting patients at a specialist cancer centre in south Wales



Pictures courtesy of Velindre University NHS Trust

Velindre University NHS Trust is as well-known in Cardiff as the River Taff and you'll hear it discussed with a mixture of reverence and fear.

Open a newspaper and you'll read about support from rugby stars; in the pub you're likely to bump into someone looking for sponsorship for a Velindre fundraiser; turn

on the television and you'll see a programme featuring the ground-breaking work the hospital does. If you live in south Wales you'll almost certainly know about the brilliant work the nurses and doctors do.

But when patients first come to Velindre, they're not usually met by nurses or doctors.

They're met by the staff who patients get to know best when they're feeling their worst. They're met by Velindre's health care support workers (HCSWs): Velindre's VIPs.

Deserved recognition

Registered nurses Hannah Russon and Laura Davies work at the trust and want to ensure HCSWs get the recognition they deserve. Together they organised a day specifically for HCSWs to find out more about the training opportunities available to them and to celebrate their essential but all too often over-looked work.

"HCSWs are the backbone of Velindre," says Hannah. "Working together we make a strong team. However tough our work is, we make sure we're there for each other as well as the patients."

Laura adds: "Having worked as a HCSW before becoming a nurse I'm well aware of the impact they have on the quality of care that's delivered."



Read more at
[rcn.org.uk/
healthcaremag](http://rcn.org.uk/healthcaremag)

The go-to guy

Mervyn reflects on his role as a HCSW at Velindre



“My job is to support other nursing staff and doctors to provide a high standard of care and treatment for inpatients and their families. I help patients with personal hygiene, going to the toilet, eating, doing observations, checking patients’ pressure areas and reporting any changes to whoever’s in charge. I’m also responsible for keeping any paperwork up to date and keeping the stores stocked. I’m the go-to guy when anyone is looking for anything!”

“A HCSW is usually the first person a new patient and their family meet when they arrive on the ward and we’re here to help them settle in and feel at ease. I make sure they understand what’s going to happen and explain the layout of the ward and hospital.

“I also mentor new HCSWs, showing them their duties and explaining their roles. I always take the time to explain to them

that it’s OK to say you’re not confident or unable to carry out a task. We’re here to help each other and work to each other’s strengths and weaknesses. I enjoy supporting others to develop their skills and have even helped registered nurses to develop their cannulation and phlebotomy skills.

“We spend a lot of time with patients. Many of us have been in our roles for a long time so we have a lot of experience and know the way the wards are run. Registered nurses seem to have more and more paperwork to complete so they rely on us to report any changes or issues to them.

“

I hope at the end of my shift I’ve done the best I can and made patients feel comfortable, relaxed, and secure

“I look forward to coming into work each day and hope at the end of my shift I’ve done the best I can and made patients feel comfortable, relaxed, and secure. My job can be tough and emotional but I’m part of a huge team of people who are all very supportive of each other and who I know I can turn to for help, support or a good moan.

“I’m a practical person and competent in my skills and this is something I know the registered nurses appreciate. They know they can rely and depend on competent and experienced HCSWs to carry out their duties while they get on with their own work. I’m lucky to be in a job I have always wanted to do; a job I love.”

Stuck in a rut?

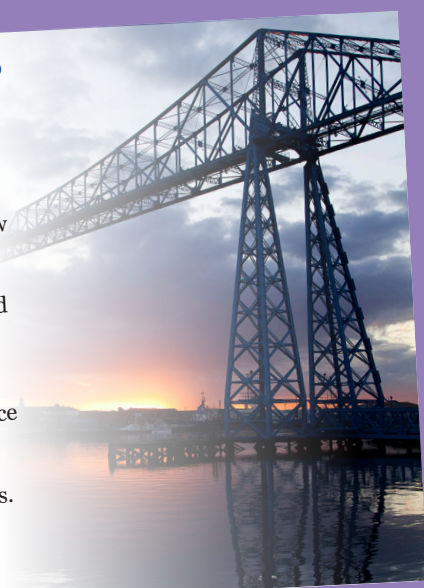
There are many ways to progress your career

'I've trained to be an assistant practitioner'

Over two years I travelled to Teeside University in between working my usual shifts as a health care assistant to work for my foundation degree in health and social care practice to become an assistant practitioner. The course has let me grow to provide an even better service for my patients.

