Student plans attacked

Government proposals for nursing students to spend a year working as health care assistants (HCAs) before starting their training came under scrutiny at RCN Congress last month. The plans were repeatedly attacked by members and speakers at the event in Liverpool. Lord Willis, who led the recent commission on nursing education, said his investigations found no evidence of conflict between intellect and compassion.

“What neither Francis nor our commission recommended was that potential students should spend a year working as unregulated health care support workers, and that by a process of osmosis they would somehow be fit to become nursing students,” he stressed.

A debate on the issue saw activists similarly slam the plans. “You can’t teach compassion and caring,” said Jessica Curtis from the RCN Students Committee. Learning representative Jean Rogers argued that nursing students already spend 50 per cent of their time in practice as part of their course. “If they’re really interested in nursing they will have gained some experience and demonstrated this at interview,” she said.

The RCN has expressed serious concerns about how this radical change will be delivered on a cost-neutral basis but has committed to working closely with the Government and key partners, including Health Education England, to act in the best interests of members and patients.

Catch up on all that went on in Liverpool and view films of the Recruiting the right candidates and Equity for nurse mentors debates at www.rcn.org.uk/congress
We're retired, not redundant, argued long-standing representatives at Congress last month.

In a resolution that was passed with an overwhelming majority, activist after activist took to the stage to argue that the RCN needs to do more to make best use of the skills currently under-utilised by the organisation.

“Representatives are the lifeblood of the RCN,” said Zeba Arif, from the RCN North West London Outer Branch, as she highlighted the time and effort invested in training RCN representatives and lamented its waste when representatives retire. “Your psyche and your belief in the RCN doesn't change when you retire,” she argued.

Retired representatives could assist with recruitment and retention of members, communicating RCN messages and explaining policy implications, activists said. But most importantly, it was argued, they could help by providing mentoring and support for current accredited representatives, which could help support stewards who are so hard-pressed for time.

“Don't throw out the expertise of retired representatives,” urged Jean Rogers. Her views were echoed by Neil Thompson who suggested that the RCN's current approach actively discriminates against groups of people who have given so much to the organisation.

There was a word of caution from Philip Noyes who said the RCN needed to be careful to ensure that employers did not insist on using retired representatives, rather than giving time to current representatives. But the final word went to Douglas Lockhart, who said it was essential for the RCN to take action. “Use us or lose us,” he urged.

View the debate at www.rcn.org.uk/congress
Activists are at the centre of ongoing lobbying work to ensure the Government listens to the RCN’s response to the independent Cavendish Review, which is looking at how health care assistants (HCAs) are valued and supported in NHS and care settings. Lorraine Hicking-Woodison and Maive Coley, from the RCN’s Health Practitioner Committee, made their views clear in focus groups, set up to build a picture of the working experiences of care workers.

“They wanted to know about the upsides and downsides of the job, how individuals cope with emotionally demanding and busy roles, what levels of training participants would like to see, who their role models are and whether there are sufficient opportunities for progression,” said Maive. “We had a good discussion about the regulation of HCAs and APs, but kept coming back to who would pay for it and how much HCAs and APs could afford to pay. I hope we get the Government and Department of Health to recognise how important this issue is.”

The RCN has also responded formally to the consultation and believes the review must build on the recommendations made by the Francis inquiry. Read more about the review at www.gov.uk/government/news/contribute-to-the-cavendish-review

Speakers stressed the status of the organisation, run by members for members. But the majority of those who took to the stage opposed the notion of changing current practice.

Pauline Wright from the RCN Lancashire branch said: “We already elect our Council. Let them get on with the job we’ve entrusted them to do.”

RCN general secretaries should not be elected by the membership, said John Hill from the RCN Scunthorpe branch in a lively debate at Congress last month.

The RCN Royal Charter states that the elected governing council should appoint the chief executive and general secretary.

New sharps regulations came into force on 1 May. “The RCN has worked hard to support the development of these regulations which we hope will result in improved protection for members,” said RCN Senior Employment Relations Adviser Kim Sunley. The RCN has published guidance to support implementation of the EU directive prevention of sharps injuries in the health care sector.

There is just one week left to make an application to the RCN Foundation Professional Bursary Scheme. Funding is offered for activities which commence after 31 July. Applications must be received by 23 May 2013.

Find out more at www.rcnfoundation.org.uk/bursaryschemes

Congratulations to the Representatives of the Year 2012 award winners. Charles Conibear, Amanda Eliff and Ray Gerrard were presented with their awards at RCN Congress in Liverpool last month.

The RCN is working on two short films, one of which will explain what health care assistants and assistant practitioners do at work. This will be useful for people who ask about the role and are wondering if it is right for them. The other film is about health care support workers and the college. It addresses how the RCN supports its members and showcases RCN resources, with activists talking about how they use them.

Download Sharps Safety from www.rcn.org.uk/publications
When can HCAs and APs administer immunisations?

