HOPE AND HELP FOR NURSES FROM OVERSEAS

FEATURES P8
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Quote of the month

“The bill as a whole risks damaging the NHS”

Dr Peter Carter explaining why the RCN has moved to oppose the Health and Social Care Bill.

Search begins for NI Nurse of the Year

The search is on for the 2012 RCN Northern Ireland Nurse of the Year. Janice Smyth, Director of the RCN in Northern Ireland, pictured above with last year’s winner Pauline Haslett, said: “Nurses deserve to be recognised for the very valuable contribution they make to our health care.”

For full details call 02890 384 600 or go to www.rcn.org.uk/northernireland

Ex-Council Chair is branch president

Judith Hunter, familiar to many as a former Chair of RCN Council, has been elected President of the RCN South of Tyne and Wear branch.

Judith, Head of Nursing and Patient Safety at City Hospitals Sunderland, said: “It’s always an honour and a privilege to represent the nursing community; and to be recognised by colleagues for my contributions to the RCN, and to nursing in general, is fantastic.”

She added: “We as nurses need to recognise the very special role we perform for our patients, and the special aspects of care we deliver.”

Congress is an experience all RCN members should have, and we’re happy to be able to offer some financial help for this

Patricia Marquis, RCN South East Regional Director

Visit www.rcn.org.uk/bulletin for details of countries and regions providing support to members who wish to attend Congress for the first time.

Time to register for Congress

Congress is the RCN’s annual flagship event and is free to attend. Simply visit www.rcn.org.uk/congress to book a place, and to find out more about the agenda, exhibition and Harrogate, this year’s host town.

A packed programme of social events will be held for members throughout the week. For example, RCN Scotland is inviting its members to a dinner at Cafe Rouge on Sunday night, rather than a drinks reception. It will be a ticketed event, so look out for more details.

RCN Congress runs from 13 to 17 May.

Contacting Council members by email

A new email address has been created for members to ask questions or give comments to RCN Council. It can be used to communicate with an individual Council member, or all members.

Spirituality resource

A new online resource, called Spirituality in Nursing Care, has been launched by the RCN.

It includes sections on spirituality and nursing care in the media, providing spiritual care, and personal and professional boundaries.

Membership from 84p per month

To see the resource, go to www.rcn.org.uk/spirituality
Cast your vote on pensions offer

RCN members are being asked to have their say on the College’s next steps after the Government made what it said was its final offer on NHS pensions

Education budgets must be protected
The RCN has said it is “crucial” to protect education and training budgets, following publication of a report from the NHS Future Forum.

The report looks into public health, integration of health and social care, and education and training in England.

The College said that many of its recommendations to the forum had been noted, but was disappointed that its call for the regulation of health care assistants was not taken forward.

It also highlighted the importance of preventing ill health, saying it helps to save money.

Cuts are ‘worrying’
The RCN has said cutting the number of nursing student places in London is “deeply worrying”. In a shake-up of nursing education in the capital, adult nursing training places will be cut by more than 400 from 2,000 to 1,580.

Members honoured
Congratulations to RCN members recognised in the New Year Honours. Among them was London board member Neslyn Watson-Druée who became a CBE, and Territorial Army member Major Helen Purvis, who became an Associate of the Royal Red Cross.

All RCN members, except those currently retired, are being asked to decide whether the College should accept or reject the Government’s NHS pensions proposals.

Voting papers are being sent out this week and members can vote by post, online or by phone. Votes must be returned by 4pm on 27 February.

After RCN Council met last month, Council Chair Professor Kath McCourt said there would be no further improvement on the Government’s proposals, but that Council members were aware of the depth of feeling among the wider membership. “It is critical that nurses and health care assistants respond to our questions, have their say and influence what happens next,” she added.

Council will meet again the day after the vote closes to decide next steps.

At present the proposed arrangements will apply in England and Wales, although it is expected that Scotland and Northern Ireland will mirror them. The RCN is seeking clarification.

Read more at www.rcn.org.uk/frontlinefirst
The RCN believes patient safety is paramount in reforms to health professionals’ mobility across Europe

Employers could have the right to test the language skills of European health care staff, under new proposals from the European Union (EU).

The RCN has been campaigning for some time to allow regulators and employers to test language skills to ensure EU nursing staff are fully equipped to practise in the UK and deliver safe care.

