

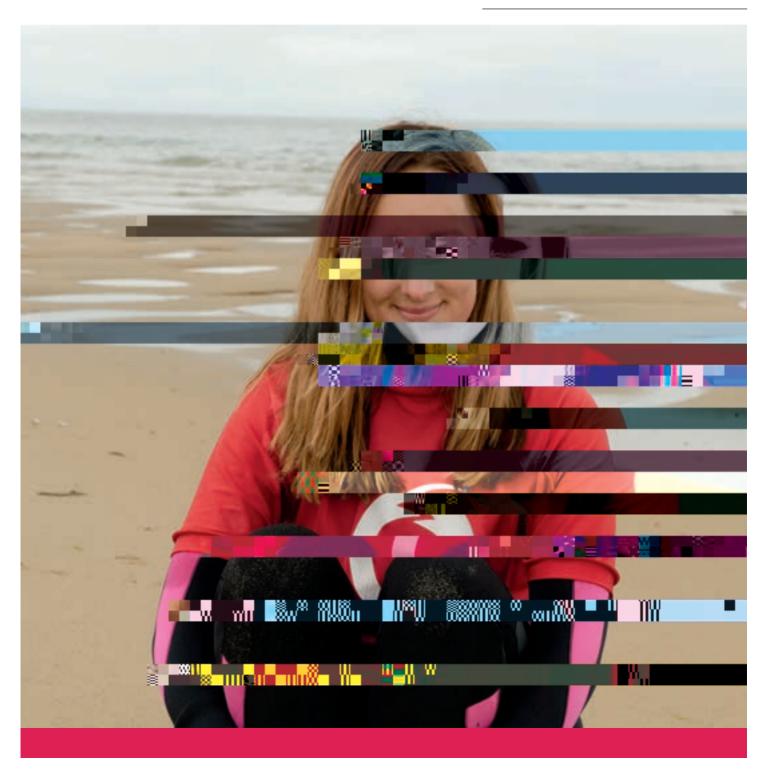
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Janet to be new RCN Chief Exec

In an inspirational rst speech to Congress as RCN President, Cecilia Anim delivered an impassioned plea for nursing sta to believe in themselves. "We work hard every day, we are passionate about the work we do and we deliver outstanding patient care. Let us be proud of who we are," she urged.

During her speech, Cecilia revealed that, with the help of the RCN Foundation, she has chosen to set up a scholarship fund to support nurses working anywhere that human dignity is threatened. With a pledge from the RCN Foundation to match the rst £5,000 of donations, Cecilia asked members to support the cause. Text Nurs75 £5 to 70070 to donate £5.

ICE

e RCN will now campaign for the work of NICE on safe sta ng to be reinstated following an emergency resolution at Congress last week.

Member Jason Warriner, who proposed the debate, said: "Safe sta ng is about having the right people in the right roles with the right skills to deliver the best care possible. We need to ght for this. Not doing so puts lives at risk." Member Mark Boothroyd agreed: " is day, right now, there are nurses being expected to look a er 10, 12, 14 patients. It's important we act now." More than 99 per cent of members voted in favour of the resolution. Watch the debate at :// in d.com/ cgra

Janet Davies, RCN Director of Nursing and Service Delivery, is to be the next RCN Chief Executive a Director at the RCN for the last nine years and has two decades of experience as a hands-on nursing leader. Before joining the organisation, she was Chief Executive of the Mersey Regional Ambulance Service. She will take over from Dr Peter Carter in August.

Michael Brown, Chair of RCN Council, said: "It was a unanimous decision to appoint Janet. She will be a strong General Secretary and I believe that with her as our Chief Executive we can continue to be very powerful as a Royal College and trade union.

" ere is no mistaking her ambition for the organisation, her passion for nursing and health care and her commitment to the RCN and its future. I very much look forward to working with Janet in her new role over the next few years."

Janet said: "I am delighted and honoured to be given the opportunity to lead the world's & General Secretary, Janet has been largest professional union of nursing sta . I have been an RCN member for over 20 years, and have been proud to work for an organisation that does so much to promote nursing and high quality patient care.

> " ese are challenging times for nurses, midwives and health care assistants, and I will work to ensure that their talent and dedication is properly recognised and that their voice continues to be heard loudly and clearly in the debate about the future shape of health care in the UK."

