PAY, PROTEST, AND PRACTICE

RCN CONGRESS P2-3
CONGRESS NEWS
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Keep quiet
The detrimental effects of night-time noise on hospital patients were discussed in a Congress resolution about sleep. Proposer Debbie Simmonds, from the Suffolk branch, said problems linked to poor sleep included hypertension, heart disease, delayed wound healing and poor pain control. A resolution calling on RCN Council to find ways of educating staff about the impact of noise at night on patients was narrowly passed.

Fine fellows
The RCN awarded 11 new fellowships and two honorary fellowships to nursing and health care staff at Congress. Five RCN awards of merit were also presented to members who have provided exceptional service to the RCN and the RCN’s representatives of the year were also honoured. For a list of all this year’s award recipients, visit www.rcn.org.uk/congress

No to GP fee
A proposal that patients should be charged for GP appointments was roundly dismissed by Congress. Payments in other countries range from 85p for an appointment in France to £17 in Sweden. London member Andy McGovern asked whether in the UK, where millions of pounds are lost on missed appointments, a fee-based system might be a way forward. But most members argued that fees would lead only to poor people becoming sicker.

Reducing isolation
Student members were equipped with new practical communication skills at a session on British Sign Language (BSL) at Congress. “This has been highlighted as an issue by the deaf community,” said Simon Nielson (pictured), RCN Students Committee member. “It’s about raising deaf awareness and teaching basic skills that can be used straight away to help reduce the isolation felt by patients with a hearing impairment.”

Effects of bullying
Bullying permeates some NHS organisations “like a cancer”, Ann Smart, from the Portsmouth branch, told Congress. Proposing a resolution that RCN Council should investigate the effects of bullying on the quality of care, she said: “If you think this doesn’t affect you or your colleagues, you are mistaken.” The resolution was passed with nearly 96 per cent support.

Doubts over NMC plans
Nursing and Midwifery Council (NMC) proposals on revalidation were debated by Congress delegates, with some members expressing doubt that the process put forward by the NMC will work well in practice. Philip Noyes, UK Stewards Committee, proposed the matter for discussion and raised a number of questions. “How will patient testimony be structured? How can it be both meaningful and standardised in practice?” he asked.
Smoke screen

Should patients be banned from going outside to smoke? Diverse views were expressed during a lively debate on the subject. “I thought we lived in a democracy, not a dictatorship,” said Doncaster branch member Marion Philp, while Andrew Bassett-Scott Toogood, from the Nursing in Criminal Justice Services Forum, noted that some hospitals were threatening nursing staff with disciplinary action if they assisted patients in going for a cigarette.

Preventing suicide

Members supported a resolution calling for suicide prevention to be included in pre-registration education programmes. Proposer Annessa Rebair, of the North of Tyne branch, said every 40 seconds someone in the world attempts suicide. In the UK, there is a suicide attempt every 20 minutes. Some speakers recounted personal experiences of dealing with suicide, saying they were grateful for help given by trained professionals.

See and heard

RCN Council will lobby the Government for greater equity in the recruitment, development and retention of black and minority ethnic (BME) nursing staff following a Congress resolution. Christine Yamah, a London member, said there was still a long way to go in achieving equity for BME health care staff. “The RCN has been very supportive but we are not there yet. Help us not just to be seen, but also to be heard.”

Pay, protest and practice issues

A wide variety of subjects affecting nursing policy and practice was debated at RCN Congress in Liverpool last month, with matters discussed ranging from career pathways for practice nurses to health care for detained patients.

More than 5,000 people attended the event, some for a day, many for the whole week, and coverage was widespread across all media channels.

Although professional practice was discussed in detail, an underlying theme throughout the week was the anger felt by members about the Westminster Government’s stance on nursing pay. Many members protested outside the conference venue against ministers’ decision to ignore the decision of the independent Pay Review Body. In his speech to Congress, Chief Executive Dr Peter Carter said the Government had committed a “ruthless u-turn” on its promise of a one per cent pay rise.

RCN research published at Congress showed that the pay bill for senior NHS managers is accelerating ahead of pay for nursing staff, a finding that Dr Carter described as “another kick in the teeth for hardworking and loyal nursing staff”.

Sir Robert Francis QC, who chaired the inquiry into care failings at Mid Staffordshire NHS Trust, said nurses and nursing were being taken for granted. Too often, he added, the voices of nursing staff were being ignored. “I believe that’s inexcusable,” Sir Robert said.

Andrea Spyropoulos, in her final speech to Congress as RCN President, urged members to make politicians aware that they were no longer prepared to be scapegoated. She said nursing staff were weary of constant demands to “do more with less”. She added: “They are tired of being exploited, guilt-tripped, undervalued, underpaid. It is indeed time for a change.”