The new EU legislative proposals on mutual recognition of professional qualifications would also oblige health regulators to share the details of those who have been struck off or suspended – something the RCN has been pushing for.

The College has also welcomed moves for easier access to advice for health professionals seeking recognition of their qualifications, the maintenance of a minimum number of hours for nurse education programmes and an increase in the minimum length of general education to 12 years or equivalent before entering nurse education programmes.

However, the RCN does still have concerns about the proposals. The College would like:

• compulsory continuing professional development in all EU countries
• clarification on how any new minimum content for nurse education or a shift towards competences will be developed and agreed.

RCN Chief Executive Dr Peter Carter said: “Nursing is a global profession and individual health professionals have every right to seek recognition and employment in another EU country. This can bring many benefits to individuals and the health services they work in. However, patient safety has to be the top priority for nurses and other health care workers.”

He added: “We remain concerned about the lack of requirement to ensure professionals keep their skills up to date. It is surely a risk to patient safety that a nurse who has not worked for a number of years could, in theory, come to the UK from another EU country and register with the Nursing and Midwifery Council.”

Survey reflects national concerns over regulator

The RCN has made 10 recommendations to improve the relevance and credibility of the Care Quality Commission (CQC) – the regulator of health and adult social care in England.

A survey of nearly 5,500 RCN members showed that a third did not believe the CQC took sufficient account of the importance of staffing levels and skill mix when assessing health care providers like hospitals and care homes.

Many members also had concerns about the consistency of inspections, and reflected recent criticisms of the regulator reported in the media.

One respondent felt that higher staffing levels and allowing nursing staff to get on with their jobs would be of greater benefit to members than a CQC “box-ticking exercise”.

The member said: “The work they demand to be carried out has resulted in experienced nurses being tied to their computers and desks in order to fill in spreadsheets for various outcomes, which quite frankly seems a waste of valuable nursing time.”

The recommendations include:

• providing greater detail on the staffing levels that inspectors see on their visits
• ensuring hospitals and care homes have an unannounced inspection each year, with inspectors talking to a range of senior and junior staff without managers present
• responding to whistleblowers or those who raised concerns within two weeks, and explaining next steps
• CQC staff maintaining their nursing expertise and registration to help counter a perceived lack of clinical expertise, and recruiting inspectors with up-to-date clinical backgrounds.

The RCN said nursing staff had welcomed the recent changes the CQC has made to improve its efficiency in response to concerns, but added: “It is essential the CQC is now supported to continue to mature and develop into an effective regulator. However, it is vital that other honestly held concerns are addressed as a matter of urgency.”
Employers have a “moral and legal duty” to protect staff from violence

The RCN has said more must be done to protect lone-working community nursing staff, after more than 60 per cent of survey respondents said they had been abused at work in the past two years.

An RCN survey of 766 members found that 60.3 per cent of nursing staff had been verbally abused, and 10.7 per cent had been physically abused.

Nearly half of respondents did not feel their employer would take action over verbal abuse, while more than a quarter were not convinced they would take action over physical assault.

RCN Chief Executive Dr Peter Carter said: “Assaults on staff are never justified, and the worry is that as pressures increase and staffing cuts begin to bite we will see incidents like these becoming a more common occurrence.”

Lone workers are vulnerable to abuse

RCN moves to oppose health bill

The RCN has taken the significant step of publicly opposing the Health and Social Care Bill after the Government failed to address serious concerns expressed by members.

Recent developments, such as the rejection of proposals to mandate safe staffing levels or to regulate health care assistants, have led RCN Council to conclude that the Health and Social Care Bill in its entirety now poses a serious threat to the NHS.

The decision comes after months of work by the RCN as it sought amendments to the bill on behalf of members. But developments over the past six weeks have indicated that the Government’s proposals remain fundamentally flawed.

A revision to the bill, to allow NHS hospitals in England to use half their beds and theatre time for private patients, precipitated the College’s decision to oppose the bill. Although the RCN is not opposed to the idea of competition, it says the balance between quality and competition has become skewed. As a result, the College believes the reforms as they stand will not deliver on the principles originally set out and will have the opposite effect from that which was intended.

Chief Executive Dr Peter Carter said: “Our overall view is that the bill as a whole risks damaging the NHS which our members work hard to build and to support.”