Dr Peter Carter, current RCN Chief Executive and General Secretary, said: "I am delighted that Janet will be taking over from me. As the RCN's Director of Nursing and Service Delivery, she has been an inspiring and energetic colleague, who has put nursing at the forefront of everything she does. I know she will do a great job of building on the many strengths of the RCN."



RCN BULLETIN JULY 2015 WWW RCN ORG UK/BULLETIN Members demand change to plans that would see thousands of overseas nurses forced to leave

e RCN is calling on the Government to exclude nursing sta from new immigration rules which would see anyone from outside the European Economic Area being forced to leave if they earn less than crackdown on agency nurse £35.000 a er six vears. In a heated for the salary threshold to be

reconsidered and for nursing to be added to the list of shortage occupations in the UK. New RCN research shows changes to the immigration rules will risk intensifying the severe shortage of nurses in the UK, compromising patient safety, as well as costing the health service millions. e e ects of

the new rules will start being felt in 2017 and the RCN has calculated that up to 3,365 nurses currently working in the UK will potentially be a ected. e College estimates it will have cost the NHS £20.19million to recruit them, money which will have been wasted if they are forced to leave.

e gures for future years are even more worrying, particularly if overseas recruitment continues to rise as a result of a shortage of home-grown nurses and a spending, e RCN believes the debate at Congress, members called Government must take urgent steps to increase the number of UK nurse training places, which will reduce

the over-reliance on overrkg-C 0 -low 0 -1EMC /Span 5(d)]9uHS £20.19million to.19miwell as costing

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Nurses key to seven day success

Invest in senior nurses to make seven day care a reality, says RCN

Government plans for seven day care in England are at risk due to the disproportionate loss of expert posts in recent years, the RCN has warned.

While the College supports moves to ensure patient outcomes are as good at the weekend as they are during the week, it said that nursing sta, particularly senior decision-making nurses and those in advanced roles, are a huge part of the solution to delivering seven day care.

" e importance of these roles can sometimes be overlooked when the NHS rushes to recruit nurses to II longstanding gaps. But the gap risks getting bigger," said Dr Peter Carter, RCN Chief Executive.

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OPINION

What you've been saying

It is absolutely not the case that agency nurses eece millions from the health service ("What you've been saying", June). At this present time, hospitals could not function without agency sta.

I do this because I have a job in the pharmaceutical industry and in order to maintain my registration and keep up to date with what's happening in hospital, I choose to do agency work.

I have a postgraduate diploma in diabetes, which is useful in every ward I am sent to, and I have completed intravenous which I paid for myself.

I work extra hard as an agency nurse as I would hate for anybody to think I don't do my share. Just because I work as an agency nurse it doesn't mean I don't care or that I don't want to work hard.

I get to my shi s early and I very seldom leave on time. I never claim for any extra hours that

I work for the British Nursing Association and I want to warn nurse colleagues about inding employment in retirement. I retired from the NHS a year ago and six months ago applied for a job as a health and social care assessor at a local college. I was o ered a di erent role as a distance learning assessor, a post funded under a government initiative scheme. It was a zero hours contract and appeared to be ideal.

To date I have not had a single hour's assessments and safe use of insulin in hospitalmeaningful work, despite assurances of up to 20 hours per week. Simply by being on the books of the college, my tax code has been elevated to the point where I would be £950 per year worse o in tax against my small NHS pension, which I simply cannot a ord. I wonder if the college only needed a nurse in post in order to access the government initiative funds.

AA h on, b le er

Felicia Co, a lead nurse in pain work by breaking some of your bad habits. mind. When I am stressed this is the rst It won't ever be. Leave for work a few minutes earlier so you can better plan your great mental health. I am glad meditation workload. Don't worry about things you don't have the power to change. And nally, to relieve stress and promote wellbeing, I a problem shared is a problem halved."

Clinical skills facilitatoFiona Ca ell says: "Within the health care sector we all need to retain our compassion and our enthusiasm. Burnout and cynicism can creep up on you through working too hard Helen Gold mi h says peer support is very and not balancing home and work. It is essential we all take special care of we can then give to others.

