Support for Stafford

The RCN joined a march through Stafford last month to show solidarity for nursing staff working at the troubled hospital. Tens of thousands of people turned out for the demonstration after it was announced that the trust running the hospital had been put into administration. The RCN is consulting members on proposed changes, which include moving acute services out of Stafford. Email stafford.feedback@rcn.org.uk to express your views in confidence.

Reclaim nursing

RCN President Andrea Spyropoulos urged members to “fight for a culture of ownership” during an emotional speech at Congress last week. “Let’s ignite the nurse within,” she said. “Let’s fight back when we’re attacked, stand up when we’re pushed down and stop at nothing to deliver for patients.” Opening the event in Liverpool, Andrea stressed the importance of getting the culture of care right. Read more at www.rcn.org.uk/congress_opens

Assist MMR uptake

The RCN is urging nursing staff across the UK to play their part in curbing the growing threat of measles. A vaccination plan aimed at targeting one million schoolchildren in England who missed measles, mumps and rubella (MMR) jabs was announced last week. RCN Public Health Adviser Helen Donovan said: “We know there are other areas across the UK where coverage of the MMR vaccine is low and children are at risk.”

Card for life

The RCN is introducing a new membership “card for life” from May 2013. Replacing the annual card, it will be sent out as individuals’ membership comes up for renewal and will not expire. The card will save an estimated £30,000 each year and reduce the impact on the environment. Look out for the card and further details in your renewal pack.

Take a leading role

Enthusiastic and experienced members are needed to stand for seats on RCN Council to help the organisation champion nursing, improve care and fight for the rights of nursing staff. There is one Council seat available to represent every country and region throughout the UK. Nominations close on 17 June. Go to www.rcn.org.uk/elections to find out more and complete a nomination form.

A first for HCAs

Health care assistants could vote on Congress resolutions for the first time in the history of the RCN this year. The move follows the formal creation of the RCN Health Practitioner Committee. Member David Herring said: “Voting makes such a huge difference to your sense of involvement at Congress. It makes you feel like you have a voice.”
‘Poor staffing levels lead to poor care’

Retired not redundant

RCN Council will be looking at ways to use the talents of retired accredited representatives after a resolution at Congress was passed with an overwhelming majority of the vote. “Representatives are the lifeblood of the RCN,” said Zeba Arif. “Your psyche and your belief in the RCN don’t change,” she argued.

The RCN recently joined the National Pensioners Convention (NPC) to campaign for the rights of retired people.

Membership of the NPC means the RCN can have up to four members on the NPC National Council. Find out more at www.rcn.org.uk/retired_members_network

Setting the direction

The RCN’s strategic plan for the next five years was unveiled by Chair of Council Professor Kath McCourt at Congress last week.

The plan, designed to make sure the RCN stays on track, focuses on what the organisation needs to do and deliver for members.

It has five key themes which set out the RCN’s aims for promoting excellence in practice, nursing development and education, shaping health policies, representing nurses and nursing and being an effective, value for money organisation.

Read more at www.rcn.org.uk/strategicplan

A rousing keynote speech lifted Congress delegates to their feet in rapturous applause last week as RCN Chief Executive Dr Peter Carter called on the Government to give nurses the support they need to deliver gold standard care. Reflecting on some of the toughest challenges ever faced by the profession, Dr Carter encouraged members to stay strong.

“The journey ahead is a long one,” he admitted. “We won’t get there overnight. But we’ll win the argument in the end. We’ll prove that you continue to go above and beyond for patients everywhere and we’ll prove that nursing isn’t a profession that gives up.”

On a day that the RCN exposed the dangerous reality of unsafe staffing levels, Dr Carter stressed the urgent need for mandatory safe staffing levels.

Describing the Francis report as a “missed opportunity”, he said the need for mandatory safe staffing levels has never been greater.

“What we need above all else is feet on the ground, nurses at the bedside and in the community. The Government can’t keep labouring under the illusion that numbers don’t matter, the facts prove they do.”

The RCN Chief Executive referred to evidence gathered from more than 8,000 members in advance of the event in Liverpool. Almost 90 per cent of those questioned said staffing levels were not always adequate, with almost a third saying they were rarely or never safe.
Culture of fear puts patients at risk

Nursing staff scared to blow the whistle due to feared reprisals

Around a quarter of nursing professionals have been discouraged or warned off raising concerns about patient care, according to new evidence from the RCN. Forty-four per cent of members questioned said worries about victimisation or reprisals would make them think twice about blowing the whistle. More than 8,000 members responded to the survey.

