



# RCN Congress 2003

## RCN CONNECT 2000 - 2003:

### *A Management Framework for Diversity, Equality & Cultural Understanding in Workplace Representation & Workforce Development*

#### **Introduction & Context:** *Bridging Capacity & Needs*

- ▶ RCN Connect (modelled on NLTEC/BLLN Synergy Project) piloted in the West Midlands Region, May 2000. RCN Council agreed to a UK wide roll out, January 2001, Project completed May 2003.
- ▶ RCN CONNECT developed a Knowledge, Intelligence & Skills framework incorporating problem-solving strategies to provide expert advice and support to Regional Directors, Officers, Stewards and Member to ensure implementation through the "separate, but complementary" solution. Networks are temporary measures, interdependence amongst the workforce and patients is permanent, therefore integration through collaboration is essential for quality assured standards and consistent service delivery.
- ▶ RCN Connect developed networks and networking tools for encouraging cultural understanding and challenging the barriers Black and Minority ethnic members face in the workplace.
- ▶ RCN Connect tailored its programmes to meet the individual aspirations of members, working to utilise existing organisations and networks in order to realise the potential of ethnic and cultural diversity in all aspects of the RCN work.
- ▶ RCN Connect integrated "Diversity, Equality & Cultural Understanding in Representation and Workforce Development.
- ▶ RCN Connect developed 'Communities of Practice' by bringing together members who as Practitioners have been working closely with the programme, in order to encourage other nurses to become active. Practitioners have been involved in recruitment and attended branches, forums and external networks. On numerous occasions they have spoken at meetings and lobbied their employers and within the RCN on behalf of RCN Connect.

#### **RCN Connect Network**

Practitioners involved in RCN Connect has identified an area of professional lead, aligned with National Service Framework principles with a focus on addressing "inequalities" in their chosen area, as identified in the NHS Plan screening programmes (e.g. sickle cell anaemia, diabetes, leukemia, lupus, older people, glaucoma, cancer, stroke, hypertension, mental health and sexual health). By bringing together the key factors of (a) RCN resources (members, officers, branches, forums and networks) and (b) a community/voluntary organisation, they are able, through targeted media activity, political support and meetings, to deliver appropriate remedies to their local communities.



Nursing Futures: Leopold Primary School, London NW10  
(RCN Connect/LEN Partnership)

Practitioners are supporting RCN Connect & NHS Leadership Centre, Seminar and Fringe programme at RCN Congress 2003.

Rudi Page, RCN CONNECT  
Consultant  
2000-2003

# How RCN Connect works!

## INTERLOCKING PROGRAMMES

Strategic Partnerships  
Communication  
Learning Networks

## EMBRACING THE ISSUES

Framework for Management Action: Definition & Focus  
Reality of Implementation  
Continuous Evaluation & Review

## THEMES

Rethinking Representation: Process & Actions  
Workforce Support: Development & Training  
Representation Research  
Health & Care Futures: Local Communities  
Aspirations: Personal & Skills Development  
Stakeholder Workshops

## WAY OF WORKING

Research based Implementation  
Alliances, Partnerships, Networks & Taskforces  
Regional Taskforces

## PHILOSOPHY

Cultural Understanding  
Knowledge Sharing & Action  
Collaboration, Trust & Co-operation

## METHODOLOGY

1-2-1 meetings  
Focus Groups  
Workshops  
Seminars  
Conferences  
Cultural Activities

