

TRADE UNION BILL NEWS P3

ASSISTED SUICIDE OPINION P6

ACUTE KIDNEY INJURY FEATURES P13

ISSUE NO. 332 OCTOBER 2015



WWW.RCN.ORG.UK/BULLETIN 🗮

NEWS DIGEST

e RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Editor: Kim Scott Editorial: 020 7647 3627 Email: bulletin@rcn.org.uk Web: www.rcn.org.uk/bulletin Address: 20 Cavendish Square, London W1G 0RN Classi ed advertising Tel: 020 8423 1333 Fax: 020 8872 3197 Email: advertising@rcni.com

Acceptance of an advertisement does not constitute an endorsement of a product, service or company, either by the RCN or RCN Publishing.

For RCN country and regional contact details visit www.rcn.org.uk or call RCN Direct on 0345 772 6100.

© Copyright 2015. RCN Publishing Company Limited and e Royal College of Nursing. For full copyright statement visit www.rcni.com. Printed on environmentally friendly paper from sustainable forests.

Cover image © Andrew Baker





Start preparing now

deadl88.1 he ey (e). Slo.8 (c)6 (o v

0

0

Don't bin it

Your ballot paper to elect a member to RCN Council is included with this issue of RCN Bullet(for exceptions, see page 7). Please don' throw it away. It is your opportunity to choose who you want to help run the organisation. Your ballot paper must be returned by post before the deadline of 9 November. Visit www.rcn.org.uk/elections

3



Playing host

e RCN will welcome delegates from more than 20 European countries when it hosts the European Federation of Nursing Associations (EFN) General Assembly on 22-23 October in London. e EFN is the European umbrella organisation for nursing associations in Europe. As a member, the RCN is able to in uence issues being debated in Europe that impact on nurses and nursing. Delegates will discuss and agree positions on matters including professional quali cations, international recruitment, health care assistants and research.

Scotland update

e RCN has warned that plans to criminalise the mistreatment or wilful neglect of patients in Scotland could back re and result in mistakes being covered up. In a submission to members of the Scottish Parliament, the College warned of a "signi cant risk" that the threat of criminal proceedings against an individual could encourage organisations, sta, patients, their family and carers to look for someone to blame, thereby undermining the duty of candour being proposed in the same bill.

Meanwhile, plans announced by First Minister Nicola Sturgeon to invest £41.6 million over four years for additional health visitors have been welcomed. It's hoped this will enable the health visiting service to provide enhanced support in response to the "named person" provision in the Children and Young People (Scotland) Act 2014, as called for by the RCN.





e Trade Union Bill is bad for sta , employers and most importantly it is bad for patients e RCN is warning that the proposed Trade Union Bill could have serious consequences for productivity and morale in the NHS, as new research shows trade unions save the NHS at least £100 million every year.

Independent evidence has revealed sta turnover in organisations without union representatives is three times higher than in those with union representatives. is equates to an annual saving in the NHS of at least £100 million, and for a large teaching hospital represents an annual saving of around £1 million.

e Trade Union Bill, which recently had its second reading in Westminster, threatens the amount of facilities time available to union representatives while also imposing stricter rules on ballots over industrial action.

e RCN believes the attempts to limit and monitor facility time are based on an incorrect assumption that there are too many trade union representatives in the public sector. Analysis of a sample of British workplaces shows that in public sector health care there is one

e RCN has issued a brie ng unpicking the merits of two new models of integrated care

e past few months have seen an extraordinary explosion of activity in health and social care reform. A brie ng recently published by the RCN, entitled Experiments in Autonomy provides outlines and analyses of two aspects of that activity: NHS England's vanguard programme - part of Chief Executive Simon Stevens' Five Year February, is arguably a larger Forward Viewand the Devo Manc initiative in North West England. It further considers the challenges they present for both nursing and the nursing workforce.