“This is another kick in the teeth for hardworking and loyal staff”
The RCN has launched new guidance to support members in improving waste management

New RCN guidance on waste management highlights the need to assess all health care waste thoroughly, rather than simply labelling it as infectious “just in case”.

“There’s evidence to suggest that a large amount of health care waste is classed as infectious when it doesn’t actually present any risk of infection,” said Rose Gallagher, the RCN’s Nursing Adviser for Infection Control. “Instead it should be labelled as offensive waste, which means it’s non-hazardous. This could lead to cost savings and a reduction in carbon emissions.”

The management of waste from health, social and personal care says that staff training is vital. “Safe management of health care waste is the responsibility of all staff in health settings, but they need training and practical support to play their part,” said Rose.

Developed with RCN members and waste management experts from across the UK, the guidance addresses a range of key issues including:

- the need for a greater focus on the environmental impact of waste generation
- supporting health care staff by appointing waste managers
- clarifying terms such as clinical waste, offensive waste and municipal waste
- support for health care staff to strengthen their confidence in assessing waste properties
- information for staff and managers in community settings, where waste is produced in the patient’s home
- increased use of the offensive waste stream, based on robust assessment by health care staff at the time waste is generated.

The guidance recognises the different requirements that arise from devolved UK health care systems and includes a list of recommendations aimed at improving practice.

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

Ahead of the independence vote, the RCN in Scotland is encouraging debate

RCN branches in Scotland have been embracing the debate in the lead up to the Scottish independence referendum on 18 September.

Ayrshire and Arran set the ball rolling in April when Graeme Pearson MSP (Labour) for the Better Together campaign and Dr Willie Wilson for Yes Scotland debated the issues and answered questions from the audience at an event in Kilmarnock.

Since then Lothian, Tayside, Grampian and Greater Glasgow and Clyde have all held similar events.

From Better Together, speakers included Shadow Cabinet Secretary for Health and Wellbeing Neil Findlay MSP (Labour). From Yes Scotland, speakers included Dr Ian McKee, former MSP and member of the Scottish Parliament’s Health Committee.

While the RCN’s position on Scottish independence is neutral, the events have encouraged individual members to engage in the debate, particularly on issues that affect patients and nurses.

Jakki Kyle, an RCN representative in Ayrshire and Arran, found the debate clarified her thinking. “Listening to the speakers and questions from the audience spurred me on to question my own views on independence. The speakers disagreed on many of the issues, including on the future of the NHS in Scotland following the vote. But their answers helped me to really understand the reasons for my voting choice.”

www.rcn.org.uk/scotland
Help lead the way

Members are sought for leadership roles on RCN Council, as well as key RCN committees and boards.

Members are invited to put themselves forward for election or appointment to a variety of RCN roles. This is your chance to get involved in matters relevant to other members and the wider nursing profession.

Whatever your ambition or experience, there could be something for you. Roles include:

- President and Deputy President
- Chair and Vice Chair of Congress (nominations close 7 July)
- Student Council member
- Board member (England regions, Northern Ireland, Scotland and Wales)
- Student Committee member
- RCN Learning Representatives Committee member
- RCN Safety Representatives Committee member
- RCN Stewards Committee member
- RCN Forum committee member.

In return for your commitment, you will be able to champion nursing, and act on behalf of members while expanding your own skills, knowledge and experience.

Andrea Spyropoulos, RCN President, said: "Nursing and health face some of the biggest challenges for decades as constant change and ongoing pay concerns have an impact on our profession. By becoming more involved with the RCN, you could bring a different perspective to the way we work and the issues we tackle."

This is your chance to get involved

Find out more about the roles and how to put yourself forward at www.rcn.org.uk/getinvolved

Safety website offers transparency

Getting staffing levels right is crucial and failure to do so can have serious ramifications for patients, the RCN has said.

The RCN has welcomed the launch of a new website that includes information on safety measures such as reporting culture, and actual versus planned staffing levels in trusts in England.

RCN Chief Executive Dr Peter Carter said this was a positive step towards greater transparency. "An open and honest culture is vital for improving patient safety and any measures which encourage it is good news for patients and their families," he added.

The RCN said allowing people to easily compare how well hospitals are doing in ensuring safe staffing levels is a step in the right direction. "These staffing levels should be set using the NICE guidelines, and senior nurses have a vital role to play in their implementation," Dr Carter said.

Information will be published on the NHS Choices website. Visit www.nhs.uk
**Supportive friends**

What a great bunch of people, made a lot of new supportive friends. And found a lot of inspiration and heard a lot of inspirational people.