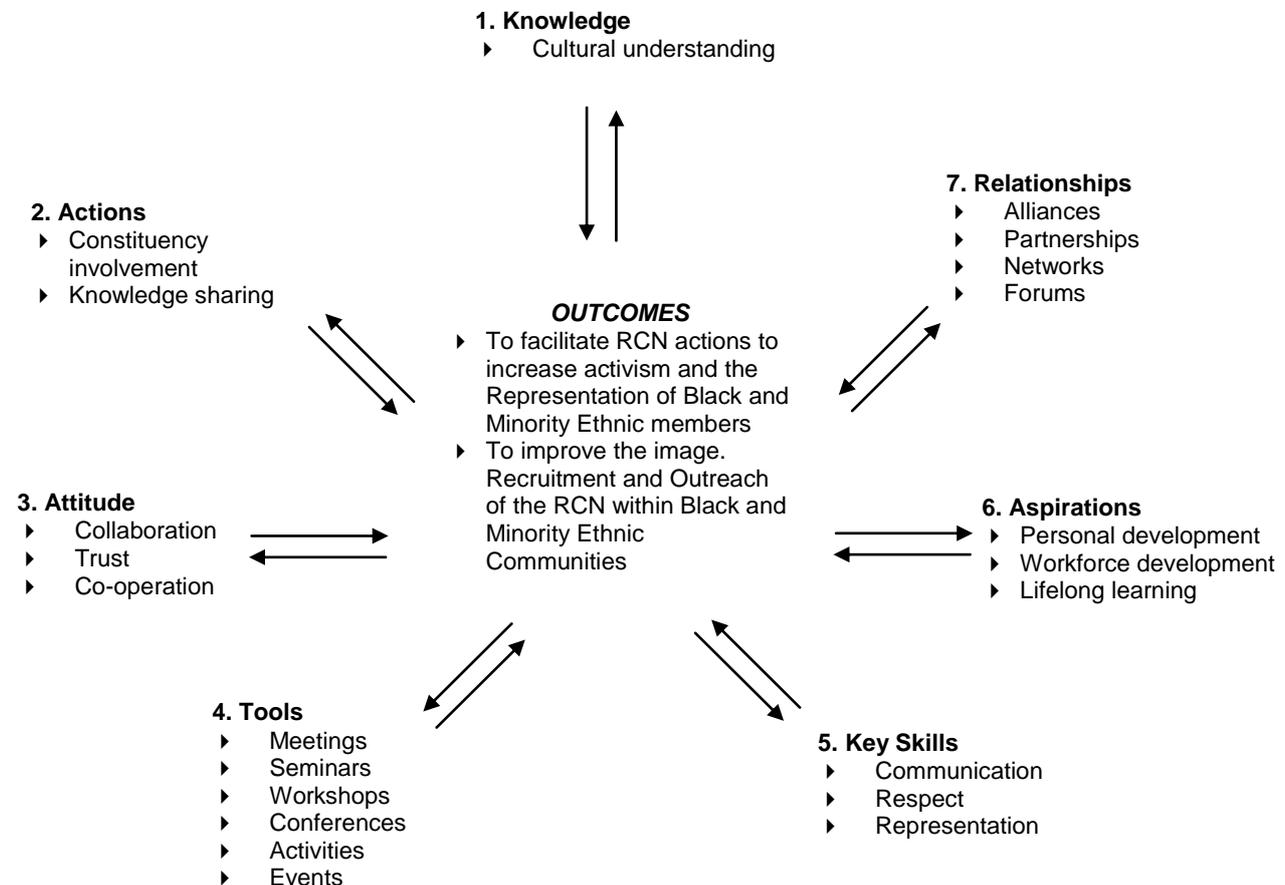
## CORE VALUES

Access  
Aspirations  
Communication  
Cultural Synergy  
Engagement  
Equality  
Inclusion  
Information  
Initiative  
Integration  
Representation  
Support

## POLICY ALIGNMENT

Positively Diverse Programme  
Improving Working Lives: Standard  
Black & Minority Ethnic Staff Networks  
Sector Workforce Development Plans

## RCN Connect Strategic Framework



# "RAISING ASPIRATIONS"

## in association with Lifetime Careers, Brent & Harrow



### "Achieve Your Potential" Personal Development Workshop

#### AIM

To enable participants to develop: (a) a strategy and (b) the skills to manage their careers.

participative with emphasis on work in small groups with discussion and feedback.

#### OBJECTIVES

At the end of the course, participants will be able to identify their:

- ▶ Skills
- ▶ Personal Qualities
- ▶ Vision
- ▶ Values
- ▶ Resources
- ▶ Career Objectives
- ▶ Plan of Action
- ▶ Plan for Review

#### PROGRAMME

##### LEVEL ONE - Where am I now?

- ▶ Skills
- ▶ Experience
- ▶ Attitude
- ▶ Resources
- ▶ Structure
- ▶ Systems

##### LEVEL TWO - Where do I want to be?

- ▶ Vision
- ▶ Values
- ▶ Objectives

#### PROGRAMME

The Programme is based on the change process:

- ▶ Where am I now?
- ▶ Where do I want to go?
- ▶ How am I going to get there?
- ▶ When do I know that I have got there?

##### LEVEL THREE - How am I going to get there?

- ▶ Plan
- ▶ Do
- ▶ Check
- ▶ Review

And a strategic planning model:

- ▶ Plan
- ▶ Do
- ▶ Check
- ▶ Review

##### LEVEL FOUR - How do I know when I have got there?

- ▶ Check
- ▶ Review

The programme will be participative with emphasis on the learning that can be gained from each cycle. The course will aim to combat pessimistic attitudes gained from negative experiences and be

**Facilitator: Paulette Howard**

## RCN Connect Evaluation and Review Template

#### Aim

The aim of this workshop is to identify establish a model which enables members and key stakeholders in RCN Connect to come together to identify areas of learning and examine:

- (1) Their response to the project itself
- (2) Their response to the changes and challenges of diversity and equality
- (3) Ideas for future remedies

#### Content

The day will comprise three sections mirroring the three above-mentioned aims:

- (1) Assessment
- (2) Measurement
- (3) Direction

#### (1) Assessment

Participants will assess the level of access, communication and engagement in the project. This will be done by:

- ▶ Region
- ▶ Department
- ▶ Category of personnel (i.e. staff, members, RCN associated bodies)
- ▶ Local Authorities, Local Communities, Voluntary Sector, Employers, DOH, Education, Learning and Skills Institutions

Strengths and weaknesses of (RCN Connect) will be examined in relationship to the response of members and key stakeholders.

## (2) Measurement

Participants will use various means to measure how successfully the aims of the project have been fulfilled, identifying strengths and weaknesses in relation to the organisation.

## (3) Direction

Participants will use the findings of the previous two sections to put forward ideas on how (RCN CONNECT): Themes and Core Values can be exploited to improve standards of representation and skills development by encouraging increased participation by members and staff.

## Outcomes

Participants will have an insight into how the RCN CONNECT model was initiated, directed,

delivered and transferred to the organisation as a new way of working, thereby enabling them to apply the learning to other identified areas of concern for non- or under-represented individuals or groups.

## Format

The format of the day will be:

- ▶ structured discussion/roundtables, followed by
- ▶ large-group feedback.

Reports will be produced recording the key discussion and decision points.

RCN CONNECT UK 2001

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# Diversity and Equality Update



Ber

Bernell Bussue SEN, RMN, RGN, DMS, MBA

At the time of writing, I am acting into the role of Regional Director, London Region. Prior to this, I held the Royal College of Nursing (RCN) Diversity Advisor post for 6 months, which I did on a part-time and temporary secondment. I joined the RCN as a member of staff in late 1998 as a Regional Officer, following a number of years as an activist and having held a variety of honorary officer posts as branch public relations officer, branch chair and Regional Coordinating Committee Vice Chair. My clinical background is in Cardio-thoracic Surgery and General Intensive Care. I have been a Senior Nurse responsible for a surgical unit and theatres. Immediately prior to joining the RCN, I was an Operations Manager with responsibility for a Child & Adolescent Mental Health Service.

