When I left, my salary was just over £6 per hour.

I worked for a nursing home agency at C grade. Previously, I was earning a living wage.

I am an EN employed by an agency at C grade. Previously, I worked for a nursing home with D grade responsibilities. When I left, my salary was just over £6 per hour.

Recently, I applied for a position as a bank nurse at my local hospital group. I was unsuccessful because I had asked for a salary of £5.25 an hour and they only employed ENs at D grade for £5.45 an hour. I do not consider £5.45 an hour to be a living wage.

I have also been ringing the personnel department at the local hospital group for part-time D grade positions, but none are available at present.

I said that I would be willing to accept a top salary C grade, but was informed that they only occasionally employ C grades.

So, if ENs are rarely employed at D grade, but there are no C grade jobs, where does that leave us? I enjoy being an EN – it is the powers that be who make it so difficult. There is a national shortage of nurses. Yet many hospitals waste valuable resources employing agency nurses rather than offering their own nurses decent salaries and opportunities.

Teresa Murphy, Branch Chair; Len Jones, Secretary

Convener of RCN Ashworth

Panorama (BBC1 March 23) did nothing to dispel the myths and fears that surround Ashworth, Broadmoor and Rampton special hospitals. Neither Ashworth nor Broadmoor had an opportunity to put their case on the programme, maybe because they disagreed with what the programme was trying to establish.

The programme highlighted the problem of illicit drugs, alcohol and pornography in the hospitals. However, these are a problem in any secure establishment and are endemic within society. We can reduce the supply, but it is impossible to eradicate, though of course we keep trying.

It is true that the special hospitals have problems, but these are already being addressed. The staff at Ashworth Hospital are hard working, dedicated professionals striving to deliver the best patient care possible. With the right support these professionals can show that special hospitals continue to have an important role.

The continued inappropriate detention of some patients in the special hospitals is a result of bed shortages elsewhere, or lack of funding for patient relocation to establishments more appropriate for the continued treatment of the individual.

With regard to the current DoH review, the Ashworth RCN Branch had been promised by Ray Rowden, while director of the High Security Psychiatric Services Commissioning Board, that he would consult with our members to enable those working in Ashworth to contribute to the recommendations. This was not done. The comments made by Mr Rowden in the programme, regarding Ashworth Hospital imploding within 18 months to two years were, to say the least, inflammatory. They give cause for concern and possibly fear to many of our patients, their relatives, the public and of course the staff working at the hospital.

Panorama failed to enable the public to understand the needs of patients cared for in the special hospitals and all of the issues surrounding the future of these hospitals.

We welcome all readers' letters but reserve the right to edit them, and withhold names and addresses or both. Please write to Nursing Standard, Nursing Standard House, 17-19 Peterborough Road, Harrow, Middlesex, HA1 2AX.

You can e-mail us at: nursingstandard@compuserve.com

Please include your address and a daytime telephone number.
If the cut-off age is attributable only to rules, then I would not want to work for this prison.

I want employers to consider individual abilities and not hold stereotypical views of people.

Judith Brown
Midsomer Norton

Nurses ‘knowing’ as valid as doctors

I was delighted to read the article Overcoming Tribalism (Features February 4).

Nurses engaged in teaching programmes for medical students is a way forward in the promotion of interprofessional working and nurse empowerment. In particular, it demonstrates the value that is placed on nurses’ knowledge. Therefore, it was most depressing to read one of the nurse’s quotes: ‘The (medical) students have a greater knowledge, but they don’t know how to use it.’

This statement devalues nurses’ experiential, practical knowledge in support of theoretical knowledge. There are many different ways of ‘knowing’ in nursing, all equally valid.

Nurses should recognise disempowering language.

The effects may devalue and damage not only the person, but perceptions of nurses and our professional status.

Loretta Bellman
Kent

Happy to be a crank on two wheels

Having seen several pieces regarding cycling and nursing, I feel compelled to add my bit.

I am a student and regularly cycle the 12 miles to college, leaving at 7.40am and arriving at about 8.45am. The other students think I am weird, but I enjoy it.

In Europe, cycling is seen as a normal activity, not an oddity, and a viable means of transport for everyone – not just cranks! This is reflected in the level of cycling provision over there. There are racks and panniers available to carry loads which I use to carry my books. This is a far better way to carry a load than in a rucksack which affects your balance and centre of gravity.

The car has brought about the demise of public transport, especially in rural areas. As people become more affluent, they buy a car and then have no need of buses – and let’s face it, they can’t operate without customers.

Elaine Booth
Airdrie

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