RCN moves to oppose health bill
Letters and emails

Nurses must never help patients to end it all
While it was good to read in the RCN Bulletin of 11 November ("Reaching the end") of new RCN guidance acknowledging that assisted suicide and euthanasia are both unlawful, it is disturbing to note that the RCN in 2009 moved to a neutral position on campaigning for or against “assisted suicide” and presumably euthanasia!

I would expect the RCN to be opposed to both, and to resist all attempts to change the law.

Surely nurses (and indeed doctors) should always resist any request by a patient seeking assistance to commit suicide. I would like to think that if I am ever in hospital and expressed a wish to “end it all” that I would not be given the means or assistance to do this.

JBP Sawyer, Barnet, Herts

Editor’s note: The RCN publication stresses that assisted suicide is illegal in the UK. It offers guidance on how to respond to patients who express a wish to die.

Grey area for some but ‘untrained’ still rankles
I agree with Lisa Marie Jones (Letters and emails, January). The trained/untrained debate [in relation to health care assistants] annoys me, even more so because I became an associate practitioner. I realise that this is a grey area for many members of staff, but when prepping patients for theatre or giving out medication, and having completed a foundation degree (the equivalent of a nursing diploma), the title “untrained” still rankles!

Niki Brooker, by email

Specialty undermined by dementia job adverts
As a specialist nurse in mental health, I have recently been dismayed and humiliated by the fact that job adverts are now asking for adult registered nurses, or RGNs, to work as lead nurses for clients with dementia.

Thinking it was a misprint, I have rung to clarify and been told on more than one occasion, “The thing is, those sorts of nurses are able to deal with mental health quite easily” or “The whole thing of mental health training is just worthless nowadays. The adult training covers it anyway”.

I can’t see me ever being considered for a post on a medical ward so why is the specialty of mental health up for grabs?

I would be interested in others views on this. If mental health training really is “worthless”, then why do we continue to train nurses in the specialty?

Victoria Barak RMN, by email

We welcome members’ letters but may edit them for brevity. Contact details below.

Jane Bunnett emailed bulletin@rcn.org.uk, asking what the RCN offers to members in the independent sector. “It is about time the RCN supported nurses whichever sector they work in,” Jane wrote.

Clare Jacobs, RCN Employment Relations Adviser, responds:
RCN Council has committed to better supporting members in independent sector workplaces by strengthening current relationships; through recruiting new local representatives; and forging new relations with other employers. We are keen to understand how we can better support nursing and explore the challenges presented to both members and organisations in the independent sector. We have started to do this by surveying baseline employment information and meeting with organisations to develop joint work around professional development and support.

I also link in with a member of RCN staff in each regional office who is a nominated lead for RCN work in the independent sector. These colleagues are currently scoping and pulling together region-wide action plans to improve our local communications, profile and relations outside the NHS.

Read an extended version at www.rcn.org.uk/bulletin

www.rcn.org.uk/support
OPINION

Please cast your vote

Voting papers are being sent out to RCN members, asking an incredibly important question: whether you want to accept or reject the Government’s pension proposals.

At our most recent meeting, RCN Council decided that these proposals were so significant that all members should have their say, whether they are currently paying into the NHS pension scheme or not.

We believe that these latest proposals represent the most that can be achieved through what has been a long and complex negotiation process. We are now asking you, as RCN members, to have your say.

We know just how busy you are, which is why we have made the voting process as easy as we can. You have until 27 February to cast your vote by post, phone or online.

The RCN is here to represent you; we want to know how you feel about the pension plans. We know that there is a huge depth of feeling on the issue and few topics have caused as much discussion and debate. That’s why it’s absolutely crucial that as many of you as possible vote so that you can influence what happens next.

The proposals, if put into place, would affect members in different ways, so please make use of the wealth of materials that are being made available to you. You can access more information by visiting the RCN website. In the meantime, let me urge you again – cast your vote and have your say, we want to know what you think.

Professor Kath McCourt
Chair of RCN Council

As a student nurse that experiences many different placement areas, I would categorically say that verbal abuse is certainly not limited to community settings but pretty much ALL nursing areas. However unacceptable, it would appear to be part and parcel of the job.... Nurses should be given more rights and better support from employers regarding this.

Jennifer Lunnon

How shameful that the PM thinks he has to tell nurses how to nurse! Where are the nurse leaders to provide good leadership, high standards and good organisation? And while frontline jobs may have been cut, staffing levels are not always the problem. You could put an extra dozen nurses on duty on a poor ward but unless there is good leadership, the nursing care will still leave much to be desired.