My observation at the start of the Diversity secondment was that a huge amount of good work had already been taken forward by the RCN over the recent past, which built on work started in the early 1980's when there were some very active and important groups in the RCN, reflecting interests in sexual orientation, gender and race. From those early efforts, I have heard stories about uninformed colleagues being suspicious about the motivation of some of these group's activities. The climate now should be different, given some of the changes charted in the Race Relations Amendment Act (2000), Improving Working Lives, Positively Diverse and other government initiatives such as The Vital Connection.

The UK has long and well-established rules of fair play and decency. However, there remain those within our communities who continue to be disaffected and untouched by these rules and some of the more recent developments. They often feel isolated, helpless and uncertain about how to challenge and seek to change their circumstances.

The RCN's Diversity Strategy must seek to inform and deliver active, visible support to those who need assistance. This while consolidating and building on it's achievements. I have heard people speak disparagingly about the concerns of another, or group of individuals, whose concerns are different from theirs. What is vital, is that we as individuals and ultimately an organisation, seek to be more inclusive, while at the same time recognising and valuing the worth of being different. It is essential that we all see the importance of diversity and equality not only as something that affects others but also something in which we have a responsibility to get involved.

The talents of the many individuals within the RCN who have raised the game on the diversity and equality agenda most notably in areas such as Immigration, Internationally Recruited Nurses, Disability, Sexual Orientation, Gender and Race must be recognised. The activities of Rudi Page and the RCN Connect Project must be commended for the assistance given to already established networks and support for new and emerging ones.

Those who were at Congress last year may remember the changed imagery in the Diversity Zone, which was more reflective of UK society and the RCN's diverse membership. The Transformation Diversity Project Group led by Jayne Tierney has taken responsibility to formulate a set of principles to guide future RCN strategy on diversity, the details of which will shortly be available on the RCN website.

The RCN has the expertise to give appropriate support and guidance to members who believe they are being discriminated against. Use is made of legislation such as the Race Relations Act (1976) and Race Relations Amendment Act (2000), Disability Discrimination Act (1995) and the Sex Discrimination Act (1975). However, in using any of these pieces of legislation, the member must be able to prove that they were discriminated against. Members can be confident the RCN will give due care and consideration in assessing the merits of every case and will provide the best advice in each circumstance. It is important for members to note that a strict time limit of 3 months set by the Employment Tribunal, govern whether a case can

be lodged. This time limit begins from the date of the last discriminatory act. The RCN has no power to vary this order from the Court. If this deadline is missed, it is unlikely a case can be lodged at court no matter how strong the merits of the case. Members must also understand the RCN does not take forward every case that a member presents us with. However, members will be advised as early as is practicable when this is the case and the member will be advised what their options are.

If a member wishes to discuss a case with the RCN, there are several ways to do so. In the first instance s/he should contact a local steward. When this is not possible, s/he should contact their local regional office. Details can be obtained from the RCN diary, handbook or via RCN Direct on 0845 772 6100. Enquiries may also be made via the RCN Diversity Team on 0207 647 3486. The office is open Monday to Friday during the normal working week from 09:00 – 17:00. Maxine Hurley is the Diversity Administrator and has been a constant presence in the Diversity and Equality Team since appointment in late 2001.

## Synopsis: The implementation of “Getting on Against the Odds”



**Jennifer Pearson RGN, RSCN, BSc (Hons)**  
**National Implementation Manager, Department of Health**  
[Jennifer.Pearson@manchester.nhs.uk](mailto:Jennifer.Pearson@manchester.nhs.uk)

“Getting on Against the Odds” is primarily an appreciative survey and inquiry into how some successful individuals from Black and Minority Ethnic (BME) backgrounds have managed to reach leadership positions within the National Health Service (NHS). It is about their vision, wisdom and determination and about modelling their route to success. Getting On Against the Odds focuses on practical and sustainable ways of tackling institutional racism. It looks at positive experiences and considers how these can be cascaded to the wider health service.

The remit of the National Implementation Manager for Getting on Against the Odds is to co-ordinate and promote partnership across agencies and introduce strategies that increase BME representation within the leadership of the NHS. In this way the leadership of the NHS will reflect the diversity of the workforce and the communities served.

Britain is one of the most ethnically diverse countries in Europe yet the report found that at the

most senior levels of the NHS non-white representation is exceptional whilst at middle levels it is rare and at times non-existent. For example, only 1% of Directors of Nursing are from BME backgrounds whereas BME groups are 11% of the population as a whole (much higher in urban populations). This highlights the challenge for an NHS which is already tackling issues of equality of care for patients.

*“Post Stephen Lawrence there must be recognition and acknowledgement of institutional racism...no matter how uncomfortable.”* Getting on Against the Odds 2002

More BME role models are needed within decision making forums. “Getting on Against the Odds” demonstrates the seminal role that “Leadership” plays in addressing the inequality and developing staff inclusively. Many BME staff feel talked about rather than listened to. For this to change BME leaders need to be visible and influential over the way the NHS works.

There is a need for support from managers, effective mentoring and networking, adequate clinical supervision, development and commitment to key initiatives on equality and diversity. National policy should be backed by top level commitment to challenging the culture of racism in the NHS and ensuring that it is not tolerated. Potential leaders need to be identified, nurtured and encouraged. To shape and foster the future leaders of the NHS it is necessary to open doors and empower others by appropriate trans-cultural and intra-cultural mentoring, shadowing and coaching. Talented individuals need to gain access to a wider network of innovation and influence. Greater representation of BME groups within the senior echelons of the NHS will alter the perception of the organisation as an employer

amongst BME groups in the community and help to solve issues of recruitment and retention within the NHS.

The full report has been made available for any health professional to read and is published on our web site in order to ensure that the lessons for action and change should be shared by a wide audience. The report has so far reached over 5 Thousand in hard copy with one copy going to every organisation in the country and all Nurse Directors. It has also reached an audience of thousands on our website. The project manager will ensure that the report becomes a live document and that the recommendations are implemented at all levels of nursing and allied health professionals.