Dave Rogers, via Facebook

**Making a difference**

Another Congress over, our voices even louder ... together we do and will make a difference @theRCN @RCNScot #rcncongress

Julie Lamberth, via Twitter

**Stage praise**

#rcncongress has to be best stage set I have seen ever!

Roy Lilley [speaker], via Twitter

**In summary**

Tired yet inspired #rcncongress

Lee Ranyard, via Twitter

**Get active**

Unfortunately although those at Congress and some members still at the sharp end are ready to fight, the apathy of the majority is stunning. How we can get people to become active is a mystery. The RCN is a member-led organisation. Don’t wait for “the RCN” to do something. Get active and mobilise your colleagues.

Charles Conibear, via Facebook

**Inspiring student**

‘Be a leader from day one, stand up and have a voice’. Fantastic talk @emily_gartshore shows inspiring student leadership #RCNCongress

Sue Haines, via Twitter

**Next year**

#rcncongress goodbye Liverpool. Looking forward to Bournemouth next year xx

GinaG44, via Twitter

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**Hot topic**

**E-cigarettes: are they a good idea?**

“E-cigarettes may have a role in health promotion and smoking cessation but they need to be studied and regulated to establish safety and efficacy,” says Sue Marriott, a cardiology nurse practitioner. “We know lifestyle risk-factor management is essential but we need to ensure the advice we give is evidence-based.”

RCN Public Health Forum Chair Jason Warriner doesn’t think e-cigarettes are a good idea. “They promote a positive image of smoking to young people and go against the smoking ban as people are using them in bars,” he says. “They should only be available through smoking-cessation programmes if there is strong evidence for their use and they don’t replace one form of addiction with another.”

Sarah Didymus, Haringey Lead Development Nurse, says she is in two minds: “Until they have been proved a safe and reliable alternative to cigarettes I don’t have faith to recommend them. Using them as an alternative endorses the behaviour of smoking – one of the harder parts of the addiction to break. But for some who have struggled to quit, it may be a better substitute than to continue smoking.”

Marie Therese Massey, RCN Practice Nurses’ Association committee member, thinks the jury is out on e-cigarettes. “Until we have robust evidence to support their use in smoking cessation I would be reluctant to advise my clients to take them up.”

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Members who responded to the RCN’s recent consultation on NHS pay in England said the RCN should not accept the Government’s pay decision for 2014/15. You told us you were thinking seriously about leaving the NHS. You’re worried about finances and prepared to take part in workplace demonstrations.

RCN Council has agreed that a sustained campaign is needed to secure a fairer deal for nursing staff and fend off further attacks on working conditions. We’ve already taken action. In the first of a series of events and joint industrial and political campaigning, unions were involved in a day of protest activities in June. At Congress, members took part in protests and wrote to politicians, and this week we are lobbying Parliament as part of the All together for the NHS campaign. We’ve also launched What if...? – a major campaign for fair pay.

We’re really angry. NHS Staff Side has suspended involvement in discussions on proposed changes to redundancy provisions. This settlement for NHS staff in England was imposed, not accepted, and the implications of accepting this could have an impact on staff throughout the UK and outside the NHS.

www.rcn.org.uk/whatif
What a week

But now it’s time to look forward

For those of us who have been to more than one RCN Congress, it’s easy to come away thinking, “Well, that was the best one ever”. This time it’s true – and that’s not just my view. So many members came up to me in Liverpool last month to tell me what an outstanding event it was. They said they were stimulated by the debates, inspired by their peers, energised by the solidarity that Congress never fails to generate.

We worked hard in Liverpool – and with brilliant results. The media spotlight was on us and a range of issues that matter to nursing staff – professional and political – stole the headlines right through the week.

Not surprisingly, however, one issue was prominent above all others: pay. The anger that our members feel over the Westminster government’s ruthless stance was palpable. Before Congress I was under absolutely no illusion about the damage being caused to individuals and to the nursing profession by the decision not to award a pay rise. After Congress, having heard first-hand how so many of you are close to breaking point because of that decision, I am absolutely resolved to continue the fight.

Now we must now look ahead and step up our campaign against this indefensible decision. This is a time of immense challenge but the challenges will multiply if we are seen to acquiesce. Please, take time now to learn more about our What if…? campaign, then write to your MP to express your anger. Your voice makes us stronger. www.rcn.org.uk/whatif

Dr Peter Carter
RCN Chief Executive

What I’ve been reading

*Psychology for nurses and the caring professions* by Jan Walker, Sheila Payne, Paula Smith and Nikki Jarrett, an insightful book that considers important aspects of psychology related to nursing practice. In any clinical context an understanding of key psychology principles is of great benefit and this book is a useful resource for nurses to gain knowledge of key theories, research-based evidence and examples of application of psychological theory to clinical nursing practice.