RCN Head of Policy Howard Catton said: "E ective nursing care is a thread running conceptually through councils and the treasury. both theFive Year Forward View

are vital to the development of integrated care."

e Five Year Forward Viewwas unveiled in October 2014. It sets out a vision for the future based around seven new models of care. Expressions of interest were sought for providers to become "vanguards" prepared to adopt and pilot the models and by March this year 29 sites had been selected. ey've since been testing four of the proposed models.

e much-publicised Devo Manc programme, announced in version of these vanguard sites and will be a major litmus test for the future protocols of the NHS. It sees Manchester taking control of its own £6 million health and social care budget through a set of new arrangements brokered in a deal between 10 of the city's local

and Devo Manc proposals. As many Both programmes are now underway. nurses work at the interface between e rst and second waves of health and care organisations, they vanguard sites are up and running and a further wave is in recruitment. e structures to deliver Devo Manc

have been agreed and work is taking place to ensure everything is set up for the April 2016 start date.

e RCN has been consulting members working in the vanguard sites with early survey results showing that while nurses are broadly supportive of the new care models, the usual challenges of communication and resourcing remain. If you're involved in one of the vanguards, email mark.platt@ rcn.org.uk to nd out how to get involved with further research.

Members' National Insurance contributions could increase next year NI contributions. Employers will

From April 2016 you may see increased National Insurance (NI) contributions on your payslip. is is due to the introduction of the new State Retirement Pension (SRP) which will signal an end to discounted contracting out arrangements for NI payments.

It will apply to some occupational schemes whose members are contracted out of the state second pension, such as the NHS pension, and will see members of these

schemes paying 1.4 per cent more in the NI contributions line has the also have to pay more NI contributions for their sta -3.4 per cent more based on current rates.

You're more likely to be a ected if you work in public sector organisations and professions such as the NHS, local councils, civil service, the police ese changes are due to a change or armed forces. However, these changes apply across the public and private sector for all schemes that are currently contracted out of the state second pension. You may be able to see if you'll be a ected by looking at your payslip. You're contracted out if

letter D or N next to it. You're not contracted out if it has a letter A. You can check with your employer or pension provider if there is a di erent letter. If you're currently contracted out, you will pay more National Insurance contributions next year.

ANALYSIS 5

New agency nurse spending rules

Patient safety must come rst

e RCN has welcomed new rules to cap spending on agency nurses, but has warned they must be implemented without putting patients at risk.

Published by Monitor and the Trust Development Authority, the rules follow a soaring NHS agency nursing bill across England from £1.8 billion three years ago to £3.3 billion in 2014/15.

NHS trusts will now have an annual limit imposed, capping the amount they can spend on agency sta over the next four years.

"Astronomical amounts have been spent paying agencies for temporary priority for any care setting." nursing sta over the past few years and it is simply not an e ective use of NHS funds," said RCN Chief Executive Janet Davies. "It is essential to work towards reducing this reliance and improving continuity of care.

"However, it's crucial that these plans However, there needs to be more are carried out in a way that does not incentive for nursing sta at all levels risk patient safety, especially at those to participate in this scheme."



moments where care is under extraordinary pressure.

" ese rules cannot get in the way of hospitals securing sta through agencies at short notice if they are essential to meet patient need. Safe sta ng levels should be the top

Janet said trusts need to convert the money saved into permanent positions for nursing sta.

"With a bank of nurses at their disposal, hospitals can use their own sta to supplement the workforce.

'A critical nursing shortage'

Nursing must be added to the shortage nurses already in the UK who don't occupation list, insists the RCN

e RCN has submitted evidence to the Migration Advisory Committee as part of its review of the Tier 2 visa the critical nursing shortage in the system for the migration of skilled workers from outside the European Economic Area.

In its submission, the College again called for nursing to be added to the shortage occupation list, which would also prevent the loss of overseas

meet the salary threshold of £35,000 for inde nite leave to remain.

" e Government must acknowledge UK," said RCN Senior International Adviser Susan Williams. " e current system prioritises salary levels over other bene ts in granting visas for overseas migrants and therefore does not recognise the huge value that nurses contribute to the economy and society. is needs to be addressed."

