



# nursing matters

UNISON members' newsletter for the nursing and midwifery family

Spring 2010



**6 MAY**  
**your**  
**election**  
**your**  
**NHS**  
**your**  
**vote**

Some of you reading this may not have worked in the NHS during the 1980s and 1990s, but let me tell you it was not a good experience. We endured hospital closures and wide spread redundancies of nurses and other NHS staff. We saw the farcical introduction of clinical grading – now while some of you may not think that Agenda for Change is the best thing since sliced bread - believe me, it's a lot better than the old system where nurses and midwives died while waiting for their appeals to be heard.

We lived under the threat of local pay bargaining, which never worked and will never will work for nurses.

We have now had years of investment by the Labour government and while the next few years will not be easy, Labour will listen to us and the quality of care patients receive will continue to be placed centre stage. The nursing and midwifery family and the NHS are fundamental to that care.

There has been lots of coverage about who can best look after the economy and even more about national insurance contributions, with some big businesses backing the Conservatives calling it a tax on jobs – which is not true. It's worth remembering these are the same people who argued against the introduction of the national minimum wage - that it would lead to companies closing and cutting jobs. This was also not true and it has been a success. The truth of the matter is that all businesses who have shareholders to keep happy will not support anything which may affect their profits. I don't believe that profits should come before people.

All elections are important. Nurses were part of the suffragette movement who secured the vote for women. Please use your vote wisely.

**Gail Adams**  
**UNISON Head of Nursing**



# Prime Minister's Commission 'Front line care'



On 2 March this year the Prime Minister's Commission on the future of nursing and midwifery in England published its report which you can read in full at [cnm.independent.gov.uk/](http://cnm.independent.gov.uk/)

The commission was chaired by health minister Ann Keen MP, and she and the commissioners, including Gail Adams, UNISON's head of nursing, attended a series of events to give nurses, midwives, HCAs, students and patients their say.

A number of recommendations have been made, in particular around leadership and quality. UNISON submitted evidence to the commission which you can find at [unison.org.uk/healthcare/nursing/pages\\_view.asp?did=9463](http://unison.org.uk/healthcare/nursing/pages_view.asp?did=9463)

The report is set in the context of an aging workforce and in the wake of the report into Mid Staffordshire NHS Foundation Trust. The Commission has made 20 recommendations which UNISON is supporting, but so far, only the Labour Party is committed to

implementing the recommendations in full.

One of the key changes put forward in the report is that there should be no more than two layers of managers between the ward manager and the board. It also supports the move to an all graduate profession and makes it clear that any nurse or midwife who wishes to obtain a degree should be supported to do so – however, this is an individual choice and is not compulsory.



## Join UNISON today

UNISON has more than a million members delivering essential services to the public. Services that protect, enrich and change lives.

We want to see changes that put people before profit and public interest before private greed. Add your voice to our campaign to create a fairer society.

To find out more or add your voice to our million voices for public services go to [unison.org.uk/million](http://unison.org.uk/million)

UNISON is the only organisation that represents the interests of the whole healthcare team.

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## Mid Staffordshire NHS Foundation Trust

The Francis Report into the care of patients in Mid Staffordshire NHS Foundation Trust from 2005 – 2009 was published in February 2010. The report makes harrowing reading, what's clear is that the organisation was too focused on achieving foundation trust status while patient care was suffering. The report is a kite mark for any organisation considering skill mix reviews or reducing the number of nursing posts. The lesson to learn, is don't make changes without putting the quality of care that patients receive at the centre of the decision-making process. The report makes 18 recommendations, however, the final one is fundamental as it requires every NHS organisation to examine its systems and governance arrangements to assure itself, its patients and staff that it is not another Mid Staffordshire.

In the words of Robert Francis QC "if there is one lesson to be learnt from this, it is this, that patients must come before numbers".

## Pay 2010/2011

Everyone has received a pay increase of 2.25% from 1 April this year and UNISON has already started to prepare for next year's pay round. The Conservatives have already said that if elected they will impose a pay freeze in 2011, ignoring the independent pay review body process. Labour has said that they will make that case to the Pay Review Body but will wait to see its findings before making any decision.

## Review of student support

It's crunch time for the review of student support and recommendations are now with ministers. While we had hoped to have a decision by now, we are arguing strongly for additional funding to improve the financial plight of our students. The Conservatives have said that they support the review but only within the existing cash envelope, which is no good for students.

This isn't just about students now, it is about our prospective work force. We need to address attrition and improve their experience and ensure that while they study students have a reasonable amount to live on. Watch this space.

# Healthcare assistants

For the last 15 years we have talked about the regulation of healthcare assistants (HCAs) and other staff groups. Over that time we have had a change of government, we've introduced devolution, implemented Agenda for Change, but have still not delivered for healthcare assistants.

Many people and organisations have now taken up the call for regulation. Most recently, we welcomed proposals in the Prime Minister's commission for health care assistants and support workers to be regulated. But at UNISON we are talking to HCAs and asking them what they want as we know that our HCA members feel strongly about regulation – both in terms of public protection and also in relation to the standards they work to.

It is easy to see how important healthcare assistants have become to patients as they take on more challenging roles on improving patient care. Sadly, some organisations simply expect them to take on these ever more demanding roles and responsibilities without the pay and training to reflect this.