Donato Tallo, staff nurse

Quote of the month

“There’s no such thing as ‘only a nurse’”

RCN President Andrea Spyropoulos

Things I believe

1. Most nurses do the best job they can for patients, despite the stresses.
2. RCN activists make a huge difference.
3. Nursing is about caring for patients; being a representative is about caring for colleagues. Both are equally important.

Neil Thompson, district nurse and UK Safety Representatives Committee

Convince me

“Holistic care” is a term used by all health professionals, except our knowledge base has become so specialist that a majority of staff are unaware of how to truly satisfy this statement. Mental health is so complex, and is normally forgotten when treating someone “holistically”. This needs to change.

Hannah Marriage, mental health nurse and health visitor

Richard Holthby
Nursing student and RCN steward

I worked in health care for 10 years before becoming a nursing student.

An RCN bursary helped me fund an access to nursing programme and I’ve just completed my first year. It’s still early days, but I’m so glad I made the transition. The skills I gained as a health care assistant (HCA) combined with my experience working in A&E really helped me in the initial stages of my course.

Making the change from HCA to student was a tough decision. It raised a lot of questions: could I afford to give up my job to study? How would my wife and I deal with the drop in finances? I had to work out how I was going to juggle everything.

Entering nurse education felt like the right thing for me to do, but that doesn’t mean it’s for everyone. Once qualified, I’d like to return to work in A&E, but as a registered nurse. I’m looking forward to what the future holds.

www.rcn.org.uk/students
All day, every day

Head of Policy for England Howard Catton answers key questions about the RCN’s latest work on seven day care, launched at Congress in Liverpool

What does ‘seven day care’ mean? It’s about people being able to access high-quality NHS care in settings most appropriate to their need and circumstance. The research shows there are different outcomes for people depending on when they access treatment and care. So, for example, there are higher numbers of deaths on a Friday for certain clinical conditions. Those accessing emergency care services or those admitted to hospital during the night, on weekends or public holidays should have access to all the necessary treatment options and clinical expertise, with equal standards of care, as they would if admitted during the “working week”.

Why is this important for nursing? The nursing workforce is the backbone of the NHS so any proposals for changes to the way services work must involve you. Nursing staff are the most likely to already be working in a way that supports the provision of seven day care; any changes will have the greatest impact on you.

But surely nursing staff know that already? Yes, but until now much of the debate has focused on the medical workforce. We’re highlighting what the issues will be for nursing staff and nursing practice. We know we have a shortage of nurses and we want to make sure that the dedication of nursing staff isn’t taken for granted.

Is this just about nursing staff working weekends? No, it’s much more than that. It’s about the care that people receive in all other “out-of-hours” times.

Nursing staff must be suitably trained and equipped to work in whatever new ways turn out to be best for delivering care that’s fit for the 21st century. We also want to make sure that RCN members are offered terms and conditions of employment that reflect their unsocial working hours.

Sounds like a multidisciplinary challenge? Definitely, but nursing is central to any new systems or arrangements. Nursing staff work across the health and social care sectors so the profession will be instrumental in delivering new models of care and ways of working.

I don’t work in the acute sector. Is this relevant to me? Absolutely. Seven day care requires changes across pathways, institutional and practice boundaries. It covers the range of nursing roles across different health and social care settings.

Is there enough money? It’s unclear how NHS England and the Department of Health define seven day care and what resources have been set aside for its implementation. But we believe people in the UK want services delivered differently and safely. We’re talking with policy makers and commissioners and emphasising that this shouldn’t be attempted without adequate, sustainable resources and comprehensive workforce plans.

What happens next? We will publish a more detailed report in the autumn, which will also set out a comprehensive RCN position and a map for future work.

How can members get involved? Tell us what’s happening in your workplace, good or bad, and share your ideas about how you think the RCN should engage with this. Email mark.platt@rcn.org.uk or telephone 020 7647 3471.

Seven day care: a briefing for RCN Congress 2014 is available at www.rcn.org.uk/publications
Balancing the books

Can counting the pennies add up to better patient care? Daniel Allen finds out

RCN member Mandie Sunderland is on a mission. As chief nurse of a large trust she is closer than most to the sharp end of NHS finances.

She knows how hard it can be to balance the books and to find yet more cost efficiencies without compromising the quality of care.