From the heart

Fee Cahill Prostate epidemiology research nurse

In order to successfully revalidate, Nursing and Midwifery Council (NMC) registrants need to provide evidence to show we remain t to practise. I compiled a comprehensive professional portfolio that tracked my practice hours, demonstrated my continuing professional development, and presented ve documented re ections.

is took some time to put together. We all have a pile of training certi cates, random pieces of paper from a workshop, and the odd thank you card from a patient, but very few already have a portfolio that could be handed over to the NMC tomorrow if needed.

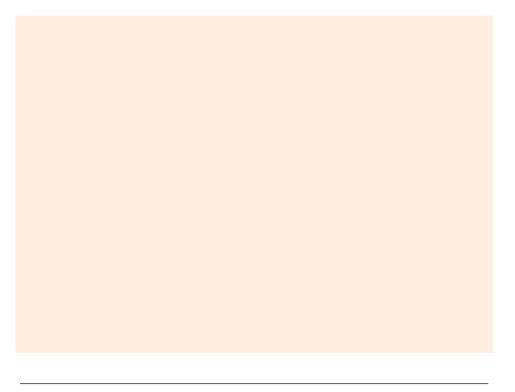
My portfolio included practice-related feedback and I then had to seek validation of this portfolio of evidence from a third party - usually your line manager.

Re ecting on my practice, organising all of the training certi cates, cards and letters, has really given me a sense of pride. I'm not just an NMC number;

www.rcni.com/portfolio ト

OPINION

What is the NHS anyway?



OPINION



Members have the power to decide who will set the direction of the RCN for the next four years

Included with this issue of RCN Bulletinis one of the most important pieces of information you will receive from the RCN this year. Your voting paper to elect a member to RCN Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)88]TJ mi(t)-10ut)-6 (h61 2 (o)R)8 ((e)-5 (cei)9 (rd (h)4 (e)]TJ Council s your opportunity (ag Nr) (s k)11 2 (r(o)11 2)8 (s (b) (b) (b) (s (b) (b) (cei)12 (cei



h)3(t(H)55(188)9102

(u 11

www.rcn.org.uk/truth_ about_ u

But her employer, which had taken over the running of the hospital a er the previous owners went into administration, did not inform her. " ey thought I would go away," says Sheila.

RCN lawyers uncovered further evidence showing her employer had deliberately withheld the outcome of her appeal, presenting it to an Employment Tribunal in May 2014 which ruled in Sheila's favour. Even so, the lawyers then had to appeal to the Employment Appeal Tribunal to make her employer liable for paying compensation because the previous owner's insolvency meant Sheila would otherwise only receive a basic award from the Government's National Insurance Fund. e appeal was successful.

Sheila, who worked at Croxton Lodge for seven years, says: "If they had o ered me my job back, I'd have taken it. I just wanted someone to say 'thank you' for trying to make sure no one was injured.

"I didn't want to have to look for another job at 58 and struggled to get work in care. I had to tell the truth in my applications and say I had been dismissed but that I had appealed. I only had one reply and that was a no."

A er a period working as a cleaner, Sheila has now got a job in a care home and rema18 (wa)cnow g8ps a l in





Battling Ebola

David Ford speaks to RCN member Oliver Carpenter who helped treat three British nurses who contracted Ebola in Sierra Leone

British media coverage of the Ebola outbreak in Africa was widespread throughout 2014 but it peaked when three British nurses contracted the virus within seven months of each other.

Out of the asylum

FEATURE 13

"Lives will be saved as knowledge in this area increases," says Annette, a renal nurse for 20 years and currently a teaching fellow at the University of Surrey, called "the wee nurse" by her students for her commitment to the cause.

" e programme is already starting to permeate into the di erent corners of health care," says Annette. "One of my students called the other day to say she'd taken her husband to hospital as she'd recognised he was showing signs of AKI. She was pleased with herself for spotting it."