The RCN has expressed concern that despite the recent attention drawn to the importance of whistleblowing, many nursing professionals are still experiencing a culture of fear and intimidation.

“This is putting patient safety at risk,” said RCN Chief Executive Dr Peter Carter. “One of the key lessons from the Francis report was that frontline staff must feel confident that they can raise concerns about patient safety without fear of reprisals.”

Just under half of respondents who had raised concerns said their employer took no action, while 32 per cent said they didn’t know whether their organisation had a whistleblowing policy. Of those respondents whose organisation did have a whistleblowing policy, 37 per cent were not aware that there is legal protection for all employees who raise concerns.

“Nursing staff want to provide excellent care, but sometimes the systems they work in do not allow this,” Dr Carter said. “Staff know what is safe for their patients and what is not. However, they can’t raise concerns if they feel unsure about what their employer’s policy is or what the repercussions will be. Trusts which don’t encourage an open culture from the very top will only continue to make mistakes, sometimes with devastating consequences,” he added.

The RCN has a dedicated whistleblowing helpline for members. Call 0345 772 6300. See page 11 to read about the vital role RCN members play in reporting poor care to challenge failing trusts.

Withdrawal from ICN authorised

RCN Council will now decide next steps

Members voted overwhelmingly in favour of authorising RCN Council to withdraw the organisation from membership of the International Council of Nurses (ICN) at an Extraordinary General Meeting in Liverpool last week. The resolution was passed with 91.7 per cent of the vote.

The RCN has been in negotiations with the ICN for the past five years over the level of fees paid and has been pressing for the organisation to become more fit for purpose. The RCN’s fees represent 16 per cent of the overall ICN subscription income, which equates to more than half a million pounds annually. “We believe this is unsustainable,” said RCN Chair of Council Professor Kath McCourt.

Members rushed to the microphone to express their strong yet conflicting views. Many showed support for withdrawing from membership of the ICN but were keen to ensure the money saved is ringfenced for progressing nursing internationally.

“We can’t stay in for sentimentality,” said Saffron Brown. “We cannot continue to prop up and sustain the ICN.” Others urged caution, fearing a decision to withdraw from the ICN may be premature. “I think we should stay in,” said Linda Bailey. “If we want to change things with the ICN, we need to change them from the inside.”

RCN Council will now consider next steps and report back to members. The RCN’s membership of the ICN is currently suspended as the 2012 fees have not been paid in full.
Members say RCN dual roles strengthen one another

Almost 100 per cent of delegates voted in favour of a Congress resolution, proposed by Chair of Council Professor Kath McCourt, stating that the RCN is more effective because of its dual role as a Royal College and a trade union.

“Someone mentioned sliding into mediocracy. This College is not for sliding. This College is not for dividing. This is one College,” said Professor McCourt, concluding the emergency resolution, which saw a series of impassioned speakers take to the stage. Referring to suggestions in the recent Francis report that the RCN should consider splitting its trade union and professional sides, Professor McCourt said that the RCN’s two roles had in fact strengthened one another. “I am convinced we have the model right,” she said.

Council Member David Harding-Price, who seconded the resolution, said the RCN has a vast knowledge base: “Splitting the RCN won’t stop another Mid Staffs.” Dave Dawes asked: “If splitting the RCN is a solution, what problem is it a solution to?”

“We are the ones who strive for our education and students to achieve the best they can. We do not need to split or change,” said Maria Nicholson adding that she “would not have” politicians or the Francis report telling her what her union should do.

Christopher Butler said: “We have a long and proud history of balancing our respective roles. Dividing our voice will compromise our future.”

Paperwork prevents care

RCN survey results expose shocking burden of administration in the NHS

Nursing staff are being prevented from caring for patients because they are drowning in a sea of paperwork, results of a survey released by the RCN reveal. The increasing burden of administrative work means members spend an estimated 2.5 million hours a week on non-essential clerical tasks.

The survey also found that if technology is not used properly it can increase the workload of nursing staff. Members told the RCN that inappropriately implemented IT can double the amount of administrative work required for each patient. This is of particular concern to community nurses.