Angela Perkins

The view from here

Tina Donnelly
Director, RCN Wales

I was appointed Commanding Officer (CO) of 203 (Welsh) Field Hospital last year and we deploy to Afghanistan in 2013.

It will be challenging but I’ve deployed four times during my 20 years in the Territorial Army and served in Afghanistan in 2008. The army has prepared me well and we’re already training for next year.

Being CO of a field hospital is like heading a trauma unit back here but in a very unforgiving environment. Last time I was in Afghanistan it was summer and temperatures hit 50 degrees centigrade. This time it will be winter, so extra challenges.

I’ll be away from the RCN for five months but, as before, I’ll leave behind a very good team here at RCN Wales. Associate directors Peter Meredith-Smith and Martin Semple will be looking after things so I know members will be in good hands.

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Monthly poll

Have your say on the issues of the day

This month
Do you feel your employer does enough to protect your safety at work?
Vote yes or no at www.rcn.org.uk/bulletin

Last month
Would minimum-price legislation help cut alcohol-related harm?
Yes 71%
No 29%

Online

What you’ve been discussing...

Facebook
www.facebook.com/royalcollegeofnursing

RCN Discussion Zone
www.rcn.org.uk/dz

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Angela Perkins
‘I almost lost hope’

The RCN’s Immigration Advice Service offers free guidance to many members each year. One explains how the service provided a lifeline during difficult times.

This time last year Malaya Mendoza* wasn’t even aware the RCN had an immigration advice service. Recruited from the Philippines to work for a private care home provider back in 2001, she had never had a problem with her right to work and live in the UK. But a change of employer and subsequent application for indefinite leave to remain led to a series of events that would threaten her nursing career and her ability to stay in the place she now considers home.

“Things were so bad that I almost lost hope,” Malaya says, in a soft Scottish accent. “I just didn’t know what to do and was terrified that I would have to go back to the Philippines. There is no work there and my mother and sisters rely on me to send money back. Even my embassy said they couldn’t help. I’m so grateful that I had the moral support of my Filipino friends who advised me to go to my union. I dare not think what would have happened if I hadn’t got support from the RCN.”

Malaya’s problems began when she applied to stay in Glasgow permanently. She had been working as a registered nurse in Scotland for 10 years by that point but had changed employer from the one that initially sponsored her to come.

When she changed jobs she enquired whether she would need to contact the UK Border Agency to apply for leave to remain that corresponded to the work permit held by her new employer – but was told by her line manager at the private company she hoped to work for that she did not. They would sort everything out, they assured her and, perhaps naively, she assumed they would seek legal advice to confirm that this was the case.

Seeds of doubt

When Malaya applied for indefinite leave to remain last year, her application was refused and alarm bells began to ring. She was called to a hearing by her employers and told she didn’t have the right visa to match the work permit possessed by them. She was given a chance to rectify the situation by the UK Border Agency but needed the support of her employer either to admit the advice they had given her was incorrect or sponsor her to apply for leave to remain. If they failed to comply, the private company would be fined £10,000 and Malaya would have to leave the UK.

Her employers instantly divorced themselves from the situation and dismissed Malaya. “It was so upsetting,” she says. “I had a good career there and was doing well as a unit manager. I even had an appraisal shortly before I was let go that praised my excellent attitude towards patient care.”

Shortly after being sacked, things got worse. The private care provider Malaya worked for referred her to the Nursing and Midwifery Council (NMC) on the grounds that she didn’t have the right to work in the UK. In desperation, she contacted the RCN.

Seeking help

“I got in touch with the RCN Glasgow office who were so helpful and reassuring,” she recalls. “They explained everything that was likely to happen and instructed a solicitor to..."
act on my behalf. He gathered lots of character references and at the preliminary hearing in November the NMC threw out the case. They said it was an immigration matter and not a question about my fitness to practise. I cried and cried with relief."

As well as getting legal support, Malaya was referred to the RCN’s Immigration Advice Service, which acted fast. “They wrote to my employer asking them to co-operate about the visa. But it was too late and there was no hope of success. They later advised me to move on and seek another job where I could apply for new leave to remain.”

Malaya was out of work for three months which put huge stress on her marriage and financial situation. She got welfare advice from the RCN to help her through this difficult period and was given a grant from the RCN Benevolent Fund as well as support to apply for assistance through the charity Nurse Aid. She is perhaps most grateful though for the advice and guidance that has helped her to secure her future in the UK.