"Eating and sleeping well is also really management, says: "You can reduce stress assential to maintain a balanced body and Avoid trying to ensure everything is perfect. thing that seems to be a ected, and it's the very thing that is needed for sustaining is recommended much more now. As a way practise transcendental meditation twice a day and nd it invaluable as it is great for recharging the batteries, enhancing creativity and generally feeling optimistic about life."

important. "It's about not being alone, sharing feelings and re ecting on what's ourselves, because by nourishing ourselves appened. It doesn't even have to be formal, it could just be meeting a friend a er work."

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OPINION

Safety rst

Nurse sta ng levels must enable the delivery of quality care

We're moving head rst towards a nursing workforce crisis. Changes to immigration rules, unless reversed, will see overseas nursing sta who earn less than £35,000 a er six years being forced to leave the country. e RCN estimates this could a ect more than 6.000 nurses by 2020 with millions spent in recruitment costs being thrown down the drain.

Cuts to nurse training places have forced trusts to rely on hiring nurses of cuts will take years to repair. For from overseas, as well as temporary too long there has been a sta, just to provide safe stang. A cap on agency spending will make one of these options more di cult, and these immigration rules will limit the other. e NHS is being asked to provide safe sta ng with two hands tied behind its back.

We must demand the change we want to see. So much progress has been made on setting nurse to patient ratios in recent years and moves towards legally mandated sta ng levels in Wales are a huge step forward. However, the announcement in June that the National Institute for Health and Care Excellence is to suspend its workRCN Chief E ec i e

on safe sta ng is hugely worrying. is work simply cannot be shelved. Our patients deserve more.

Let us be under no illusion. e years lackadaisical approach to nursing workforce planning. We can't allow this to continue. At Congress last week members expressed their strength of feeling on the issue and the RCN will now put more pressure on politicians.

ere's no lack of desire to enter the profession – 37,000 prospective student nurses were turned away last year - so let's invest in our nursing workforce, value those on the ground and pay a fair wage for a hard day's work.

DrPe erCarer



Cha lo e Benne RCN Congress rst timer

Coming to Congress has really changed my perceptions of nursing. As a rst year nursing student, my experiences so far have mostly been shaped by my university and the time I've spent on placement, but this has /y u5 0 -1.1516(w p[(s)5(p)4 (en-GB),

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FEATURE

'Such an enjoyable job'

In his nal month as RCN Chief Executive, Dr Peter Carter talks to Daniel Alle about his biggest achievements and future plans

In his o ce at RCN headquarters in London, Dr Peter Carter is listing some of the places he has visited during his time as Chief Executive. Among them, Shetland, Orkney, the proposal to halt the sale. Isle of Man, remote parts of Norfolk, Holloway Prison, Japan, the operating theatre at Moor elds Eye Hospital, the Houses of Parliament, assorted TV and radio studios, a children's hospice in Dorset, Basra, Afghanistan and the Royal Hospital for Neuro-disability in Putney.

He could add a thousand more and the list is evidence of his resolve, since day one in the job, to connect with members and to ensure the RCN is rmly xed in the consciousness of politicians, the media and the public, at home and abroad. "I've had so many amazing opportunities," he says.

B

But the job has brought challenges, too. He joined the RCN in January 2007 a er heading Central and North West London Mental Health Trust for 12 years. It's a matter of public record that College nances were then in a hole and plans were being discussed to sell the headquarters building in Cavendish books have been balanced; as an Square. "Membership was also dropping and the RCN had lost its place in the media," he says. "It was a great institution but it had got into a mess."

With the support of RCN Council and a team comprising existing sta and trusted newcomers, he got to work immediately. "On day two, I said to Eirlys Warrington, then Chair of Council, 'Selling Cavendish

Square just doesn't make sense.' If you're in debt you don't sell your principal asset, you deal with why vou're in debt." Council backed his

As a former trust chief executive. he also recognised the importance of getting sta at all levels onside. An early employee survey exposed considerable dissatisfaction and he knew that without sta support, improving services for members would be di cult. He made a point of "walking the oor", spending an hour or two every week chatting to people in their o ces, in corridors, at their desks.