“These results show what a shocking amount of time is being wasted on unnecessary bureaucracy,” said RCN Chief Executive Dr Peter Carter. “Some paperwork is essential but patients want nurses by their bedside, not ticking boxes.”

Addressing excessive paperwork and administration is one of the seven key work areas of the RCN’s This is nursing initiative. Visit www.rcn.org.uk/thisisnursing for more.
Letters and emails

A future for LD nursing

The RCN Learning Disability Nursing Forum Committee wants to acknowledge Christine Smith's issues and welcomes the interest this letter attracted (End of LD Nursing? RCN Bulletin, April 2013).

We identified the significant health inequalities faced by people with learning disabilities and what was then the reduction in learning disability nurses being employed in the health service in the RCN position statement on learning disability nursing, published in 2011.

This document prompted the four countries' health departments to review their positions and there was recognition that a modernising programme was required to consider where and how learning disability nurses practice; how nurse training ought to adapt; how it should be delivered and what plans are in place to develop leadership in the profession.

Since then the forum has worked hard to sustain the profile of learning disability nursing through our award-winning film, The Importance of Learning Disability Nursing, and by encouraging the UK health boards to develop their work plans for implementation of the recommendations outlined in the document Strengthening the Commitment.

There is a growing online community on Facebook and Twitter, and established email networks. These would be great places for Christine, and people like her, to begin connecting with other learning disability nurses.

Daniel Marsden, on behalf of the RCN Learning Disability Nursing Forum Committee

Counselling service praise

I thank the RCN counselling service for all its help and support.

If you're in a bad way, or struggling, you're not on your own. Don't be afraid to ask for help. We spend our lives caring for the sick, so give yourself some time back. If you're struggling, call the RCN counselling service and see if they can help.

When it gets tough, I call the RCN and before long, I am back out in the field, caring as I always have done. I came into nursing to help those who could not help themselves. I wanted to care and make a difference to people's lives and I still do.

Anonymous (by request)

Your views

Member contributions published on the opinion pages of RCN Bulletin are not intended to represent the views of the RCN but rather provide a platform for members to express their views and stimulate debate. The full text of the above letter, along with other responses received on this subject are available at www.rcn.org.uk/bulletin

Feedback

Steve Jamieson, RCN Head of Nursing, on how the RCN is strengthening its professional work

As we reflect on the publication of the Francis report, the RCN has undertaken a review of its Learning and Development Institute and the way in which we offer our professional nursing services to members. This was an opportunity for us to strengthen our role as the leading authority on professional nursing, setting standards and learning and development activity.

Since 2007, when we last reviewed our services, the UK health and social care climate has changed, almost beyond recognition. We have witnessed intense media scrutiny, an increase in professional advice requested from members and the launch of new RCN campaigns, such as This is nursing. Given these changes, it was important for us to consider the way we deliver services to you.

Our new way of working will bring the RCN's trade union and professional roles much closer together to ensure the delivery of services is the best it can be. By being more responsive to business and economic challenges, we have a real opportunity to develop and promote the RCN and the voice of professional nursing.
Tackling discrimination

As we look towards Nurses’ Day and reflect on the considerable challenges nursing staff face, it is important we are proactive in tackling an important issue.

Speaking to a group of nursing staff at a conference recently, I was impressed by their evident talent, skill and passion for nursing. But when I asked them about their next career steps, their faces fell as they described their experiences of discrimination which had served to thwart their aspirations. For me, this highlighted the tremendous waste of human potential and talent that many organisations are guilty of when they fail to tackle discrimination on all fronts.

Discrimination is thriving within the health care sector despite decades of legislation outlawing it. Our own consultation as part of our Equality: Getting it Right sessions highlighted the uncomfortable truth: we all need to do more to tackle unlawful discrimination.

Crucially, we aren’t just talking about racism here. Individuals and groups can experience discrimination on a wide range of grounds such as their age, disability, gender, sexual orientation, gender identity, religion or belief.

Whether it’s subtle or overtly obvious, unlawful discrimination can have the power to destroy the lives and careers of those who experience it. That’s why the RCN is embarking on its new project, Is that Discrimination?

We want to ensure that you are clear about your rights, representatives are supported, and employers are encouraged to understand the benefits generated when they create equality of opportunity for staff. Read more at www.rcn.org.uk/diversity

Tom Sandford, Director, RCN England
Nursing and me

Nurses’ Day on 12 May is an opportunity to celebrate the profession. Find out why RCN members and their patients are proud to be honouring the best of nursing care.

