Not enough computers on the wards

NURSING STUDENTS are enthusiastic about computers but there are not enough terminals on the wards when they do clinical placements, a survey has found.

A survey of lecturers and students in Scotland and Wales by the Nursing Research Initiative for Scotland found both groups were positive about computers. One of the co-authors of the survey report, Sue Kinn, said: 'Lecturers and students use technology very much as part of their working day.'

'Tudents are leaving university fired up about technology. But on placements, they find out there's not much out there.'

First UK survey on male rape

THREE per cent of men in England have been victims of sexual assault and 5 per cent suffered sexual abuse as children, the first UK-wide survey on the topic has revealed.

More than 2,500 men were interviewed and the findings published in the current issue of the British Medical Journal.

Patient consent will be a major human rights issue

By Nick Liley

NURSES AND midwives are set to come under closer scrutiny when obtaining patient consent, the UKCC has warned.

Increased pressure on staff to fall in line with European legislation on human rights could come as soon as next year, practitioners attending a UKCC roadshow in Cambridge last week were told.

Under the Human Rights Act, which received Royal Assent in November and is likely to be enacted in the UK next year, it will be unlawful for 'public authorities' such as NHS trusts to breach the European Convention on Human Rights.

Under the Act patients will be able to take allegations of human rights abuse to UK courts and no longer have to take them to Strasbourg.

Mandie Lavin, UKCC director of professional conduct, said: 'Consent is one of the key areas where we fall down in health care. It's going to become very important. If patients don't want to do what we think they should do, we don't like it. But they are entirely right to refuse.'

Ms Lavin warned practitioners that they will also increasingly have to take account of the wishes of children.

'We have a maturing population of children who know their rights. The whole growth of the awareness of children's rights has been phenomenal.'

Concern over obtaining consent has also been highlighted in new UKCC guidance being sent to trusts and all practising midwives from this week.

The guidance follows a high profile Court of Appeal ruling last year that the Mental Health Act should not be used to force pregnant women to undergo Caesarean sections against their wishes.

The UKCC's recommendations highlight the value of birth plans to ensure that staff comply with the wishes of mothers, even if they lose consciousness.

They also recommend that where Caesarean sections are authorised by a court, midwives have a responsibility to stay with the patient and provide care and support.

How much should nurse consultants be paid?

Nurses attending a UKCC roadshow in Cambridge last week fear the introduction of nurse consultants next year could divide the profession.

There was no consensus on the issue of how much nurse consultants should be paid among the practitioners we spoke to at last week's UKCC roadshow. Some suggested starting salaries of around £25,000, and others said 'the sky's the limit'.

Alice Craske, a nurse who works for BUPA, warned that the introduction of nurse consultants would prompt more to leave the NHS if pay is held down to fund the posts.

'Senior nurses are going to vote with their feet if all the money goes to nurse consultants,' she said.

Grace Belgrave and Chris Hardy, midwives at Leicester General Hospital, also warned that the move would be divisive.

Referring back to the introduction of clinical grading in the late 1980s, Ms Belgrave said: 'Certain staff felt they should not do particular jobs — and that caused a great deal of aggravation. 'And I can see the same problem occurring again as a result of nurse consultants being introduced. 'We need the workforce on the wards. We don't need super-whatevers.'
NHS managers and nurses are changing services to reflect local ethnic diversity

**Trusts listen to the needs of ethnic minority patients**

By Adele Waters

Nurseries at two trusts have told how they are helping shape services around the needs of ethnic minority patients.

A nurse-led project at Leicester Royal Infirmary won national recognition last week for its success in involving the city’s 64 ethnic minority groups in service planning. Representatives of the groups were asked their views on local services and now NHS managers are making a raft of changes from staff training to patients’ diets.

Irene Scott, nurse director at the hospital, said patient surveys had flagged up the inadequacy of interpreting services. Now the trust is developing a system to ensure a patient’s interpreting needs are known before their consultation.

‘Another issue is diet for the Afro-Caribbean population. There is an assumption that they eat English food, that they’ll fit in.’

Ms Scott said the work also showed nurse education needed to change so that nurses were more aware of caring for black skin and hair. ‘Black skin and hair requires a lot of oiling, but it is not usual practice for nurses and other carers to think about this. We want to build this into the curriculum.’

The project, which involves five nurses and other staff at the trust, fed into guidance published by the National Consumer Council last week.

**Involving Users: Improving the Delivery of Public Services recommends that public services put service users and not providers first.**

Meanwhile, Bradford Hospitals NHS Trust has announced the appointment of a nurse, Pam Samuel, to a new post of equal opportunities training officer, created with the aim of improving race awareness among staff and to promote career progression in staff from ethnic minorities.

The move is just one of many measures introduced following the trust’s decision to involve local people. The trust also boasts a multi-faith centre and a specialist chef. And it is about to publish an ‘equality charter’ on rights of all disadvantaged groups.

Ms Hardy said: ‘I do not agree with nurse consultants.’

‘Generally you might just have one or two. What about the rest?’

‘And it could be even more divisive if they do receive more pay.’

Sally Besham, acute services nurse for North West Anglia Health Authority, is more enthusiastic and expects nurse consultant pay to match that of medical consultants, which starts at an average of £47,000 a year.

If they are going to be the same as a medical consultant with an independent caseload, then it should be equivalent.

‘We are all there for the good of the patient after all. It is not just a way to give nurses more money.’

But she warned of added friction between the professions if there was pay equality. ‘I’m sure doctors wouldn’t like that at all because they like to think they are different from nurses,’ she said.

One in three babies in Bradford are born to Asian parents and to encourage women to attend clinics community midwives now wear saris and provide traditional food and music.

Dilshad Khan, the trust’s assistant director of equal opportunities, said nurses were well placed to deal with sensitive issues. ‘For example, circumcision is not provided by the NHS but we have a high Muslim population here. Before the procedure was being carried out on kitchen tables, now male nurses have been trained to perform this operation in hospital.’

Ms Walsh also highlighted the possibility of nurse consultants having to pay for their own insurance, which could amount to thousands of pounds a year.

Linda Walsh, nurse and lecturer in health care at West Suffolk College in Bury St Edmunds, suggested that salaries start at around £25,000, less than the top grade I salary of £28,240.

But she added: ‘If they have caseloads as individuals, then their level of accountability would be higher, and that should be reflected in their pay status.’

Abuse of older people is rife in health care

Abuse of patients is ‘endemic’ in the NHS and other care settings and most nurses are capable of it, a group formed by the government to suggest ways of stamping out the problem has been told.

The health department steering group was set up last September to draw up a strategy for trusts, health authorities, the police and social services to prevent and detect abuse by health professionals.

A draft document is going out to consultation in the next few weeks but may not be published until early next year.

The health department is also drawing up national standards for care of older people, while the UKCC is working on a definition of abuse.

Ginny Jenkins, director of the charity Action on Elder Abuse and a member of the steering group, said: ‘Abuse is endemic in care settings and older people and other adults need to be protected.

‘The health service must recognise abuse happens when people are in its care because unless society recognises it exists, we will not do anything about it.’

Group member Linda Nazarko, nursing director of the Registered Nursing Homes Association, said the way to tackle abuse is by support and communication rather than shaming and blaming staff.