HCAs face a postcode lottery. The good organisations get it right, but all too often HCAs have to beg for training while at the first sign of financial difficulties their training is the first to be hit.

The truth is that if regulation were an easy option, it would have been introduced some time ago – but it isn't. Because there are no national standards for healthcare assistants, organisations have introduced their own. This has led to a lack of consistency and a situation where, if a HCA moves to another organisation, they are back at the bottom having to train again.

The Royal College of Nursing (RCN) is now supporting UNISON's call to regulate HCAs, but they have suggested that this should start with the new assistant practitioner role at band four. UNISON believes that effective public protection must be at the heart of any new regulatory system. This cannot be delivered based simply on a member of staff's pay band or job title because of the huge variations between the roles and responsibilities of HCAs. Pay bands too vary significantly within, and across, organisations, with some assistant practitioners being paid at band two.



If we add in the complexity of “skills for health” – with parts of the NHS discussing competencies based on knowledge levels not pay bands, the situation becomes more difficult. This promises to create even more confusion, because of the considerable variations in roles as well as their pay.

UNISON has more than 100,000 healthcare assistant members, so we are well placed to find out directly from them how they see regulation working in the future. It is not for nurses and midwives to determine what the regulatory structure should be for HCAs, in the same way that doctors shouldn't determine what nurses and midwives do. HCAs are more than willing and capable of developing their own set of recommendations. And UNISON is currently working on a number of areas that we believe will help the process.

Firstly, the new vetting and barring legislation will require staff to register with the Independent Safeguarding Authority (ISA). Staff will need a Criminal Records Bureau (CRB) check and ISA registration, which begs the question – how much public protection could be delivered by this process alone? In looking at the wider role of healthcare support workers, might this level of protection be sufficient for some staff? Do we really want, or should we expect, HCAs to register with both the ISA and a professional regulator?

Secondly, UNISON is working with our HCA forum to develop a set of minimum national competencies that reflect the current national pay bands in healthcare. Our HCAs believe that the current situation is a mess, they are not clear what the parameters of their roles are – if any, and their nursing colleagues do not know either. The lack of clarity means that nurses and midwives are uncertain about what they are able to delegate.

HCAs in community settings work in greater isolation. We need to look not only at what HCAs and others do, but also where they work. It is reasonable to say that those who work in the acute sector have quicker access to support if they need it, than those who work in the community. As a result we need a regulatory framework that is risk based and proportionate.

UNISON is developing national minimum competencies designed to work across health and social care. These competencies will reflect national pay structures and become a benchmark against other systems in social care. We will continue to work to shape a regulatory framework and will be launching our consultation this summer.

UNISON is the home of the nursing and midwifery family, we are in the best place to help to shape this future workforce. We are the voice of the healthcare team.

## Raising and escalating concerns

The Nursing and Midwifery Council (NMC) has consulted on its proposed guidance on raising and escalating concerns which it says will support nurses and midwives who wish to raise or escalate concerns about the safety or wellbeing of people in their care. Whistle-blowing is another word for raising and escalating concerns.

UNISON has responded to the consultation with a number of concerns and does not support this being developed as guidance as we feel that this would require fitness to practice panels to take it into account when reaching a decision on a case. Advice enables them to do so if they feel it is relevant.

For instance, errors that have occurred in places like Maidstone & Tunbridge

Wells and Mid Staffordshire are system failures. This guidance does not take account of this.

The consultation makes no reference to the NHS constitution. We feel that this would be a useful link as it outlines rights and responsibilities for everyone.

We accept that nurses have a duty to speak out on behalf of their patients and believe that the key to encouraging nurses to speak out is for employers to put the right workplace policies in place, so that they provide an open non-blame working environment.

The way to improve patient or worker's safety is to look at organisational policies first which is why we argued so strongly for this document to be given the status of "advice" - as opposed to

guidance - as putting the emphasis on the individual can be counter-productive, if it creates the culture of fear which the NMC is trying to avoid.

We also believe that the NMC should remind nursing and midwifery leaders of the need to provide strong leadership and of their responsibilities to act on staff concerns – even where they have a conflicting view they should accept that their staff are worried and respond accordingly.

There was no mention of leadership and its importance in the consultation document. This also concerns UNISON.

You can see UNISON's response to the consultation at: [unison.org.uk/healthcare/nursing/pages\\_view.asp?did=11011](http://unison.org.uk/healthcare/nursing/pages_view.asp?did=11011).

## Needlesticks

UNISON has welcomed a new EU Directive to help protect nurses, midwives and health care assistants from the agony of needle stick injuries and infections.

The Directive\* backs up a framework agreement set out in June last year, which included guidance for training, support and prevention of needlestick injuries. It will make the use of safe needles routine across the EU, which will help stop injuries from used and dirty needles. Up to 100,000 UK health workers are injured in this way every year, and it is estimated that a million injuries occur across Europe as a whole.

Karen Jennings, UNISON's head of health, who led the EU negotiations on behalf of EPSU said: "This directive is a breakthrough for health workers who live in fear of infection and injury from dirty needles. Safer needles cost little more than their dangerous alternatives, and backed up with training, support and prevention, this guidance will make a real difference to the safety of health workers and patients.

"UNISON has fought long and hard to bring in safer needles and we will continue to work with hospitals and managers to make this Directive part of day-to-day life for health workers."



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