When I graduated, with distinctions, I received an award for best student. My confidence has grown, my practice has been enhanced and I've met some amazing people. If you want to progress but feel you're too old, lack confidence or would be out of your depth, please don't underestimate your abilities. It's been a lot of hard work, but anything worthwhile usually is.

Lauren Bacon, England



'A way to make nurse training affordable'

I completed my Certificate of Higher Education for HCSWs in nursing education so I could go directly into the second year of an adult nursing degree. The course made me more aware of the care I give to patients and how important the role of a HCSW is.

This degree course in Cardiff is only open to people employed by the health boards – because they fund the course, but it's a great way of making nurse training affordable. Each academic year takes 18 months to complete as I continue to work 14 and a half hours as an HCSW. As part of the agreement I'll work for the clinical board for two years after I register which is great because it means I'm guaranteed a job then.

Aled Evans, Wales

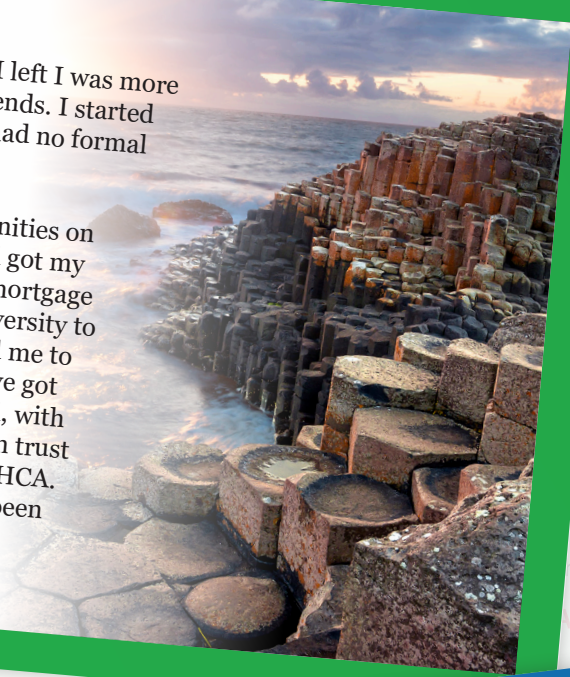


'I've been given a second chance'

School wasn't really for me and when I left I was more interested in having a pint with my friends. I started out as a band 2 nursing auxiliary, but had no formal qualifications.

I made sure I took the training opportunities on offer though. I completed my NVQs and got my band 3. I went to night tech but with a mortgage to pay, I couldn't accept my place at university to study nursing. My managers encouraged me to apply to the Open University and now I've got four years of self-directed learning ahead, with all my placements and practice in my own trust where I'll still work 30 hours a week as a HCA. I'm a dad to two daughters now and I've been given a second chance to be a role model.

Philip Martin, Northern Ireland

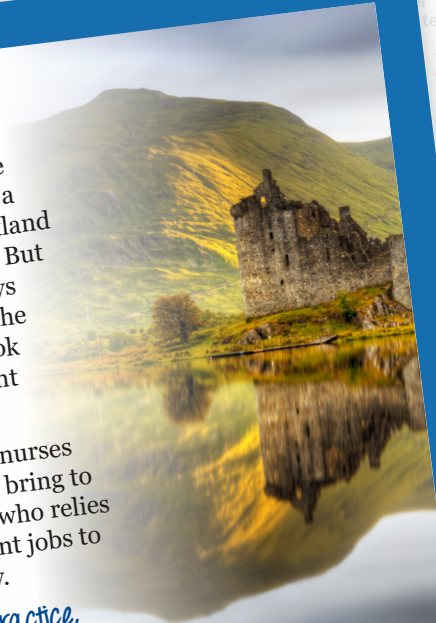


'Removing barriers to development'

Not everyone wants to become a registered nurse so the development opportunities up to band 4 must be meaningful and accessible. In Scotland there's been a lot of work done already by NHS Education for Scotland to support the development of staff in bands 2 to 4. But outside the NHS the levels of practice are not always aligned to the Agenda for Change bands and with the integration of health and social care we need to look at opportunities for joint learning and development across sectors.