Wendy Statter, pictured centre right with Jennifer O’Sullivan, won the Florence Nightingale Foundation Chairman’s Award for Compassionate Nursing Care in the Nursing Standard Nurse Awards 2013. Ellie Hodge, pictured top right with Rebecca Hastie, won the Patients’ Choice Award.

Pictures courtesy of Chris Balcombe and Jim Varney.

We all know nursing can be physically and emotionally demanding, but if you put your heart and soul into it, the rewards are plenty.

I always felt I was meant to be a nurse – it was instinctive. I retired a few weeks ago after 40 years of nursing and I feel incredibly proud when I look back on my career.

I’ve nursed some remarkable people and I’ve loved looking after patients in their own home. It always felt like a privilege really – to be invited into a patient’s home. Often at their saddest times they were still so respectful, so gracious.

I’ve always cared passionately about my patients – staying late if needed, listening to them, responding to their needs. If you do your best and treat patients with respect and dignity, they trust you, and you can form a really good relationship.

In the supermarket the other day a lady tapped me on the shoulder and said: “You looked after my mother 20 years ago,” and thanked me. It happens quite a lot. I’ve been working in the same community for 20 years so I’ve nursed generations of the same family – fathers, sons, mothers, daughters.

Some patients I’ll remember forever – a few tend to sneak into your heart don’t they? I’ll miss nursing. It’s been quite difficult to leave.

Wendy Statter, recently retired community nursing sister

Nursing can be demanding, but if you put your heart and soul into it, the rewards are plenty.
As I walk around the hospital, some of the mothers I’ve helped point me out to their family. “That’s Maive,” they’ll say, “she helped me to breastfeed.” It gives me a sense of pride.

I’ve been working on a neonatal ward for 12 years. Working with babies and watching them grow is wonderful.

I love looking after people and making them better. People often come in frightened, not knowing what’s going on. It’s vital we are clear about what is happening and keep them updated. It’s so rewarding when mothers leave confident and with a happy, well-fed baby.

When I first meet a patient, it’s at the forefront of my mind that they are someone’s mum, dad, sister, brother or friend – everyone is special, unique. I think: what would I want if it was my husband in hospital? How would I want him to be treated?

I love my role as a chemotherapy nurse as it allows me to spend quality time with patients and be involved in decision-making. When I first meet a patient, it’s at the forefront of my mind that they are someone’s mum, dad, sister, brother or friend – everyone is special, unique. I think: what would I want if it was my husband in hospital? How would I want him to be treated?

I use my experience to make sure I’m approachable, warm and smiley, so patients feel reassured and comfortable asking questions – it’s so important people understand exactly what is happening. When it comes to communication, one size doesn’t fit all. You have to find your way through talking and listening to patients to work out what suits them – every person responds differently.

Watching patients get better and learn to manage their chemotherapy treatment is amazing. When they leave and they’re smiling it makes everything worthwhile. It’s a privileged position I’m in – I’ve met some extraordinary human beings, so I feel pretty lucky. How many people go home thinking that at the end of the day?

I think the work of health care support workers should be celebrated more – every member of the nursing family makes a difference.

Ellie Hodge, chemotherapy nurse

Why not hold an event to celebrate Nurses’ Day? Free materials are available to order and download from the Nurses’ Day website. Visit www.rcn.org.uk/nursesday to find out more and read other patient stories.
Nursing on red alert

RCN warns of more catastrophic failings to come if health service warning signs go ignored. Kim Scott reports on the latest findings from the Frontline First campaign

It’s heartbreaking to see what patients are having to put up with

Short-sighted cuts to the nursing workforce are still taking place across the NHS despite being identified as an important factor in the catastrophic failings at Mid Staffordshire. The RCN has urged the Government to take immediate action to tackle health service warning signs, including staff cuts, an ageing workforce, and soaring patient demand.

Through its Frontline First campaign, the College has identified that there are now 68,880 NHS posts in the UK earmarked to go before April 2015, with 24,836 already axed. This includes a decrease of 4,800 registered nurses and 4,042 health care assistants.

Dr Peter Carter, Chief Executive of the RCN, says: “Our latest Frontline First report paints a very worrying picture. Tens of thousands of posts have already been cut with even more expected. The effects are being felt on the ground, with hospitals and emergency departments unable to cope.”