But Mandie is convinced that by looking anew at the things clinicians use and discard every day – gloves, syringes, dressings, for example – nursing staff can help save the NHS millions, with the money ploughed back into patient care.

As well as being a nurse leader at Pennine Acute Hospitals Trust, Mandie is a member of the NHS Supply Chain Customer Board, whose business is procurement. And if that sounds a bit dry and distant, here’s why it matters.

The NHS spends £20 billion every year on goods and services. Of that sum, £4.5 billion goes on clinical supplies – all the things mentioned above. But many are consumed without scrutiny, with cheaper options often available that work just as well. And by trimming the budget marginally but across the board, suddenly there’s cash that could translate into more staff, for example.

**Streamlined**

Mandie practises what she preaches. In her previous role at the Heart of England Foundation Trust, £780,000 was saved in just nine months. An unwieldy purchasing process was streamlined so that senior nurses now make decisions on products generally used by nursing staff. “This has also helped drive product standardisation across clinical areas,” Mandie says. “Economies of scale lead to significant cost savings.”

There’s also a safety issue. “Using the same product across the organisation reduces the potential for clinical errors, particularly when it comes to medical devices. The need to train staff on new products should they move wards is also eliminated – another time and cost saving.”

Every £30,000 saved on products equates to a band 5 nurse. On that basis, NHS Supply Chain has calculated how potential savings could translate. For example:

- £6.9 million saved across the NHS on examination gloves equates to 230 nurses
- £2.2 million saved on intravenous cannulae equates to 73 nurses
- £3.4 million saved on disposable incontinence products equates to 113 nurses.

Even bed pans can save money. NHS Wales has cut costs by more than £110,000 by standardising disposable pulp products.

The RCN is supporting drives for greater involvement of nurse leaders in NHS procurement. Janet Davies, Director of Nursing and Service Delivery, says: “We know from our members and our Frontline First campaign how the push for savings is having a massive impact on care.

“The push for savings is having a massive impact on patient care

“Nursing staff with years of experience are being regarded as disposable and a quick way to save money, while others are being down-banded. Thousands of nursing vacancies remain unfilled yet millions of pounds are being wasted by inefficient purchasing arrangements.

“We will be working in partnership with NHS Supply Chain to urge nurse leaders to take control and maximise the potential savings while improving quality and saving jobs.”

Read more at www.supplychain.nhs.uk where you will also find a variety of case studies.
One rule for one...

Sharon Palfrey speaks to an RCN member who won her unfair dismissal case after experiencing sex discrimination in the workplace

As an NHS employee, Caroline assumed she would be treated fairly, with expectations about conduct applied equally to men and women. Then she found herself answering allegations that highlighted very different attitudes towards female staff.

“I was shocked to receive an offensive email from a male colleague but when I reported this I was told that I was going to be investigated to find out if I had ‘egged him on’,” she recalls. Six months later, and without warning, Caroline was accused of acting in a “sexually inappropriate” manner with staff and patients. After being sent home to reflect, she was later suspended.

In the year that followed she faced a growing list of unsubstantiated and vague allegations. These were later criticised by the tribunal panel, which said: “The allegations were drafted in a broad and non-specific manner… this constituted a fundamental denial of natural justice.”

Caroline’s fears intensified. “I didn’t discuss the case with anyone because I worried that people would think there was ‘no smoke without fire’. Although I was often upset and sometimes afraid, I never felt entirely alone because the RCN was there to support me.”

Sadly there was no immediate “happy ever after” ending for Caroline. After 15 months, she was dismissed at her disciplinary hearing.

Recognised this and awarded her a financial award to compensate her for these failings, “says RCN Legal Officer James Collier.

“Because the RCN’s legal team specialises in a range of legal disciplines, we also supported Caroline through the NMC fitness to practise process, which found that there was no case to answer. Happily, Caroline has been returned to the NMC register without any form of restriction against her practice as a nurse.”

Today Caroline has a new job in the independent sector. “It was a long and stressful experience which, without the RCN, might not have ended so well,” she says.

“I’d advise all nursing staff to join a union. You don’t have to do anything wrong to find yourself in trouble. You just never know what’s going to happen.”
Rare breed?

District nursing is facing a crisis that could lead to its extinction if urgent investment is not forthcoming. Daniel Allen reports

“Critically endangered” and “facing extinction” are descriptions more usually associated with rare breeds than nursing specialisms. But current pressures on district nursing mean that it will be confined to the history books by 2025 if urgent investment is not forthcoming.

That was the stark warning issued by the RCN last month as survey results were released showing a 47 per cent drop in the number of district nursing staff in England over the last decade.

With numbers of frail older people ever increasing, the foundations of an effective community nursing service that can help keep sick people in their homes for as long as possible is under threat, the College said.