Securing a future

“Andrew Jordan in the RCN Immigration Advice Service really made a difference. He was so efficient and thoughtful, always calling me back straight away and giving me guidance on what to do next. He boosted my morale at that time and gave me confidence that everything would work out OK. I’m not sure I would have got through it without him.”

Finally on 22 December, with help from the RCN Immigration Advice Service’s detailed legal representation, Malaya was granted leave to remain, having secured a job at the same care home provider she worked for initially.

“It was the best Christmas present I could have asked for,” she says. “I’m now back at work and so happy and relieved that I can stay. The RCN has been a lifeline for me. I would encourage anyone in a similar situation to immediately seek their expert advice.”

Andrew says: “We were happy to assist Malaya at short notice and are pleased at the outcome for her. However, the happy ending to this story could have been quite different so we would urge our members in the UK on various visas to contact us for free impartial advice as soon as they have any immigration queries or problems, if they change employment or if the terms and conditions of their employment change. Delay can significantly worsen an immigration issue so please do contact us.”

“Malaya Mendoza is a pseudonym

Find out more

The RCN Immigration Advice Service is accredited by the Office of the Immigration Services Commissioner (OISC) to assist with all UK immigration and citizenship applications and issues. The service is free and confidential and advice is given by email, telephone or by personal appointment where necessary.

Go to www.rcn.org.uk/immigration to find out more or call 0345 408 4391 (option one) or email immigration.advice@rcn.org.uk to contact the service.
Get ready to save

Reclaim the cost of your membership by accessing RCN money-saving deals

RCN members saved more than £4 million last year by taking advantage of fantastic money-saving deals through RCNXtra. Access to the scheme is free as part of your membership and you can make huge savings on everyday purchases such as food shopping and insurance.

“I’ve saved hundreds by regularly using RCNXtra,” says Marie Hannah from Nottingham. “It is a huge benefit and in terms of money-off deals, it can easily cover the cost of your membership.”

Marie’s favourite offer sees her getting at least five per cent back on her weekly shop at Sainsbury’s and other popular stores. “I just love the Cashback Gift Cards,” she says. “I top up my balance online then use them to pay for goods. You get money back for each purchase you make, so with a hungry family to feed the savings of using it throughout the year soon stack up.”

Marie is not alone in her enthusiasm for RCNXtra. Nursing student Daniel Sherret checks the site every few weeks to see what deals he can take advantage of.

“My favourite offer by far is the LV= insurance I got for my car,” he says. “It was my first car and first insurance policy so I knew it would be expensive. I checked everywhere for the best quote and ended up saving a massive £420 compared to the cheapest price comparison sites I searched. The money I saved went towards a two-week summer holiday.”

Daniel has also used RCNXtra to get money off holiday car parking, sending flowers and servicing his car. He thinks all members should take a look at the site. “It is such a fantastic part of the RCN’s membership package,” he says. “It’s really easy to register online and once you have, all you need is your membership number and the password you created, and you’re ready to save.”

By far the most popular offer available via RCNXtra last year was the tax refund service, which almost 12,000 members used to claim back incorrectly charged tax. Other big savers included a member who got £420 off her fuel bills through Member Energy, another who saved nearly £400 with Thomas Cook and a third member who got £335 off a holiday with Superbreak.

With all these deals and more on offer, can you afford not to use it?

““I used RCNXtra to get cheap travel insurance through LV=. As I have to declare a pre-existing medical condition, travel insurance can cost me more than most people. However, through RCNXtra, I found cover which saved me money too.””

Ben, Woking

“I saved almost £100 on my car insurance. I didn’t think we could better our existing deal.”

Maria, Birmingham

“I got a Gourmet Society Card for less than half price plus two months extra free with RCNXtra. Now I benefit from two-for-one deals at all my favourite restaurants.”

Marie, Nottingham

www.rcn.org.uk/xtra
Bolton’s beacon of excellence

Fiona Murphy’s vision for bereavement and donor support began as a lightbulb moment. But her innovative approach has gone on to engage and inspire many. Rachael Dry reports

Back in 2004, RCN member Fiona Murphy began a journey that paved the way for a new, more practical approach to bereavement support in Bolton. At that time, Fiona considered the possibility of merging the then separate bereavement care and organ and tissue donation services as a way of ensuring the highest standards of support for bereaved relatives, and to provide them with donation choices, should they wish to consider that option.