Mounting pressure

Only last week the RCN exposed how patients attending A&E are being left on trolleys and treated in inappropriate areas because services are operating beyond capacity. The pressures on emergency departments right across the UK appear unprecedented.

In the south east, there are five trusts where A&E waiting times have been considerably worse than the national average for the past quarter, and in the past two weeks several hospitals have seen a significant rise in the number of patients waiting more than four hours to be assessed.

“The figures make for stark reading but the stories from the frontline are even more worrying,” says RCN South East Regional Director Patricia Marquis. “We had an incident of a busy A&E where one nurse was looking after 27 patients. This is dangerous and unacceptable.”

It isn’t clear why the situation is getting worse, though it has been suggested that difficulties with the introduction of the new NHS 111 service could mean ambulances are being dispatched inappropriately in some areas. Winter illnesses are a contributory factor and the RCN knows that understaffing plays a significant part.

Call to action

It isn’t an isolated problem. At a press conference held at RCN Congress in Liverpool, an emergency nurse from Wales broke down in tears when trying to describe the situation at his workplace. “It’s heartbreaking to see what patients are having to put up with,” he said.

However, the increasing number of axed frontline staff is just one of many warning signs flashing across the health service. The Frontline First report also found that the combination of nursing student places being cut and an ageing workforce could lead to a massive nursing shortfall in the future.

The RCN has outlined eight “calls for action” needed to avoid a nursing crisis in the future, including boards regularly monitoring up-to-date information on their workforce, such as staffing levels and ratios of registered to unregistered staff.

“We need to see an immediate end to short-term, slash and burn cuts to nursing staff levels and the failure to plan for the long term. This is damaging patient care and bringing the health service to its knees,” Dr Carter concludes.
Caring after breast cancer

Daniel Allen reports on the work of an RCN member who is leading an innovative service to help women manage the debilitating effects of intense radiotherapy

Denise Moorhouse manages the breast radiation injury rehabilitation service based at the Royal National Hospital for Rheumatic Diseases in Bath, with other centres at the Christie in Manchester and Barts Health in London. The service treats those who experience continuous pain and co-morbidities as a result of treatment given when radiotherapy was less sophisticated than it is now.

The condition, known as brachial plexus injury, is rare and can develop many years after treatment. But, says Denise, the pain associated with it can be severe and can affect function. Psychological issues are common, too.

The condition, known as brachial plexus injury, is rare and can develop many years after treatment. But, says Denise, the pain associated with it can be severe and can affect function. Psychological issues are common, too.

The service was established last year, with NHS specialist services funding, after a successful pilot. It grew out of lobbying of the Department of Health by women who had suffered brachial plexus injury and the subsequent pilot confirmed a clear need. "Eighty-five per cent of women seen during the pilot had chronic pain," Denise says. "And 38 per cent reported reduced quality of life." Both measures improved after intervention.

Individualised care

Women are referred to the service usually by GPs and primary care nurses but can self-refer too. An initial assessment is undertaken by a nurse from the service over the phone and individuals are then invited to attend a two-day clinic at one of the three centres.

Denise says day one of the clinic consists of appointments, tailored to individual need, with specialists in a range of areas — including pain management, oncology, respiratory care and psychology. The second day consists of a group workshop and an informal question and answer session. "They find that very beneficial as they are coming together with others facing similar problems," says Denise.

Depending on outcomes from the two-day clinic, some women go back to their respective treatment centres for a period of inpatient rehabilitation that might include daily physiotherapy, pain management or psychology appointments. Denise explains how some women seen by the service express guilt over appearing to complain about treatment that may have saved their lives. Others have concerns that their own children will experience similar problems if they contract breast cancer. "Having access to a multidisciplinary team at a one-stop clinic ensures their physical and psychological needs are addressed," she says.

Funding for the service has been secured for the lifetime of the current cohort of individuals experiencing symptoms, with need expected to decrease in the future. But Denise says many women continue to suffer in silence even though she has been working hard to promote the service. She is keen to use RCN networks to raise awareness further.

"We know there are many more people out there living with chronic pain resulting from radiotherapy for breast cancer. I would urge RCN members who know of women with symptoms of brachial plexus injury to get in touch or encourage those individuals to make contact."