*Leadership Centre*

## **BREAKING THROUGH**

Getting On Against The Odds is establishing structures for seeing in the recommendations to help BME nurses to gain positions in the higher echelons of the NHS.

RCN Connect is a key stakeholder to help motivate and engage RCN members to the success of GOATO and Break Through and indeed themselves.

Regional Directors will have an important role to play in disseminating information about the benefits of involvement and the role of the Leadership Centre in meeting the NHS plan.

The National Implementation manager has worked with the Communications Department facilitating a

reference group and contributed to the launch of the RCN Diversity Magazine at congress this year.

Meetings with the Regional Directors will be two fold ... to promote the initiative and market a national conference in October to address the need for future change within the NHS management. The conference will be held during Black History Month and will feature leading role models from BME communities in nursing. Partnerships with the RCN Awards Department to promote Mary Seacole and other awards will also be key.

Key note address at this conference will hopefully be from the Secretary of State. Contact 07879 631732 for further details.

## RCN Connect in London 2002–2003

RCN CONNECT in London continued to make progress and adaptation to suit the unique role of London within the NHS. The IWL standard was adopted as the main driver for encouraging workforce development, workplace representation, BME staff networks and Disability. London is the only region that is driving the RCN Connect “Separate, but Complementary” solution for embracing the diversity and equality.

A new strategic approach to supporting London Equality Network (LEN) activities, Bernie Collins, LEN, Chair featured in the RCN Connect TV Programme, the programme continues to be broadcast throughout London. Activities also focussed on the Political Leadership Programme and individual members and their workplace responsibilities and expertise e.g. Sharon Murray, Profile Project, South London NHS Trust & Oxley. RCN Connect experience was instrumental in the Development Workshops of Guys & St Thomas Hospitals BME Staff Network, this network incorporated management good practice as an integral element.

Joint working with RCN Officers and Stewards remains a core activity with numerous meetings and strategic thinking and activities with Tom Sandford and Bernell Bussue, that led to the widely-acclaimed throughout NHS Trusts “RCN

Stakeholders Workshop Information Support Pack”.

Evelyn Bradley, Officer and Leisa Goodall, Steward with support from RCN Connect developed the RCN & UNISON Equality Forum, at Hammersmith Hospitals NHS Trust, designed specifically for Nurse and Health staff development, through “Achieve Your Potential Workshops”, to drive the BME Staff Network forward. Zeba Arif, Officer, presented at a RCN Connect, Clinical Leadership Programme and London Region “Cultural Understanding Seminar for Nurse Leaders” at the RCN Jobs Fair. The recently launched “Leading the Change Programme” will make its operational debut at RCN Congress 2003 with a series of workshops and fringe meetings, London members are well represented.

RCN Connect 2002-2003 evaluation is scheduled to take place during March followed by a Project Completion seminar in May.

Rudi Page  
Consultant  
RCN CONNECT  
March 2003

## Really Connected Nurses: Communication

RCN Connect recently produced the first TV programme of its kind for BTV Digital (NTL Cable system, local channel), recorded at RCN Congress 2002, Harrogate. The programme demonstrates how RCN members, Regional Directors and Regional Officers around England and Wales have worked together to build trust and a support network for improving the working lives of RCN members from Black and Minority Ethnic Communities, support from the Department of Health has been integral to this success. A former Mary Seacole Leadership Award winner also explains how research has been turned into practice for the benefit of local communities.

BTV currently broadcasts in London, Greater Manchester, North Chester, Bury, Hove, Bolton, Salford, Oldham, Thameside, The Wirral, Stoke, Birkenhead, Macclesfield, Staffordshire, Rochdale, Stockport, Lancing, Brighton, Portsmouth, Leeds, Worthing, Peterborough, Blackburn, Derby, Bournemouth, Ashford and Norwich.

Over **200 VHS copies** have been distributed throughout the UK Health and Care sectors. Copies are available from RCN Regional offices, Resource Centres and Libraries.



West Midlands Region

# RCN CONNECT Project Completion Web Chat: Tuesday 20th May, 1-2pm

Rudi Page, the Coordinator of RCN Connect and Bernell Bussue, Acting Regional Director, London Region, will participate in a webchat in the RCN's Discussion Zone on 20th May between 1 and 2pm to summarise personal reflections on the design, implementation and degree of success of RCN Connect, also to share ideas on strategy development for local actions

RCN CONNECT developed a Knowledge, Intelligence & Skills framework incorporating problem-solving strategies to provide expert advice and support to Regional Directors, Officers, Stewards and Member to ensure implementation through the "separate, but complementary" solution. Networks are temporary measures, interdependence amongst the workforce and patients is permanent, therefore integration through collaboration is essential for quality assured standards and consistent service delivery.

We welcome members from all backgrounds to join the debate in the RCN website. Even if you are not used to using the internet, the RCN Discussion Zone is simple to use.

- ▶ Go to [www.rcn.org.uk](http://www.rcn.org.uk)
  - ▶ On the front page, click on the RCN Member's Discussion Zone. This will bring you to the member's only section of the website.
  - ▶ After entering your membership details, you then go to a page entitled "The Discussion Board".
  - ▶ If you have not yet registered for the Discussion Zone, you will be asked to provide log in details, so click on "not registered" to activate your RCN Discussion zone account.
  - ▶ You will then be asked to complete an online form, giving some personal details and providing a password for your use only.
  - ▶ You will also be asked to comply with the Acceptable Usage policy. (This is for the protection of all users, and to ensure that material is not posted that is considered to be an insult or attack and to avoid posting any messages that are obscene, vulgar, use bad language, hateful, threatening, or are unlawful. The full document is available online).
  - ▶ You will then be able to participate in the webchat. Choose 'Diversity Webchat' from the 'Select a gateway' drop-down menu. Click on the dialogue button to view or participate in the debate.
  - ▶ To reply to a message - click on the thread in which you wish to contribute, and enter a subject and message in the textboxes (situated in the lower half of the screen) or to start a new discussion topic, simply enter a subject and message in the corresponding textboxes. If you have any difficulties using the service, you should email [webteam@rcn.org.uk](mailto:webteam@rcn.org.uk) Further information about RCN Connect can be found at [http://www.rcn.org.uk/news/campaigns\\_rcnconnect.html](http://www.rcn.org.uk/news/campaigns_rcnconnect.html)
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## RCN CONNECT: Cascading new ways of working