More than 2,400 members responded to the RCN survey and although they were generally positive about their work, 77 per cent said their workload was too heavy and 75 per cent felt there were not sufficient district nurses in their team. One respondent said: “It is a privilege to work in the community and in people’s homes. If I was given more time to do my job I would love it but at times I can’t help but feel I have been unable to provide the care I feel I want to give. This frustrates and saddens me. The need to keep patients out of hospital is being highlighted at the moment but no extra help is being given to frontline staff.”

The RCN says the Government needs to act on its commitment to increase the community workforce by 10,000 to plug the growing gap.

RCN Chief Executive Dr Peter Carter says: “The NHS, and the people who run it, have long paid lip service to the ideal of moving care closer to home. But many people up and down the country are still in need of expert care from district nurses.” He adds: “By 2015, there will be many thousands of families with frail older relatives who may well have survived a number of illnesses – and when they look for help to manage at home, it simply won’t be there.”

Breaking point

Responses to the survey suggest that many community staff feel they are being pushed to breaking point. More than eight out of 10 said they had worked additional hours on their last shift and three-quarters had left activities undone due to a lack of time. Four in 10 said they would leave the job if they could.

The survey report says new entrants into community nursing are urgently needed. “But if the new, and perhaps more importantly, existing staff in the community are to be retained, working conditions need to be improved,” it adds.

Dr Carter says: “It looks as though the NHS is trying to run these services on goodwill alone and staff should not be spending their working lives at breaking point. Patients simply cannot wait forever for these services to be properly resourced.”

Read Survey of district and community nurses in 2013: report to the Royal College of Nursing at www.rcn.org.uk/policy
Inside out

Susan Embley and Sophie Lowthian talk to nurses working in criminal justice settings, where the challenges are many but the rewards are often plentiful

“These are exciting times for nursing in criminal justice settings,” says Dr Liz Walsh, Chair of the RCN Nursing in Criminal Justice Services (CJS) Forum. “We are seeing the world of nursing in CJS opening up and becoming more visible to the wider nursing community. And that’s both in practice and in nurse education, with more nursing students than ever before accessing placements in prison.”

New commissioning arrangements will also have a major impact on police custody nursing, she believes. “Nurses are beginning to lead the development of a wide range of services for those in contact with the criminal justice system,” says Liz.

Currently Associate Professor in Offender Health at the School of Health Care, University of Leeds, Liz has been working in and around offender health care since she qualified as a nurse in 1995. During this time she has developed a sound understanding of the qualities needed to work in an environment that throws up a number of challenges.

“You need to be able to manage emotional labour and recognise the importance of your own wellbeing,” says Liz. “On top of that you need flexibility, the ability to work as part of a truly multi-professional team and last, but by no means least, you need a sense of humour. These are the qualities that can help nursing staff to deal with the issues that can arise in criminal justice settings.”

For Liz, those issues can include balancing care with security, while working closely with non-health care staff, and a chronic lack of staff in some areas. “Staff also need to care for themselves in what can be a highly stressful environment, where often there is little time for anything other than patient care,” she says.

Building on the RCN’s 2009 publication, Health and nursing care in the criminal justice service, the forum recently produced web-based guidance for nursing staff working in criminal justice settings across the UK. Using the RCN’s Principles of nursing practice, it aims to help busy professionals access key information and national and international standards and guidance, as well as examples of best practice.

Visit www.rcn.org.uk/cjsprinciples
Always challenging

“I fell in love with nursing in custodial settings and haven’t looked back since,” says Emma Bradley, who is the Director for Secure Healthcare at G4S.

Since qualifying in 1988, Emma’s varied career includes working in an intensive therapy unit and school nursing. But it was when she started working as an agency nurse that her career path was set. “When they suggested working at HMP Bullingdon, I thought I’d give it a go,” she says.

After training to governor grade in 2001, Emma became part of a project between the prison service and Department of Health working on improving health and transforming prison nursing. She became deputy prison ombudsman, investigating deaths in custody and helping to reduce the number of suicides in prisons and probation hostels after prisoners are released.

Since 2007, Emma has been at G4S, the international security group, which operates in 125 countries. The group runs 11 immigration and secure centres in the UK, alongside custody suites and prisons. Emma has responsibility for 250 staff and her role covers a range of complex issues in relation to managing the health care of people in custody.

“Some of the people we see have never been to a doctor and have illnesses that have been left untreated since childhood,” says Emma. Ages range from teenagers to those nearing the end of their lives. “There are problems with an ever-ageing population and more chronic diseases. Plus a lot of prisons are designed for younger people, not for an older person who struggles to get about,” says Emma. “As for substance abuse, the landscape has changed and we’re seeing less heroin use, but more synthetic drugs and abuse of prescribed medication.”