The subsequent amalgamation of bereavement and donor support at Bolton Hospital NHS Foundation Trust set the wheels in motion for a change in the approach taken by staff. A formal endorsement from the chief executive emphasised the importance of donation choices as part and parcel of end-of-life care.

Specialist training in bereavement support and eye retrieval helped the trust move forward with Fiona’s innovation and to blaze a trail that others were keen to follow.

Organisations up and down the country contacted her team for advice on how to improve their own practice, and the innovation, known as “The Bolton Way”, was cited as an example of best practice in both the national End of Life Care Strategy in 2008 and the North West Organ Donation Good Practice Guide in 2009.

Closer collaboration

Last year Fiona took her initial concept a step further. A pilot scheme was started by the Bolton team in January focusing on closer collaboration between emergency services, the coroner’s office and health care clinicians. As part of the scheme, the police were trained to offer bereavement support and donation options to relatives following a sudden and unexpected death.

The initiative was deemed such a success that a conference, Police, Coroner, Action!, was held in Bolton last November to share learning and promote the collaborative approach.

It was partially sponsored by the RCN Greater Manchester branch and featured interactive sessions where invited guests engaged in role play to learn how to provide truly personalised bereavement support.

Inspiring others

Those who attended said it was an “emotional and inspiring day” that placed an important focus on the full story of relatives of patients who had lost their lives, and the health care workers who interact with them.

Fiona, crowned Nursing Standard Nurse of the Year in 2011, now hopes her innovations can continue to enable the progression of bereavement and donor support across the country.

“What we have achieved over the last 12 months, in collaboration with the coroner, the police and the emergency department, has been unbelievable,” she says. “It has been very humbling to see the effect of this on porters, bobbies, nursing staff and coroner’s officers alike. Everybody owns the service. We all feel valued, and I am so proud of what we’ve been able to achieve through this innovation.

“I think the greatest achievement is the benefit of us working together to give each bereaved family high-quality care. This is time a family will never forget, and it has been enhanced through our new collaborative relationships.”

For more information about the work of Fiona and her team, go to www.bereavementand donorsupport.com
Embarrassment or bowel cancer?

The RCN is supporting a campaign to reduce deaths from bowel cancer. Kim Bell talks to a member whose work helps detect early signs of the disease

RCN member Ali Cantelo didn't expect to spend her days "looking up bums". She says it was "a strange twist of fate" that led her to a career investigating colorectal disease. "I wanted to become a nurse practitioner but kept being sent the wrong information about endoscopy training. It happened three times before I stopped throwing it in the bin and took it seriously."

It's now 12 years since Ali completed her training on the first course of its kind to be held in the south east. Now, thousands of rectal examinations later, she runs her own endoscopy outpatients clinics, typically seeing around 70 patients a week. "I affectionately name it the 'one-stop bottom shop'," she says. "People get referred to me and I often consult, examine and treat them within just one appointment."

Ali undertakes the procedure known as flexible sigmoidoscopy, which uses a small bendable telescope to explore the lower bowel. It takes about five minutes and is cheaper, quicker and more comfortable than a colonoscopy. But most significantly, it can be performed by nurses.

In Portsmouth, at the Queen Alexandra Hospital where Ali works, information about the key symptoms of bowel cancer has been collected over the past 27 years. The evidence shows that flexible sigmoidoscopy is by far the most effective way of investigating the early warning signs of cancer.

Providing peace of mind

"When people are referred to the clinic they are fraught with worry," Ali says. "They might have rectal bleeding or a change in bowel habits and automatically fear the worst. With this procedure I can quickly tell them that they are healthy and that they haven't got bowel cancer. It's a very worthwhile test, and for the sake of a few minutes' embarrassment, it can save lives."

Putting patients at ease is an important part of the job. "They're scared so it's my job to help them relax. If they leave saying 'it wasn't that bad' and have peace of mind about their problems, I can be satisfied I've done a good job."

A serious cause for concern

But poor survival rates for bowel cancer in the UK remain a serious issue. If the cancer is caught early, 90 per cent of those diagnosed survive, yet it remains one of the biggest cancer killers due to late detection.

To encourage earlier detection, the RCN is supporting a charity set up by former BBC Watchdog presenter Lynn Faulds Wood, who herself overcame the disease. Bowel Cancer Information is an interactive multimedia website with useful resources, films and advice for both health practitioners and the public. Ali is featured on the website demonstrating how simple a flexible sigmoidoscopy really is. An online symptoms checker is also available. This advises on the likely seriousness of symptoms, based on evidence from over 30,000 bowel cancer cases.