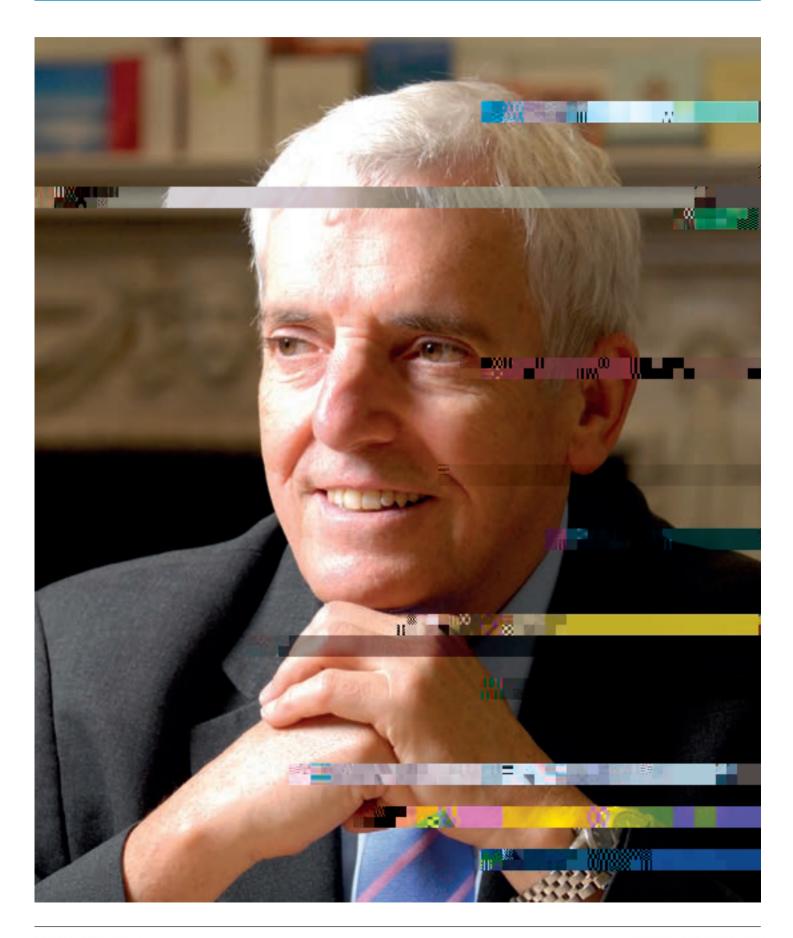
A third challenge was the declining membership. Dr Carter has always insisted on including in his diary weekly visits to hospitals, units and clinics all over the UK to boost the College's pro le and, importantly, to hear from those for whom the RCN exists. A systematic recruitment drive has completely reversed the decline and pushed membership to a record high.

So as he prepares to leave at the end of this month, the RCN looks a lot healthier than when he arrived. e employer the College is recognised as among the best; and thousands of new members have been recruited. "I like to think that collectively and it's not just me and the top team, it's deep into the RCN - we above \$664 + ard 94h) 4F (a) Rear f; epam, i

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TO FEATURE

"It's about thinking how nursing sta can manage the risks themselves and look out for one another if there's no training on o er," she says. "Community nurses o en don't have contact with anyone at work. So without a monitoring system, if something were to happen it might be a long time before the alarm was raised, as was the case with Suzy Lamplugh."

ings like buddy systems, where nurses check in with each other over the course of the day, are a good way of preventing isolation and don't cost anything, other than the price of a text or phone call. Other mechanisms might seem like common sense — looking out for warning signs at a property, having an exit strategy and a covert way of raising the alarm, carrying a spare phone in case one

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New guidance for treating anaemia



e RCN Gastrointestinal Nursing Forum has been leading the development of a range of learning resources to help nursing sta provide e ective treatment for iron de ciency anaemia

Iron de ciency anaemia (IDA) is a common problem among patients. It is caused by a lack of iron in the body, resulting in a reduction in red blood cells. Symptoms include fatigue and weakness, and le untreated it can lead to serious health implications, such as surgery Women's Health and Midwifery

and blood transfusions, and loss of working time.

Almost all nurses care for patients with anaemia, but many don't know much about a condition which costs People don't the NHS £55 million a vear, as Isobel Mason. Chair of the Gastrointestinal Nursing Forum and the project lead, explains.

"Despite being one of the most common causes of emergencies, IDA is a really neglected area of patient care," she says. "It's easily treated, but a lack of awareness and training has led to it o en becoming a serious problem for patients - and a heavy expense for health services. People don't realise how common it is, and nurses need to be able to recognise it."

e forum has been working in conjunction with other stakeholders, including the RCN otiobu9Twoeune/142(un)mk (t)-4.9(io)1bu9565 -20.

realise how common it is

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