Learn more

For more information on the breast radiotherapy injury rehabilitation service, go to www.rnhrd.nhs.uk/175 or email denise.moorhouse@rnhrd.nhs.uk

We know there are many more people out there living with chronic pain resulting from radiotherapy for breast cancer.
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*To receive £20 off a new car insurance policy and/or £10 off a new buildings insurance policy and/or £10 off a new contents insurance policy you must be a current RCN member and state discount code XBNV when you call 0800 756 8462 (sorry, you can't get the £20 discount from our website). This offer is for your first year of cover only and is valid for quotes given until 31/07/2013. Only one voucher is valid per new car, buildings and contents policy and must be taken up by the recipient of this offer. LVE reserves the right to change the terms and conditions and to withdraw the offer at any time. This offer is in addition to the RCN member discount.

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Raising the alarm

Speaking out to raise concerns is never easy but RCN members can play a vital role in reporting poor care to challenge failing trusts. Jake Turnbull reports

North Cumbria University Hospitals NHS Trust (NCUH) is one of 14 hospital trusts currently being investigated by NHS Medical Director Sir Bruce Keogh. The trusts, selected because of their high mortality rates, are under scrutiny following the publication of the Francis report. Higher than expected death rates at Stafford Hospital were one of the factors that first alerted inspectors to failings there.

In the northern region, the RCN initially raised concerns with NCUH management back in 2009, based on reports from members of inappropriate staffing levels and skill mix.

Sadly, despite the strength of evidence presented to trust management, the region continued to hear from nursing staff worried that patient care was at risk. The RCN challenged the chief executive at the time to address the growing list of concerns. He wrote back denying there were any significant quality issues.

Escalating concerns

The RCN worked closely with fellow trade unions and professional associations and when it became clear that members’ concerns were not being acted on, the region raised the alarm with the strategic health authority, the Care Quality Commission, the Overview and Scrutiny Committee, and local MPs. When approached by local media, the RCN provided detailed commentary on the issues at NCUH.

The trust is now under new interim management and is in the process of being taken over by Northumbria Healthcare NHS Foundation Trust. While it is early days, the new management team appear to have a better understanding of the challenges that need tackling. The RCN continues its attempts to work collaboratively but still needs to see more evidence that the longstanding problems are now being addressed.

Vital evidence

“I can’t emphasise how important it was, in the case of NCUH, for the regional office to receive regular, detailed intelligence about quality concerns from members and representatives at the trust,” says RCN Northern Region Director Glenn Turp (pictured above). “On the back of this, we were able to constantly challenge trust management to address concerns, and then escalate them where necessary. We also received information from members anonymously via the RCN’s whistleblowing helpline, and in each case were able to take these issues up with the trust chief executive or director of nursing.

“I would say one of the key lessons from our experience in the northern region is that if reps and members don’t feel their concerns are being taken seriously, through their internal reporting structures or by trust management, they need to report back to their regional office on a regular basis, so that the concerns can be escalated to a higher level.

“Regular reporting allowed us to keep a chronological record of all the concerns raised with us, because even if a single issue on its own may seem relatively insignificant, we can develop a cumulative picture of what is happening across a whole trust. But we can only do that if we receive the information from members and activists in the first place.”

The RCN recently published revised guidance on how to blow the whistle the right way. Download Raising Concerns: A Guide for RCN Members from www.rcn.org.uk/publications
A stroke of insight

“We wanted to highlight issues and evidence around stroke with learning disability nurses,” said Professor Michael Brown, Chair of the Learning Disability Nursing Forum (pictured), who co-chaired the day along with the outgoing Neuroscience Forum Chair, Cath Waterhouse. “The whole philosophy of the day was to increase people’s awareness of the needs of patients with learning difficulties, which can often get overlooked,” added Cath.

People with learning disabilities on the whole tend to have poorer physical health than the general population, with a higher prevalence of heart disease, hypertension, high cholesterol and diabetes. They are also living longer than ever before, and as they survive into middle and old age, strokes are likely to become an increasingly common occurrence. Prevention and early intervention work is therefore crucial.

“We wanted to increase awareness of the needs of patients with learning difficulties”

The day created a learning environment in which two groups of nurses who don’t normally encounter each other came together to share knowledge and skills. You could see people engaging with the issues, learning about things they hadn’t considered before,” said Michael.

“I’m keen to explore how we can further collaborate with other forums – something the RCN is encouraging,” he added. “We’ve worked with the Nursing in Criminal Justice Services Forum before, and we’re very keen to do more work around the independent sector, where a lot of learning disability nurses work.”