Learn more
Bowel Cancer Information: www.bowelcancer.tv. To join the RCN’s Gastrointestinal Nursing or Cancer and Breast Care forums see www.rcn.org.uk/forums
FORUM FOCUS
HIGHLIGHTING THE WORK OF THE RCN’S SPECIALIST FORUMS AND NETWORKS

In-flight drug law is ‘highly complex’

David said: “For most nursing staff working in UK settings on the ground, drug administration laws are very clear, but in our field nursing staff are sent out to countries all over the world, working on both the ground and in aircraft.

“The legal framework for each country can be very different and complex. Nursing staff are often alone, in critical situations and without access to written prescriptions. They must always think ahead.”

With this in mind, and in response to heightened regulation around medicines management, the forum has recently launched revised guidance, In-Flight Medicines: Guidance for Management and Administration.

The guidance aims to support in-flight nursing, outlining the classes and categories of medicines, the risks associated with drug administration and the options for best practice to enhance patient care.

David said the guidance also advises on best practice required to work within the current UK law at the time of writing, so a lot of the material is relevant for all nursing fields.

“It is a great example of the RCN at its best – locating a knowledge gap and then providing necessary advice to support specific groups of nurses. There’s currently nothing else of its kind,” he said.

The content of the guidance was shared at a forum roadshow last month in Edinburgh and will be disseminated at three more events this year in Cardiff, Belfast and London.

David said the forum has also been busy working on developing a standardised national early warning score along with an e-learning tool for recognising deteriorating patients, and new competencies for in-flight nursing staff, all of which will be discussed at the roadshows.

Pin site consensus ‘logical’

Newly published guidance will offer a rationale for care decisions

New pin site care guidance has been published in the absence of strong evidence for effective pin site care and infection prevention.

Julie Santy-Tomlinson, Society of Orthopaedic and Trauma Nursing (SOTN) member, involved in producing the guidance, said: “External fixation and limb reconstruction procedures are a vital part of trauma and orthopaedic treatment and care, but evidence-based research in this area is lacking.

“This guidance is unique in that it gives the rationale behind decisions for everything – it is grounded in clinical experience and logic.”

Published as a result of the 2010 SOTN Consensus Project, undertaken by a group of clinical experts brought together by the SOTN, the guidance aims to offer support to nursing staff in daily practice and ensure care delivery meets current views on practice.

The consensus involved a one-day meeting that informed the guidance directly. The forum devised a series of agreed statements on the day and these were used to develop an online questionnaire. Participants then anonymously expressed their level of agreement with each statement.

“Consensus documents don’t usually publish results like we have, but pin site care can have a huge physical and psychological impact on the patient and so it is extremely useful for results to be openly available to improve patient care in the future,” said Julie.

“What we have produced is the most current national, and potentially international, definitive document on the subject. I encourage members to download it, print it out, and use it as a day-to-day guide,” she added.

Brian Lucas, SOTN Chair, said: “The care of pin sites is a controversial topic and this guidance enables staff to base their clinical practice on the best available evidence. It’s an excellent example of how SOTN members work together to identify issues and then devise practical guidance to address them.”

The publication was supported by an unrestricted educational grant from Smith & Nephew.
FORUM FOCUS

TO JOIN AN RCN FORUM VISIT WWW.RCN.ORG.UK/FORUMS OR CALL RCN DIRECT ON 0345 772 6100

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Global education

The Education Forum is continuing to work closely with the RCN International Department on issues relating to global nursing education. Their current focus is on the development of nursing education across Europe in light of the changes late last year to the EU Mutual Recognition of Professional Qualifications Directive.

Fertility competences

The Midwifery and Fertility Nursing Forum has recently revised and updated the RCN publication Specialist Competences for Fertility Nurses, to encompass the changing context of fertility care and Agenda for Change pay bands.

Val Peddie, former Chair of the Midwifery and Fertility Nursing Forum, said: “Having the knowledge, skills, experience and motivation to do the job is situated at the heart of the competences, and provides fertility nurse specialists with a benchmark – or standard – for the delivery of expert clinical care.”