During June 2001, Sarah Mullally, CNO and Nola Ishmael, Nursing Officer, DoH, met Rudi Page, Facilitator, RCN Connect, to discuss how the DoH could work with RCN Connect. Three areas were



Cultural Awareness Network, North West

identified: RCN Clinical Leadership Programme, Positively Diverse Programme and Workforce Development.

The work with the Clinical Leadership Programme has been delivered through a series of Cultural Understanding workshops in London & South East (Margaret Bradwell & Debbie Dzik-Juraz), Birmingham (Jennifer Pearson) and Wakefield (Kate Firth) entitled 'Priorities, Actions and

Remedies'. Regular meetings with Geraldine Cunningham, Director, CLP and Debbie Dzik-Juraz, CLP Liaison, to evaluate and discuss new ways of co-operating have begun through "roundtable reflections". The aim is to provide workable methods that identify (a) where personal development fits into cultural understanding and diversity amongst the workforce and (b) members' responses to patients.

The Clinical Leadership Programme and RCN Connect have developed the relationship into initiating and delivering a joint approach to workshops and seminar content and process that has begun to impact on both the RCN internally and NHS initiatives such as the Improving Working Lives standard. A practical example of this can be experienced at the RCN Jobs Fair, Islington Business Design Centre on Wednesday 6th November.

RCN Connect, RCN London Region and the Clinical Leadership Programme recently facilitated a 'Cultural Understanding for Nurse Leaders' seminar: A different perspective, focussing on food, modesty, washing, jewellery and care of the dying.

## Internationally Recruited Nurses (IRN)

### 'The Welsh Experience'

Employers in Wales have been actively recruiting nurses from overseas for four years. The initial endeavours of one NHS Trust (the first) were informed and supported by the RCN locally and involved the RCN International Department at the time.

Like other parts of the UK, Wales has suffered from the effects of nursing shortages. Most NHS Trusts have tried various creative means of recruiting (*although much still needs to be done*) and have turned to International Recruitment as a desperate option.



RCN Wales: International Evening

The majority of International Recruitment in Wales has been from the Philippines and there have been approximately 500 Filipinos recruited to Welsh

NHS establishments over the past two years. A smaller number of Indian nurses have been recruited but primarily in the Independent Sector via less scrupulous agents.

The RCN (Welsh Board) approach is to actively welcome each new cohort of International recruits

within the first three weeks of arrival in the UK. This usually involves investing in a welcome reception, held in the Trust or more usually at Ty Maeth (RCN Welsh Board Headquarters). Often these evenings will host several cohorts from neighbouring Trusts and

we would usually invite 'established' recruits from previous cohorts to attend. This allows for a relaxed socialisation process with colleagues from

the same cultural background. Also attending will be a variety of representatives from the Trust as well as all of the RCN local activists. This allows

the Branch network and Professional Fora to be signposted to these new members, encouraging their participation and contributions.

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## **A Positively Diverse Programme**

### **Tackling the issues of Equality across two NHS Trusts**

**Sharon Murray, Trust Profile Co-ordinator**

#### **Introduction**

Profile project is a Positive Diverse initiative. The approach is based on the NHS Plan & Improving Working Lives standards and other government legislative requirements. This summary aims to outline some of the work and an overview of the type of strategies undertaken by the Profile project, that has been running for the past two years. Positively Diverse is a national organisational development programme, which aims to change the culture of the NHS organisations. The programme was developed to provide a strategic approach to addressing equality and diversity issues based on understanding staff perceptions within individual Trusts and organisations. Positively Diverse provides an established systematic means of tackling diversity issues.

It encourages local action to create an environment where differences between staff are seen as normal and welcome. These differences can include gender, age, racial origin. Religion, sexual orientation, commitments outside work and disability.

It has informed policy development and proved to be flexible in responding to policy change, and have provided a key mechanism to help NHS organisations to implement workforce elements of the NHS Plan and meet targets for accreditation to the Improving Working Lives Standard by April 2004.

The NHS Plan introduced an Improving Lives Standard, which makes it clear that every member of staff is entitled to work in an organisation which can prove that it is investing in more flexible, supportive and family-friendly working arrangements that will improve diversity, tackle discrimination and harassment, and develop the skills of all it's staff to improve patient services.

#### **Rationale**

Positively Diverse [Burford 2001, DOH] suggested that organisations should have systems in place to support the career developments of BME staff which should reflect community served, which will result in better patient care and one where staff, whatever their differences feel valued and have a fair and equitable quality of working life.