"AKI has not been there in undergraduate training," says Coral. " ink Kidneys is bridging a massive knowledge gap. Nursing sta are the rst line of defence and every health care professional could come into contact with someone with AKI at any point."

Coral and Annette say their wish is for nursing sta to think kidneys at



Looking out for the liver

Members of the Gastrointestinal Nursing Forum are helping health professionals identify people at risk of liver disease with a newly updated RCN competency framework

Caring for People with Liver Disease:

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

e RCN has published a lea et outlining its indemnity scheme for members who are self-employed, volunteers or Good Samaritans.

Indemnity is cover against the nancial consequences of a clinical negligence claim. RCN members are covered either by their employer or the RCN, but in certain limited circumstances will need to purchase cover for themselves or their employees.

Self-employed members are generally covered by the RCN – voluntary and Good Samaritan work is also covered – but there are exceptions and members are encouraged to read the lea et to be sure of their position. Visit www.rcn.org.uk/publications

Members are being urged to update their knowledge and thinking on infection prevention as part of an awareness week supported by the RCN.

International Infection Prevention Week (IIPW) runs from 18 to 24 October and is an opportunity to promote key messages around patient safety.

Rose Gallagher, who advises on infection prevention and control for the RCN, said: " is global event is a chance to renew the focus on reducing avoidable infections and reviewing practices regardless of your role or work setting."

Check out the National Resource for Infection Control at www.nric. org.uk for more information on IIPW or join the RCN's Infection Prevention and Control Network atwww.rcn.org.uk/ipcn What I'm thinking



When the estimated cost of wasted drugs exceeds £300 million per annum, it could seem reasonable to make us all aware that prescription remedies do not fall freely from the free-for-all medicine tree.

Jeremy Hunt has announced that he'd like the indicative price of medicines costing more than £20 to be presented on the packaging. However, when professional bodies are asked to ensure their practice is evidence based, is there evidence that such displays will have the desired e ect?

Will we soon be telling patients about the cost of procedures, diagnostic investigations and curative cancer operations? If so, could that deter some patients from taking them?

For a department that spent

www.rcn.org.uk/forums 🗙



EVENTS

> Resilience and Raising Standards in the T0 14 9.6 Fi3ord, E Sept65 Tw T* [halt, Kettero9(erb)12 (t)-6 (h)4

www.rcn.org.uk/northernireland

Belfast Wednesday 21 October, 6.30-8.15pm RCN Northern Ireland, 17 Windsor Avenue, Belfast BT9 6EE RCN Northern Ireland Outpatients Network Event: Outpatients – e Future

www.rcn.org.uk/scotland Edinburgh

Wednesday 28 October Hilton Edinburgh Grosvenor Hotel, Grosvenor Street, Edinburgh EH12 5EF Nursing Scotland's Future – RCN Scotland campaign for the Scottish Parliament

elections in 2016

An opportunity for members to shape the RCN's election manifesto and priorities. For more information visit www.rcn.org.uk/aboutus/ scotland/events

www.rcn.org.uk/wales

Llandudno Junction Wednesday 21 October Conwy Business Centre, Llandudno Junction LL31 9XX Two RCN Wales seminars. In the morning, Accountability and First Steps for Health Care Support Workers In the a ernoon, Record Keeping and Delegation for Health Care Support Workers Contact Rhona Workman on 02920 680713 or email rhona.workman@rcn.org.uk

www.rcn.org.uk/eastmidlands

Kettering Wednesday 7 October, 9.30am Kettering Conference Centre, urston Drive, Kettering NN15 6PB RCN Northamptonshire

nursing conference: Who is Watching You?

Do you feel as if your practice is under greater scrutiny than ever before? Do you know what the many authorities interested in your health care practice and performance actually do and why? Find out at this event.

www.rcn.org.uk/eastern

Chelmsford Wednesday 18 November Marconi Centre, Beehive Lane, Chelmsford, Essex CM2 9RX Nursing Leadership: Building