Israel visit

Jayne Etches, District Nurses Forum member, was awarded a community nursing representative place on a trip to Israel late last year. The trip, jointly hosted by the Israeli Ministry of Health and the Israeli Government, was to examine health care provision in Israel and compare it with UK health care. Jayne said: “It was an amazing opportunity and I learned so much. Nurses there appeared to be very impressed by our decision-making ability and use of clinical skills in the UK.”

What I’m thinking

Cris Allen
Chair, Mental Health Forum

Last year departed in a dismal slew of disasters and debts but the RCN Mental Health Forum had a good 2011, with a successful conference and the launch of its film promoting mental health nurses’ work.

But we must continue to lobby on the issues that concern us and affect people who use our services. Last March thousands of public service workers thronged the streets to protest about cuts. November saw some 430,000 workers take action to demonstrate against the Government’s stance on pensions and pay.

The Office for National Statistics says we are happy but a British Social Attitudes report says we are less interested in the common good than ever before – which risks exclusion of the vulnerable. For all the wrong reasons, mental health nurses’ value may increase as more people become entangled in downturn despair.

Join the forum so that we can speak and act with strength – and please share your issues and concerns with us.

FORUM FOCUS

Gastro forum leads on event programme

The RCN Gastrointestinal Nursing Forum has been asked to co-ordinate the nurse education programme for the first UK Digestive Disorders Federation meeting in Liverpool in June. This is the first time this type of symposium has been organised in the UK and it is hoped by the forum that it will be held on a regular basis.

Isobel Mason, Gastrointestinal Nursing Forum Chair, said: “We have worked closely with other nursing organisations to bring together an exciting programme. “This is a great opportunity for nursing staff working in many of the diverse areas of gastroenterology, hepatology, nutrition and other specialties to meet in a multi-professional forum with their medical and surgical colleagues.”

Imaging forum on the road

After a successful roadshow in Cardiff last year, members of the Imaging Forum will be taking their roadshows to Edinburgh, Sunderland, Birmingham and London this year. The roadshows, kindly supported by Cook Medical, aim to offer information on the changing context of imaging nursing and provide the latest evidence to support practice.

Maggie Williams, Imaging Forum Chair, said: “The roadshows provide imaging nurses with an excellent opportunity to network and keep up to date with advances in this specialist area – we’ve developed the programme to ensure there is something of interest for nursing staff working in a variety of imaging settings.”

www.ddf2012.org.uk

www.rcn.org.uk/publications

www.rcn.org.uk/Israel

www.rcn.org.uk/events
A public place

London, 17 February
Prevent, promote and protect: public health is every nurse’s business

There’s still time to book for this major RCN event examining the place of nursing staff in promoting the public health agenda.

Health care professionals are becoming increasingly aware of their role in the prevention of ill health and of the effects of unhealthy lifestyles. This conference will provide a valuable opportunity to consider the scope of public health, the breadth of public health nursing and to update knowledge and skills in areas of clinical practice.

The conference programme is comprehensive and includes expert speakers such as epidemiologist Professor Sir Michael Marmot who will offer insights on the future of public health. RCN Chief Executive Dr Peter Carter is also among the speakers.

As well as a major exhibition and extensive networking opportunities, the conference offers delegates a wide range of interactive sessions relevant to their clinical practice.

Read more at www.rcn.org.uk/publichealth2012 or email publichealth@rcn.org.uk for more information.

Skin deep

London, 29 February
Jumping the hurdles in dermatology care delivery

The annual conference and exhibition of the RCN Dermatology Nurses Forum will consider dermatology services in relation to the emerging clinical commissioning groups and ensuring that patients do not become disadvantaged by changes to service provision. The conference will also offer a chance to share examples of best practice in areas that include leg ulcers, paediatric dermatology and psoriasis. Conference fee for RCN members: £120.

Out of Africa

1 March
Betsi Cadwaladr Lecture given by Councillor Christine Mary Evans

RCN Wales is pleased to announce that the Betsi Cadwaladr Biennial Lecture will be held at RCN Wales HQ, Ty Maeth. The lecture, named after the 19th century nurse who served alongside Florence Nightingale, will be given by Councillor Christine Mary Evans, who will describe her travels to Africa over the past 12 years. The lecture will start at 6pm and be followed by a buffet supper.

To reserve a place email georgina.weeks@rcn.org.uk or ring 02920 680733.

Email louise.walczak@rcn.org.uk or call 0207 647 3579 for details.

www.rcn.org.uk/events