National minority [Elliot et al. 2002] ethnic staff make up approximately 9.3% of the nursing workforce, however estimates are that only 6% of 'F' grades, 5% 'G' grades, 4% H, and about 3% at I grade are none white It is evident that a glass ceiling does exist, and that staff from minority communities are poorly represented in senior and leadership positions within the NHS. The Kings Fund Equal Opportunities Task Force on Racial In-equality in nursing [Ellis 1990], the Policy Study Institute Report 'Nursing in a Multi-Ethnic NHS' [1995] and 'Making a Difference Strengthening the nursing, midwifery and health visiting contribution to health and healthcare' [DOH 1999] identified the following barriers:

- ▶ Lack of implementation of Equal Opportunities practices within NHS Trusts and health institutions
- ▶ Inappropriate culture within healthcare organisations
- ▶ Inadequacies within the NHS workforce with regard to capacity, skills, diversity and flexibility

#### **Profile**

Profile Project is an initiative across two Mental health Trust's in the South East of England. South London & Maudsley and Oxleas NHS Trust's The project has a specific focussed on the career developments opportunities of nurses and other disciplines, across both Trust's amongst other equality and diversity issues. The approach is design to specifically help to achieve the targets set out in the

- ▶ The Vital Connection [DOH 1999]
- ▶ Getting On Against the Odds [DOH 2002]

## **Process**

Particular attention or reference are given to those group of staff, who might be experiencing difficulties getting above the glass ceiling. A mentorship framework is used whereby participants on the programme are offered a consultation interview followed by a tailor-made developmental package, in terms of mapping their development. Whilst a major component of the project is around career progression a lot of emphasis is based on developmental activities and other supportive strategies. Research has shown that developmental strategies such as the LEO [Leading an Empowered Organisation], or the RCN Clinical Leadership Programmes formal or informal, or involvement in other career developmental initiatives aimed at BME groups could be crucial towards their development.

The main focus of the project is to promote career development opportunities for participants on the programme, this has been achieved through a various strategies. The process involved an ongoing series of self-marketing skills workshop/cross Trusts activities such as drop-in surgeries, action learning, participation on leadership programmes and course activities aimed to enhance professional development, career progression and linking this with individuals Personal Development Plan/Review, the programme also offers pre-interview coaching for staff seeking promotion and encouraged participation in activities such as

- ▶ Job enrichment rotation
- ▶ Mentoring
- ▶ Shadowing schemes
- ▶ Secondments opportunities

## **Supportive Forums**

As in many parts of the health service, staff often report difficulties around work related and other diversity issues. Profile provides a confidential advisory service which offers confidence-building exercise for groups of staff or on a one to one basis. This allow staff to problem solve, giving them a sense of support and satisfaction in managing their situation, and as a result has increased morale, confidence, motivation, self-empowerment, gaining a sense of direction, job satisfaction, and skills exculation which will leads to individuals gaining promotion. The approach is providing a strategic framework for tackling an area such as diversity, which is high on the organisation agenda, but which is difficult to approach in an organised, methodical way.

## **The Workforce:**

Supporting an initiative such as profile shows that the Trust is an

- ▶ Employer of choice by giving a positive message to the community
- ▶ Valuing its workforce
- ▶ Equal Opportunity Employer
- ▶ Increasing star rating [CHI]
- ▶ Performance management
- ▶ Meeting Legislative requirements
- ▶ Increase efficiency
- ▶ Improved & develop services
- ▶ Improved Service users and Carers involvement
- ▶ Promotes good practice
- ▶ Clinical Governance Strategy Frame/Team work

Rudi Page, RCN Connect has facilitated a series of development workshops for future nurse leaders from LEO training with a focus on personal development. Participation in London Equality Network activities include Professional Development workshops, media training self-marketing, political leadership, and networking skills events.

## RCN CONGRESS 2003

### Leading the Change: Seminars

All seminars are in Hall D

<b>RCN CONNECT Video Workshops &amp; DoH "Getting On Against the Odds" Presentation</b>  <b>Opening: Ann Leedham-Smith, Nola Ishmael, Jennifer Pearson</b>		Your notes
Monday 28th April	12.15- 12.55	RCN CONNECT Video Workshop (1)  Video 32 minutes, discussion 15 minutes
	13.15- 13.55	RCN CONNECT Video Workshop (2)  Video 32 minutes, discussion 15 minutes
	14.15- 16.00	"Getting on Against the Odds" Discussion Panel: Achieve Your Potential  15 minute presentation by Jennifer Pearson, 60 minutes showcase
<b>Cultural Understanding for Nurse Leaders: Asian perspectives</b>		
Tuesday 29th April	11.15- 12.00	Presentations – Zeba Arif, Hansa Norman
	12.15- 13.00	Discussion Panel chaired by Zeba Arif
Wednesday 30th April	14.15- 15.00	Current Issues: Problem- Solving Strategies

## RCN CONGRESS 2003

### Leading the Change: Fringe Meetings

<b>Moat House Harewood Suite 2</b>			<b>Your notes</b>
Monday 28th April	12.45pm	Leadership  Doriann Bailey Sharon Murray Bernie Collins Rita Melifonwu	
<b>Moat House Harewood Suite 2</b>			
Tuesday 29th April	12.45pm	CPD & Education  Eileen Sutton, IWL Lead for London  Elizabeth Anionwu, Mary Seacole Centre, Thames Valley University  Lisa Goodall, RCN Steward RCN & UNISON Equality Forum IWL: BME Staff Networks	
<b>Moat House Harewood Bramham Suite</b>			
Wednesday 30th April	12.45pm	Projects & Initiatives  Tessa Liburd Luriteen Miller Greta Alleyne	

#### Panel members:

- ▶ Rudi Page
- ▶ Ann Ledham-Smith
- ▶ Nola Ishmael OBE
- ▶ Jennifer Pearson
- ▶ Elizabeth Anionwu
- ▶ Greta Alleyne
- ▶ Luriteen Miller
- ▶ Bernie Collins
- ▶ Doriann Bailey
- ▶ Sharon Murray
- ▶ Zeba Arif
- ▶ Hansa Norman
- ▶ Rita Melifonwu



## Leading the Change National Launch

RCN Connect recently completed its project cycle recently with the national launch of Leading the Change through Practitioners Programme at a reception chaired by Di Rawstone, Council Member, also in attendance Barbara Tassa, Council Member, David Cox, Chair, West Midlands Health & Care Task Force, EDNA members, local Trust managers and allied staff.