Other challenges include budget constraints and a lack of understanding by some health commissioners of the needs of custodial nursing. “I try not to let money compromise care and we put our patients at the heart of what we do,” says Emma. “I’m proud of the quality of health care we deliver, but it’s always challenging. If we can help improve care on the inside, then patients won’t be such a burden on the NHS when they come out.”

As a member of the RCN Nursing in Criminal Justice Services Forum, Emma enjoys support from other members. “Having been a part of the forum since 2008, it’s been a massive support to me. It’s good to be able to share best practice and talk to like-minded individuals. I firmly believe that the forum can provide support, advice and expertise to support and further develop the role of nursing staff working in the criminal justice system.”

Far more advanced

Robert Souter is a clinical forensic nurse for NHS Lothian. His service, which includes a team of nine nurses, was nominated and shortlisted for an award – Innovation in Practice, NHS Lothian Excellence in Healthcare awards in November 2013. Building on its achievements, the service is expanding and will be providing 15 extra nurses for a regional model in south east Scotland.

Robert travels to custody suites in the area, assessing people who have been detained by the police, working in four different stations in the region. Having been in his role for eight years, Robert says: “I was one of the first nurses to work exclusively in police custody. Since I started, it’s become far more advanced with nursing staff taking over custody health care work while doctors are doing more forensic work – in other words, evidence gathering.”

For Robert, working in the criminal justice system has been a natural progression from his background in mental health nursing. “One of the biggest changes over recent years is the increasing problem of legal highs,” he says. “When I get to people, they can be disinhibited, running around. Some can be seriously addicted.”

In common with Emma, Robert enjoys working with some of the most marginalised people in society. “My philosophy is that everyone should have the same access to health services as anyone else in the community,” he says.
A good read

The RCN Mental Health Forum has been instrumental in a new scheme to help people with a range of common mental health conditions.


Evidence from the National Institute for Health and Care Excellence (NICE) shows that self-help reading can help some people begin to tackle their mental health issues – including anxiety, depression, phobias and some eating disorders.

RCN Mental Health Forum committee member Mark Haddad has been involved in the expert group advising on the project since it began in 2012. He said: “Problems like anxiety and depression are common and disabling. Helping to provide easier ways of accessing evidence-based help is an essential aspect of public health. It’s vital that nurses are involved in this area of practice, and I’m delighted to have been able to represent the RCN Mental Health Forum alongside other professions and service user organisations in this important work.”

Almost 90 per cent of public library services in England are now signed up to the scheme. Officially launched in 2013, an estimated 100,000 people took part in the first four months, with borrowing of the 30 core titles increasing by 145 per cent.

The booklist covers topics such as panic attacks, worrying, stress, chronic fatigue syndrome, self-esteem, sleep problems, dealing with anger, obsessive compulsive disorder and phobias.

As part of the scheme, patients are also invited to try Reading Well Mood-boosting Books. Last year’s list of 20 books, recommended by readers and reading groups around the country, includes The Guernsey literary and potato peel pie society by Mary Ann Shaffer and Annie Barrows.

To find out more, visit the Reading Agency website www.readingagency.org.uk

Problems like anxiety and depression are common and disabling.

 quotation
One of two

Tanya Urquhart, Macmillan clinical nurse specialist in paediatric and teenagers and young adults late effects, has become one of only two students ever to be awarded an MSc in contemporary health care (cancer care for teenagers and young adults) from Coventry University.

“The degree has involved a lot of juggling and working at the weekends and in the evenings over the last three years,” said Tanya, who completed her course via e-learning, including Skype sessions with tutors in the UK and Australia.

“Cancer care for teenagers and young adults used to be a no-man’s land in terms of services. But thanks to courses like this, services, structures and understanding of cancer care for this cohort is improving,” said Tanya.

Tech fund

The RCN eHealth Forum is encouraging nursing staff in England to apply for funding to support the use of technology in patient care.

Forum Chair David Barrett said NHS England’s nursing technology fund offered huge opportunities. “About £70 million will be available to bid for, with the overall aim of using technology to enhance nursing care.”

The fund was launched last year, when 85 projects were approved. All were designed to help nursing and midwifery staff to harness technology, enabling them to work more efficiently and spend more time with patients.

The latest round of awards was due to be launched at the end of June. Read more on the NHS England website: http://tinyurl.com/o9bowtj

New in print

Several new publications were launched at Congress, including two that focus on children’s nursing.