Support workers who want to become registered nurses must be valued for the skills and experience they bring to the role. It's just not realistic to expect someone who relies on their income to have to give up their important jobs to be able to make their career aspirations a reality.

*Ellen Hudson, Associate Director, Professional Practice,
RCN Scotland*



Your voice, your union

Karen Pike represents health practitioners on the RCN Trade Union Committee

What's your background?

I started work as a band 2 auxiliary nurse in 2000. I completed my NVQ level three in health care and joined the surgical ward as a band 3 health care assistant. Fifteen years later, I'm still there!

How did you get involved with the RCN?

I joined the RCN because I wanted a union that had nursing staff supporting nursing at its heart. When I had an issue, my local rep got involved and she asked me if I'd ever thought about becoming a steward myself. I started my steward training a few months later and haven't looked back.

Why the trade union committee?

My RCN mentor suggested I apply for the position on the committee and I was so excited when I had the phone call to say I'd been elected. I think everyone needs to be a member of a union. We should be telling our HCA colleagues that they can join the RCN as many still think the RCN's only for registered nurses.

What's the best thing about being on the committee?

It's a chance for me to represent health practitioner members and get their voices across so they and their issues are properly represented in the RCN. It's a



challenge but it's essential that our points are made clearly at the highest level.

What does the RCN need to do for HCAs?

We must make sure what the RCN offers is relevant and I want to see HCAs more visible in everything the RCN does. We need to be at the centre of Congress, professional development, in RCN magazines and making our voice heard as part of the nursing team. We also need to make it clear who can join as a health practitioner member, HCAs, APs, HCSWs and TNAs – whatever your job title, we will welcome you all.

What's your motto?

If I start something I like to see it through to the end.



Everyone needs to be in a union

🕒 The Trade Union Committee makes decisions on all the RCN's trade union functions and activities. Find out more at rcn.org.uk/trade-union-committee

Thought about becoming a rep?



Becoming an RCN rep gives you the chance to make a real difference to your patients, the working lives of yourself and your colleagues – and even the future of nursing.

Health practitioner members can apply to become an RCN learning rep, safety rep or steward. You'll get support from a close

community of reps and RCN staff, and ongoing learning and development opportunities.

And health practitioner members make brilliant reps. Lee Fretwell (pictured left), an assistant practitioner working in dementia care, is an RCN lead steward and chair of staff side at Derbyshire Healthcare Foundation NHS Trust. His work has started to turn around a severely challenged and failing organisation, by restoring fractured trust between managers and staff.

"I've had to be extremely persistent in knocking on doors and saying our voice must be heard," he says. "We've rebuilt bridges that had been burned. Now the trust wants to engage with us and we're beginning to instigate positive change."



Find out more about becoming a rep at rcn.org.uk/becomearep

Read more about Lee's work in our online exclusive feature at rcn.org.uk/healthcaremag

A YouTube sensation?

Making an RCN member a YouTube sensation might be a bit of a tall order, but if you're fed up of celebrities dominating your Facebook feeds and you want to see more real-life heroes being celebrated, you could make a start by sharing a short film about RCN member Robert Murray.

Robert, a HCSW team leader from Edinburgh, talks about his role, the training he's undertaken and why it's important to join the RCN. By sharing his film you could strengthen the College by encouraging more HCAs to join the RCN.

Take a look today: tiny.cc/youtuberobert



If undelivered please return to: RCN Direct, Copse Walk, Cardiff Gate Business Park, Cardiff, CF23 8XG

Your RCN Health Practitioner Committee

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

HP Member of Council



Brian Murphy (Chair)



To contact your rep,
email governance.
support@rcn.org.uk

Country and regional representatives



**Dennis Greer
(Vice Chair)**
Northern Ireland



Maive Coley
East Midlands



**Sagila
Thiruthanikasalan**
London



**Lorraine
McLauchlan**
Scotland



Kevin Morley
Northern



Lindsay Cardwell
South West



Tom Palin
North West



Philip White
West Midlands



Judith Page
Wales



David Burnside
Yorkshire &
the Humber

Vacancies

Elections are currently taking place for the Northern seat on the committee.

Find out more about updates to the committee membership at rcn.org.uk/elections



Tracie Culpitt
Professional Nursing
Committee Member



Karen Pike
Trade Union
Committee Member