RCN Members Jennifer Pearson, Greta Alleyne and Luriteen Miller, will spearhead the Leading the Change Practitioners Programme within the West Midlands and work closely with colleagues from around England & Wales at the inaugural RCN connect video workshops & seminars in association with Leadership Centre, DoH at Congress 2003, 28 -30 April. Each Practitioner submitted projects and initiatives that will benefit the RCN, their employers and local communities.

Nola Ishmael, DoH gave the keynote address which featured a most memorable statement "RCN Connect is of equal value" and challenged the practitioners to "do it for themselves, knowing the groundwork has been laid and expectations raised".

## Equality becoming a Reality?'

Today we are here to close the RCN Connect Project and herald the Leading the Change initiative.

Over the last 3 years RCN Connect has enabled black and ethnic nurses to become more influential throughout the health service. Within the RCN, when I came into post 6 years ago, there were no black activists. As result of Connect we have several activists and 4 nurses from ethnic groups elected to the board. Over the last few years we have developed partnerships with the employers to enable them to identify problems within the workplace regarding the development of nurses from a black and ethnic background.

However, this is just the beginning – there is far more to be done. For change to happen it is not enough to strategically make plans for the future; for change to be meaningful the workforce must be able to feel the difference. More investment in training and establishing a career structure for black and minority ethnic groups. Money should not be invested in more bureaucracy but in tangible things which can make a difference to employees.

Yesterday I spoke at a conference which launched the NHS Childcare Strategy. This is an area, which the employers can ensure that all their staff can avail themselves to good quality childcare. For example some people may need to fill in the tax forms to apply for credits. For some people it could mean an extra £50,000 towards childcare.

We also need to ensure equity in the recruitment of nursing students. The Nursing and Midwifery

Council figures show that applicants into nursing are from 50% white and 50% BME. However 75% of white applicants are accepted against 12% BME applicants. This flies in the face of what the Workforce Development confederation is trying to achieve. We need more nurses to maintain a quality service, and is vital in initiatives to recruit from local communities into health care that would-be students from BME groups feel they are being treated as equals.

We have come a long way on our journey but there is more today regarding developing career pathways for BME health workers to break through the glass ceiling of promotion.

Around the room today you will see evidence of how nurses from BME backgrounds have acted as role models and achieved recognition for their work. I hope you will take time to speak to them this evening.

I leave you with this challenge. The time for talking is over – let us go forward in partnership to ensure that our colleagues from BME backgrounds are properly recognised within the workplace. Equality really becomes a reality.

We can no longer hide behind the rhetoric; it is time for change.

*Ann Leedham-Smith*

*Director of Services, RCN West Midlands  
(Commissioner of RCN Connect)*

## Leading the Change National Launch

Nola Ishmael OBE, Department of Health

### Keynote Address

#### Leading the Change

Thank you for inviting me to this launch. This is an occasion when we can celebrate a degree of progress around of Diversity and Equality.

#### Recollection and Recall

Let us look back for a moment or two. How long ago was it when we were not clear how we should address BME people?

And can you remember when it was OK to publish documents around staff, services and policy and no one notice that BME people was glaringly absent.

Today it is a brave organisation that would publish a document without paying serious attention to that 4.5 million people who make up the BME section of the population of whom some 11% work in the NHS.

#### Government Commitment

There is a clear recognition from Government, professional organisations and local NHS Trusts that BME staff are part of the workforce who are delivering care on an equal footing with the rest of the NHS workforce.

**The NHS Plan** makes a commitment to invest in NHS staff. It recognises that a modern NHS must offer staff a better deal in their working lives and through policies such as Improving the Working Lives, the NHS is also addressing the care for patients as well as doing important work on recruitment, retention and returnees. It is also improving its

image by aiming to be an employer who cares for its employees.

#### Issues Targets and actions

DoH set targets to address equality and diversity issues.

- ▶ Board membership (ethnicity 7% and females 40% by 2004)
- ▶ Diversity policies and strategies that show local action and progress supported by the *Vital Connection* equality targets. Include targets that have a workforce representative of the community served
- ▶ Training for managers and delivery of fair employment practices and equal opportunity
- ▶ Training for staff in diversity awareness and cultural competency
- ▶ All staff aware of policies for harassment, bullying, whistle blowing, tackling violence, racial and other forms of discrimination
- ▶ Meeting the criteria to use the Employment Services Disability symbol
- ▶ Annual staff survey aimed at tackling harassment and building staff confidence
- ▶ NHS Boards to have undertaken training on managing diversity by 2001

#### Supporting documents and Policies

**Working Together** (1988 and revised 1999) sets the NHS

Human Resource strategic direction

#### **Equal Opportunities Monitoring in NHS Trusts**

(1998) a survey of 420 NHS Trusts and 25 case histories

**NHS Equality Awards** launched 1999 to identify and reward best practice in promoting equality for staff and service delivery

**Tackling Racial Harassment** – action Plan and good practice guidance with key principles (2000) provides guidance in developing

Implementing action to tackle racial harassment in line with the McPherson Report on Stephen Lawrence Inquiry.

