These recent developments follow the extra funding put in place over the past nine years and a raft of progressive measures. Let us not forget the record number of nurses now employed by the NHS, the expansion of the role of healthcare assistants and the introduction on May 1 of full formulary access for nurse prescribers. I also welcome the development of the team leader position, which combines a managerial element with the hands-on experience of being responsible for individual caseloads.

This is not to say that everything is perfect. Like many nurses, I am dismayed at the continued reports of job losses, overspending and ward closures. Frustration and disappointment seem endemic in our profession at present.

‘HEALTHCARE UNIONS ARE SIMPLY KICKING THE GOVERNMENT BECAUSE IT IS THE FASHIONABLE THING TO DO’

The community sector will face its own problems in the future – the number of district nurses has been steadily falling and we are finding it increasingly difficult to attract recruits to community nursing.

Meanwhile, the role of community matron raises questions. Who will cover the caseloads of district nurses moving into these positions? A district nurse may well look after 150 patients compared to a community matron whose caseload is around 30.

I do not believe that our members’ interests will be best served by the CDNA adopting the RCN congress approach. We prefer to preserve an open, honest, critical if necessary, and mature dialogue with the government.

Change is always challenging. Unless we are able to embrace positive change and work closely with the government to iron out problems, we could find ourselves with political masters whose philosophy is far from our own.

Anne Duffy is director of the Community and District Nursing Association

‘It is not exactly Excalibur,’ I hissed at her, trying not to upset the other preoperative children and their anxious parents. ‘It is yellow plastic. The end has been chewed. You could not cut butter with it. And he does not have a teddy.’

My credibility as a responsible mother crashed into pieces around me. This poor deprived child has no cuddly toys, she was thinking. Probably the parents had an old-fashioned desire to make a man of him before he was able to tie his own shoelaces. Perhaps they could not afford proper toys.

Her pity for the sword-wielding patient increased in the same proportion as her contempt for his indignant mother, and she gave me a long, hard look. ‘Well, he can take it as long as he keeps it out of sight.’

So a compromise was reached. I have never liked toys that encourage aggression, but he was only four years old and boys will be boys. My son has grown up to be a gentle caring adult with an abiding passion for history.

You can tell how threatened I felt because I am still going on about it now. But what makes me more angry was that, at a harrowing time for us both, allowances were not made. He was supposed to conform to a teddy-hugging ideal once he had walked through the hospital doors. And it is no different for adults who somehow are expected to behave within predetermined parameters when they become patients.

At times of trauma, we need our own identity and familiar things to cling to. Sometimes, it is all we have left.

Jane Bates still bears the scars of a battle for her son’s individuality in hospital

Anne Duffy is director of the Community and District Nursing Association

Jane Bates works in outpatients in Hampshire