It is not current practice for health care assistants (HCAs) or assistant practitioners (APs) to administer childhood, travel or other vaccines in the UK. However, HCAs and APs may administer influenza and pneumococcal immunisations to adults provided they have been trained and assessed as competent to do so, and the task has been delegated by a registered health care professional.

It must be in the patient's best interests and clear and robust protocols must be in place at that particular workplace to enable safe and effective delegation of this task. HCAs and APs may only administer such immunisations under patient specific directions.

National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers outlines requirements for the content and frequency of immunisations training and the competencies required to deliver immunisations. It is available at www.hpa.org.uk. Supervision and support should be available and the HCA or AP and the nurse delegating the task must consider the principles of accountability and delegation. Read more at www.rcn.org.uk/hca and at www.nmc-uk.org.

For more information, speak in confidence to an RCN Direct adviser any time between 8.30am and 8.30pm, 365 days per year.
History maker

Voting on behalf of the Health Practitioner Committee was an exhilarating experience, says David Herring

This year, 2013, was the year the Health Practitioner Committee made its voice heard at RCN Congress by casting votes for the very first time.

It was a privilege to take on this role on behalf of health care assistant and assistant practitioner members. After casting the first vote I will admit to feelings of relief that everything had gone to plan. Making sure the technology worked was a good start but I also had a feeling of exhilaration. I believe that ensuring the whole nursing team has an input in decisions at the highest level is an important step for the College.

Health practitioners can bring a new perspective to the RCN and I’m pleased to have been one of the first ever members of our committee to vote. I’ve attended Congress before and meeting new and old friends will always be an important part of the event. But my role this year made such a huge difference to my sense of involvement at Congress. Getting involved and engaged is an important part of being an activist and it made me realise my voice was heard.

David Herring is the Eastern Region representative on the RCN Health Practitioner Committee

LEGAL UPDATE

Duty of care

The legal principles underlying the duty, and standards of care, for all health practitioners couldn’t be simpler.

If it is reasonably foreseeable that you could cause harm through carelessness, you owe a legal duty of care. But not all “harm” is caused by carelessness; patients don’t always recover, and may even deteriorate further, irrespective of how fine the care is. So the critical issue is: was the harm caused by a failure to deliver the relevant “standard of care”? That standard is related to the task, not the person performing it. Negligence arises where the standard falls below what would be acceptable to a responsible, reasonable and relevant body of professional opinion.

Delegation

Again, keep it simple. When delegating a task, you must be comfortable that the other person has the knowledge, skill and experience to perform that task to the requisite standard of care. You may assess their competence through your own observation or learning about their qualifications and work experience etc. If you are reasonably satisfied, you can safely delegate. But are you then liable if they go off and do something completely unforeseeable? No.

Conversely, if someone delegates a task to you, do you feel comfortable that you have the requisite skills? If so, go ahead. If not, refuse, unless you receive appropriate training and support.

We have to avoid the nonsense that somehow the person who delegates appropriately nevertheless remains responsible for the outcome. If I am told that, my response will be either not to delegate at all, or always supervise the task, which rather defeats the purpose of delegation.

Chris Cox, RCN Director of Legal Services
The RCN can work in partnership with employers to support the creation of high quality apprenticeship programmes that could provide an alternative route into nursing

With health care trusts under pressure to reduce staffing costs, hiring apprentice health care assistants appears an increasingly attractive option. However, apprentices deserve a fair deal too and RCN activists can play a key role in negotiating on their behalf.

Securing a fair deal

Steward Faith Thornhill worked collaboratively with the RCN, other unions and her employer to secure better pay, training, terms and conditions for apprentices at University College London Hospital NHS Foundation Trust (UCLH).

“It was important that development of a clinical apprenticeship programme at UCLH was not a ‘race to the bottom’, but a valuable educational opportunity for applicants who might otherwise have lacked opportunity, leading to a pathway of development up to and including qualification as a nurse,” says Faith, who is chair of her trust’s staff side.

As a result of Faith’s negotiating, UCLH agreed to implement Annex U of Agenda for Change, paying its apprentices 75 per cent of the normal salary for their role three months into their training, rather than the £2.65 an hour minimum wage for apprentices which was first proposed.

Assuring quality

The scheme at UCLH aims to provide assurance of training, quality and competence, supporting the delivery of high standards of care to patients and enabling nurses to delegate tasks safely. At the end of an apprenticeship, the post will be advertised internally, giving the apprentice a fair chance of successfully applying.

A position of knowledge

Faith’s advice to activists whose trusts are considering taking on apprentices is to involve unions early on, as they can provide information and evidence. She also suggests doing some comprehensive research before going into the first negotiating meeting. “Know what you’re talking about and then your arguments are going to come from a position of knowledge,” she says. “And don’t be negative. Turn your negatives into positives.” She recommends the joint union publication Supporting Apprenticeships in the Health Sector. The RCN’s Supporting Apprentices in the Workplace guidance also provides invaluable information and advice for activists in England.