For more information on the work of the RCN Learning Disability Nursing Forum, please see the letter on page 6 and look out for further coverage in upcoming issues of RCN Bulletin.

Getting it right

The RCN has launched revised guidance on safe blood transfusion practice for nursing staff

“Blood is a precious resource which both saves lives and improves quality of life for patients with a wide range of clinical conditions,” said RCN Infection Control Adviser Rose Gallagher.

A new edition of Right Blood, Right Patient, Right Time: RCN Guidance for Improving Transfusion Practice improves on a highly popular, valuable resource for busy nurses. It is an easy-to-access guide which provides clarity to help ensure vital mandatory checks are carried out before, during and after procedures.

“Blood is a live transplant and should be treated with respect,” said Emma Whitmore, an RCN IV and Haematology Network member who works in the Better Blood Transfusion team at NHS Blood and Transplant. Emma led and facilitated a group of experts to update the guidance.

Nearly three million blood components are issued in the UK every year. While each transfusion exposes patients to a small degree of risk, Emma believes nursing staff are vital to ensuring the provision of safe, effective and appropriate care, whether they are taking a blood sample or administering a transfusion.

The guidance was launched at an RCN Congress event last week, which addressed the results of the National Comparative Audit of Blood Transfusion, an initiative which the RCN officially supported for the first time in 2011.

While Emma stressed that there are lessons to be learned from the audit around appropriate checks, patient identification and patient safety, she is keen to convey the successful role of nursing in blood transfusion practice: “Very often in nursing care we focus on the negative and what goes wrong. In actual fact, reports show that blood transfusion is safer than it has ever been before. We should be celebrating.”

Download the revised guidance from www.rcn.org.uk/publications
FORUM FOCUS

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

‘Crisis looming’

A new RCN position paper, *District Nursing – Harnessing the Potential*, aims to inform workforce planners, commissioners, employers and educators about the district nursing workforce, and flag up serious problems associated with the current loss of district nursing expertise in the community.

Chair of the District Nurses Forum Kay Durrant said: “The situation is dire and a crisis is looming. Leadership is suffering from underinvestment.

“While we are a highly skilled workforce, we haven’t got the capacity to do everything. We therefore have to focus on our key priorities of delivering acute, complex and end of life care at home.”

European midwives meet

The RCN and the Royal College of Midwives co-hosted a meeting of the Central European region of the International Confederation of Midwives (ICM) in March.

They discussed best practice, competence, women’s expectations for childbirth experiences, and the challenges of empowering midwives to provide mother-focused, quality care in the context of global economic problems.

The RCN is a member of the ICM’s Council, its policy and decision-making body. “If midwives have a strong voice, we can influence key international organisations to improve care for mothers and babies,” said Gill Barber, an RCN Midwifery Forum member who sits on the ICM Council.

IBD research

The Gastrointestinal Nursing Forum is providing nursing expertise in a multi-disciplinary collaborative project on Inflammatory Bowel Disease (IBD). The project aims to determine research priorities by asking patients with IBD what their “uncertainties” are. These contributions will indicate unanswered or unrecognised issues and will aim to influence future research funding calls.

Dying matters

The RCN is supporting Dying Matters Awareness Week, which runs from 13 to 19 May. Long Term Conditions Adviser Amanda Cheesley said: “Dying Matters provides information and support for patients, their carers and professionals to help raise awareness of the importance of discussing death, not at the point when it is imminent but any time. The key aim is to eliminate the taboo around talking about death to avoid last-minute discussions.”

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www.dyingmatters.org

Administering methotrexate

The Rheumatology Nursing Forum launched updated guidance on *Administering Subcutaneous Methotrexate for Inflammatory Arthritis* at RCN Congress. Sponsored by medac GmbH, it contains separate guidance for adults and children, and covers risk management; supply, storage and disposal; and patient education and training. It also contains a framework to help patients administer treatment at home.

www.rcn.org.uk/publications

What I’m thinking

**Helen Crombie**

Head of Assurance and Delivery, National Commissioning Board Area Team, Lancashire

I was on the RCN project board working on the Management of Diarrhoea in Adults: Guidance for Nurses. We launched it at the RCN’s recent infection prevention and control conference.