Specialist and advanced children’s and young people’s nursing practice in contemporary health care: guidance for nurses and commissioners looks at children’s nurses’ roles and their practice. In addition, The future for community children’s nursing sets out the RCN perspective of contemporary children’s and young people’s nursing services in primary and community settings and the crucial role community children’s nursing performs.

Meanwhile Defence nursing has been developed to provide an understanding of military nursing and to help develop individual roles, new or existing services, and identify developments in this specialty.

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The Royal College of Nursing acts as an Introducer Appointed Representative to the Liverpool Victoria group of companies for General Insurance. 21442356
Riding the waves: current trends in orthopaedic and trauma care

The society’s 27th annual conference is designed to showcase the excellent care practitioners are providing at a time of turbulence and change in global health care. The event will demonstrate innovation, providing an opportunity to share good practice that helps participants stay at the forefront of their specialty.

The programme includes:

- patient experience of trauma and recovery
- spinal turning and fitting of cervical collar workshops
- team working in orthogeriatrics.

Book your place at www.rcn.org.uk/ortho2014

Northern Ireland
www.rcn.org.uk/northernireland
Belfast
Wednesday 8 October
RCN Northern Ireland Research and Quality Group (NIRAQ) conference – Integrating practice development and patient safety to achieve person-centred practice
For more information email cst@rcn.org.uk or call 02890 384600.

Scotland
www.rcn.org.uk/scotland
Glasgow
Thursday 2 to Friday 3 October
Marriott Hotel, 500 Argyll Street, Glasgow
RCN joint representatives’ conference.

Wales
www.rcn.org.uk/wales
Cardiff
Friday 12 September
RCN Wales, Ty Maeth, Cardiff
Management of patients with complex respiratory conditions
A morning seminar. For an application form or further information email rhona.workman@rcn.org.uk or call 029 2068 0713.

East Midlands
www.rcn.org.uk/eastmidlands
Northampton
Tuesday 8 July, 6.30pm
Northampton General Hospital, Cliftonville, Northampton
RCN Northamptonshire members’ meeting
For further information, contact Branch Secretary Alex Scott on 01536 494663.

Eastern
www.rcn.org.uk/eastern
Chelmsford
Wednesday 16 July
Essex Records Office, Wharf Road, Chelmsford
Essex county conference
James Collier from the RCN Legal Department will talk about whistleblowing. To attend contact linsey.byrne@rcn.org.uk or telephone 01284 717718.

London
www.rcn.org.uk/london
London
Tuesday 15 July
RCN HQ, 20 Cavendish Square, London
RCN Critical Care Forum workshop exploring innovations in practice with the opportunity to share learning. For more details contact suzanne.oakley@rcn.org.uk

Northern
www.rcn.org.uk/northern
Sunderland
Tuesday 14 October at 9.30am
Sunderland regional office, Avalon House, Sunderland Enterprise Park
Co Durham and Darlington branch meeting
For more information, contact the Northern regional office on 0345 772 6100.

North West
www.rcn.org.uk/northwest
Oldham
Thursday 3 July, 6.30-8pm
Horton House, Southlink, Oldham
Greater Manchester branch meeting.

South East
www.rcn.org.uk/southeast
Brighton
Monday 7 July, from 3pm-6.30pm
The Audrey Emmerton Building, Eastern Road, Brighton (opposite the Royal Sussex County Hospital)
The RCN and you

Members and non-members are invited to an afternoon of speakers, stalls and lots of information about the RCN. To book email croydon.office@rcn.org.uk

South West
www.rcn.org.uk/southwest
Bristol
Tuesday 15 July
The Nuffield Hospital, 3 Clifton Hill, Bristol
Continuing professional development event for students based on the RCN’s This is nursing initiative. Open to both members and non-members. For more information visit www.rcn.org.uk/cpd2014sw

West Midlands
www.rcn.org.uk/westmidlands
Wolverhampton
Tuesday 15 July, registration at 9am
Education Centre, New Cross Hospital, Wednesfield Road, Wolverhampton
Professional issues in nursing and the impact on quality
The first event of its kind in the Black Country area, this free conference is an opportunity for registered nurses and health care assistants to update their clinical and professional knowledge and their appreciation of their own accountability. To book, call RCN Events on 029 2054 6460.

Yorkshire & The Humber
www.rcn.org.uk/yorkshireandhumber
York
Tuesday 29 July at 2pm
CVS York, 15 Priory Street, York
RCN retired members’ network
For those aged 55 or above and receiving a state or occupational pension, this regional network helps retired members keep up to date with the latest developments. For more information, email adele.bird@rcn.org.uk or call 0113 3860561.