There is a wealth of RCN online resources to support health apprentices, including First Steps for HCAs and The Principles of Nursing Practice.

The RCN is keen to support employers and apprentices and would like to hear about apprentices in your workplace. Email emily.spencer-rigby@rcn.org.uk to share your experiences.
Whatever your role, developing your knowledge about patient safety can only result in benefits for you, your colleagues, and your patients.

Thousands of patients every year are harmed in health care settings as a result of unintended or unexpected incidents. There can be many causes; sometimes poor systems or individual actions can have an impact, while other incidents will reflect failures at every level of an organisation or health care system.

Workshops held at this year’s Congress identified how patient safety incidents arise and highlighted the critical role human factors play in a patient safety culture. They included an introduction to an RCN online learning resource, Making Sense of Patient Safety, built to help nursing staff develop a sound understanding of the patient safety agenda. It provides resources to help you make small changes that will improve the quality and safety of the care you provide.

The resource also uses practical case studies to illustrate the wider context through which patient safety in health care settings can be jeopardised and provides a range of tools to help you promote awareness of a safety culture within your team, supporting you to protect your patients even better.

An opportunity for everyone

Activists must remember that health care assistants and assistant practitioners in particular can benefit from this work, says Maive Coley, RCN Health Practitioner Committee member and learning representative at Nottingham University Hospital. "It’s an opportunity for everyone to learn," she says. "We need to move away from the ‘only a HCA’ mentality. We are at the forefront of patient care so this resource is really relevant to the whole team and it is a great way to introduce potential new members to the support the RCN can provide."

With the RCN wanting to make patient safety more meaningful for HCAs and APs, it is important to highlight the important role they play. Brian Murphy, a safety representative from Glasgow is a lead on patient safety on the RCN Health Practitioner Committee, and he has a clear message for activists. “Everything we do should be focused on patient care. If it’s right for patients, it’s right for nursing staff,” he says. “I cannot emphasise enough how important it is for other activists to look at this resource and encourage all members, whatever their roles, to see what they can learn.”


“Everything we do should be focused on patient care”

Online learning

The Making Sense of Patient Safety resource is available to the public, so it can provide a useful introduction to the information the RCN provides to health care workers who may be interested in joining the RCN. The Learning Zone (www.rcn.org.uk/learningzone) is open to RCN members and will soon include new resources: Understanding Team Effectiveness, Communication Skills in Health Care and Safety in Numbers.
Activists should not shy away from referring members with concerns about low wages to the RCN for practical advice and help.

RCN Member Support Services can offer advice to ensure they get all the additional tax credit and welfare benefits they are entitled to. Many members on low incomes may qualify for housing benefit or working tax credits but are unsure of how to claim; or do not know if they qualify. The RCN can offer advice on how to maximise incomes and assist those who are planning a change in work patterns.

Debt advice is also available for those who are struggling to meet payments to creditors or for those who just need help to get back on track with their finances.

RCN activists do not need to address these difficult questions on their own. You are not alone and nor are RCN members. Find out more at www.rcn.org.uk/mss

The RCN careers service can assist members on low pay to increase their employability skills; providing assistance with writing effective application forms, supporting statements, CVs and mock interview practice. Members can seek guidance on how to develop their career, gain extra qualifications and maximise opportunities for progression.

Colleen Norris has become the first health care assistant (HCA) to be formally recognised for completing First Steps, the RCN’s acclaimed induction programme for HCAs.

Colleen received her certificate of completion after working her way through every section of the online learning resource and taking a concluding assessment quiz.

Colleen was supported by RCN Learning Representative Amanda Eliff who said Colleen is a deserving example of how even an experienced HCA can benefit from the programme.

“Making sure that staff in your workplace are aware of the support the RCN can offer health care assistants and assistant practitioners will help activists recruit new members,” said Sharron Parker, RCN Assistant Officer. “Getting a link to the First Steps website on your workplace intranet will not cost money but may prove beneficial to so many people.”

A series of events will help members understand why patients experience acute and chronic pain, and ensure the delivery of safe and effective pain management. The events are aimed at health care assistants, assistant practitioners, students and newly-qualified nurses who care for people in any setting who are experiencing acute or chronic pain. “Managing patients’ pain more effectively is an essential key skill for everyone working in health care,” said Tanis Hand, RCN Health Care Assistant Adviser. “Activists can use forthcoming events to encourage members to join and remain members of the RCN.”

The first of the events will take place in Cardiff next winter and will cost £40. To request that your name is added to the mailing list for further information, email louise.walczak@rcn.org.uk

The RCN Health Practitioner Committee is seeking feedback from activists to help improve the recruitment and retention of health care assistant and assistant practitioner members.

“We’re working on a survey that will specifically seek activist feedback that will help us find out how representatives currently recruit in their local workplaces. We hope the feedback we receive will help us develop best-practice guidelines,” said Richard Holtby, from the committee. The committee will also focus on regulation, education and training in the next year.