The speakers really captured the impact infection prevention work has on patients. We collaborated with Crohn’s and Colitis UK on a presentation to introduce the guidance, which covers assessment, diagnosis, management and top tips. It’s designed around the RCN’s Principles of Nursing Practice. Diarrhoea is such a taboo subject that people often don’t ask the simple questions – for example how a patient can “deliver a sample” – so the guidance will help nurses improve care at a really practical level.

The guidance, supported by an unrestricted grant from Danone Health Affairs, is available at www.rcn.org.uk/publications and from RCN Direct on 0345 772 6100, option four.

www.rcn.org.uk/forums

Join the RCN’s Midwifery Forum at www.rcn.org.uk/myrcn See www.internationalmidwives.org for information on the ICM.

www.rcn.org.uk/publications

RCN BULLETIN MAY 2013 WWW.RCN.ORG.UK/BULLETIN
Beyond borders

Glasgow, 5-7 June
RCN Education Forum International Conference and Exhibition

This event offers a unique opportunity for nurse educators to meet and discuss the development of nursing education globally. Delegates can network with colleagues from around the world, sharing excellence in practice and new ideas to push the boundaries of nurse education.

The conference has four main themes: lifelong learning, supporting nurse education in practice settings, student experience, and innovation and research. Keynote speaker Deirdre McNamee from the University of Ulster will address person-centred nursing education.

As well as the programme, the conference webpage includes a useful document with tips on how to justify your attendance to an employer, and a template letter, which you can fill in to insert sessions of particular interest and benefit to your organisation.

Equity and access: International Nurses’ Day 2013

Salford, 14 May

RCN North West is supporting a conference at the University of Salford looking at the nursing contribution to equity and access to health care. Organised by the university’s School of Nursing, Midwifery and Social Work, the day will celebrate nursing’s diversity.

Speakers include RCN Deputy President Cecilia Anim and past and present winners of the Nursing Times and Nursing Standard Nurse of the Year awards.

South west continuing professional development events

Various locations, May-November 2013

RCN South West is running a series of learning events for students, health care assistants, and nurses.

Based on the seven key areas of the This is nursing initiative, these events explore good practice and the barriers health care professionals face in delivering high quality, dignified care.

The free workshops are taking place in Bournemouth on 15 May, Bristol on 27 June, Exeter on 3 July, Bridgewater on 24 October and Cornwall on 5 November.

For more information, email m.stephens@salford.ac.uk or phone 0161 295 2877.

Hot picks

For details of these and other events local to you, go to www.rcn.org.uk/bulletin and download the listings for your area.

Northern Ireland
16 May, Belfast
Maintaining Quality Care in Times of Constraint. RCN Northern branch conference

Scotland
24-25 May, Edinburgh
Future Activist training: foundation module one

Wales
10 June, St. Asaph
Venous thrombosis and embolism seminar

East Midlands
23 May, Derby
RCN Derbyshire members’ meeting and Principles of Nursing Practice learning event

Eastern
7 June, Stevenage
Beds and Herts county conference

London
24 May, Enfield
Workshop on transgender patient care

Northern
23 May, Gateshead
Essentials of Care Open University event

North West
14 May, Merseyside
Care roadshow

South East
11 May, Canterbury
RCN stand offering blood pressure checks

South West
15 May, Bournemouth
Continuing professional development event for nurses

West Midlands
15 May, Shrewsbury
RCN Shropshire half-day local learning event, including a speech from Dr Peter Carter

Speakers’ corner

Dave O’Carroll
Programme Manager (Information and Resources), Royal College of Nursing

As an equality and diversity champion at the RCN, I was very pleased to see three of the current Mary Seacole leadership and development awardees talk about their research to delegates at this year’s RCN international nursing research conference in Belfast.

Raising the profile of the health care needs of people who are traditionally under-represented in research, such as those from the black and minority ethnic (BME) community and “seldom heard” communities, was also the theme of keynote speaker Vari Drennan. “Research in the hidden places” challenged the taboo of incontinence among older people, who also suffer from dementia.

Finally, and not so obviously perhaps, I attended a lively fringe on creating an online nursing community using Twitter hashtags. While social media appears ubiquitous, many of the nurses using Twitter are those people who have never found their voice before...a different audience for us to connect with.

Visit www.rcn.org.uk/education2013 or email suzanne.oakley@rcn.org.uk for more information.

www.rcn.org.uk/research