#### **The NHS Learning Network and the NHS Beacon**

**Programme** – initiatives to identify and share best practice in imaginative and positive approaches to staff management

#### **The Positively Diverse**

**Programme** (1998) launched to promote approaches to increase workforce diversity and improve equality standards

#### **Report of the NHS taskforce on staff involvement**

(1999) **Looking Beyond Labels** (2000) A Good practice guidance on managing disability

#### **Improving working Lives**

Standard most NHS Trusts have achieved Pledge status and are working towards Practice status and within a time limited period Practice Plus

#### **Vital Connection NHS**

**Equalities Framework** (2000) – a framework to put equal opportunities policies into practice in every part of the NHS

***Doubly Disabled: Equality for Disabled People in the NHS***

(HSC 1999/93)

***Making a Difference –***

strengthening the Nursing, midwifery and health visiting contribution (1999)

***The NHS Plan*** (2000)

***Black and minority staff Networks***

***Dealing with Harassment by NHS users*** – a guide for NHS managers and staff

***Race Relations Amendment Act 2000*** and the ***Race Equality Scheme***

***Getting On against the Odds*** (2002)

***HR in the NHS*** (2002)

***Managing For Excellence*** (2002)

***Working Together – Learning Together*** (2002)

***Liberating the Talents*** 2002

**Duties:**

***Duty of Care; Duty of Quality; Duty of Equality*** (RRA)

***Race Directive - European Directives*** (Article 13, Treaty of Amsterdam)

***CHI Reviews/future CHAI Inspections***

**Changes in BME population**

BME staff and patients are significant parts of the equation. It is important that 54 years on from start of the NHS and the arrival of Windrush that they are not regarded as 'an add-on' or 'an after thought' to the main business of the NHS. Staff development, staff recognition, culturally sensitive and competent care must be standard in a 21<sup>st</sup> century NHS.

Current figures taken from the 2001 Census show that the number of BME people has risen by nearly half since 1991. The Office of National Statistics has provided figures that show the BME population has risen by 44% - from 3.1 million in 1991 to 4.5 million in 2001 making a total of 7.6% of the population. Of these more than half are from Asian background, a quarter

describe themselves as either Afro-Caribbean or Black African. Regional breakdowns show that nearly half of the total BME population lives in London, where they make up 26% of London's population. The second densest concentration is the West Midlands, followed by the Northwest.

**Current positions on Diversity and Equality and what the agenda is about**

- ▶ Valuing and respecting the contributions that diversity brings to the workplace and the community
- ▶ Recognising and accounting for inequality and disadvantage difference
- ▶ Supporting staff from diverse backgrounds to realise their full potential
- ▶ Determined and steadfast leadership to ensure good intentions are translated into everyday activity
- ▶ Getting, keeping and motivating the best talent in the biggest pool possible
- ▶ Delivering services effectively to diverse groups of people through a diverse workforce. Staff profiles and service profiles.
- ▶ Requiring everyone to work within the laws and guidance that exist around diversity issues
- ▶ Everyone having a clear definition and understanding of Diversity and Equality and working proactively rather than reactively
- ▶ Enabling staff to work with sound, culturally competent knowledge bases
- ▶ Achieving 'buy in' and building in diversity and equality as part as part of managers management and strategic objectives
- ▶ Mainstreaming diversity into organisational planning and performance, objectives and targets

- ▶ Having a co-ordinated and varied package of procedures bearing in mind that ethnic people are not homogenous
- ▶ Training to achieve cultural competence
- ▶ Widening recognition of the health needs of diverse service users and having procedures and standards in place to meet those needs
- ▶ Monitoring the implementations and outcomes of diversity and equality initiatives to measure effectiveness/impact
- ▶ Building on work ongoing and Involve service users - consulting them and diverse staff groups when changing practice
- ▶ Celebrating difference and acknowledge the significant calendar dates and events of staff and service users
- ▶ Its about the dissolution of old thinking and stereotyping and resolving to change mindsets through leadership from the top and bringing the organisation safely through the change
- ▶ Race Relation Amendment Act 2000 and Race Equality Schemes
- ▶ The inclusive definition of diversity: Age; Race; Religion and belief, Gender identity; Ethnicity; Health status; Sexual Orientation; Disability and issues around Domestic circumstances of staff eg Carers and part-time workers.
- ▶ Valuing diversity among health care employees, promoting equality of opportunity and overcoming all forms of discrimination and seeing all these as priorities for the NHS.

**Directions in diversity**

At the Department of Health Sarah Mullanley is taking a key role in raising the profile of BME nurses, midwives and health visitors. We are holding a number of meetings and workshops with

invited people from PCTs and Trusts to highlight the contributions BME staff are making in the NHS. We are identifying those in positions of leadership and working with them to strengthen and consolidate their leadership positions.

The Equalities Strategy Group is working with Ministers (Lord Hunt) and NatPACT to take forward work around local partnerships with BME communities.

### What is currently happening

- ▶ Vision, Leadership and Action
- ▶ A detailed look at baseline achievements within the context of Socio-economic trends in the PCT and the context of Government Policy,
- ▶ Maintaining the focus on Employment and workforce capacity
- ▶ Strategic Policies and Plans in place , working concurrently and consistently
- ▶ Dialogue and Involvement with Internal Stakeholders that address systems, relationships and attitudes
- ▶ Meaningful and sustained relationships with Partnerships.
- ▶ Effective and Efficient Delivery processes
- ▶ Achieving Outcomes and Results with 'value addedness' as a core
- ▶ Addressing the Organisation's Image around positive differences
- ▶ Endorsing and actively supporting a Change dynamic that reflects Inclusiveness and 21st century realities.
- ▶ A shift in mentality, customs and culture
- ▶ PCTs and NHS Trusts agreeing a clear direction of travel that enables participation and involvement
- ▶ Organisations wanting to not having to adopt a different

focus but not losing sight of the whole

- ▶ Development of Benchmarks and Standards
- ▶ Developing and re-enfranchising BME people so that they can succeed at the highest level

### How will all this be done?

Some difficult questions are being asked by Ministers and CHI of those in positions of leadership and corporate responsibility. For example –

How have you ensured that BME staff/people are involved in the organisation?

How often are you drawing on their longstanding memory, capability and expertise?

What added value do they bring?

How much leadership development have you invested in staff in the last 5 years and how are you re-investing this back into the service?

Who are their successors?

How can you ensure that your organisation has the learnt lessons from the past on the issues of diversity and equality and

How can the future look differently for your organisation?

### RCN Connect

At a time when most large organisations are encouraged to think again on where they stand on the important issues of Diversity and Equality. The work of RCN Connect is of equal value. It is helping to coalesce corporate and professional thinking into action and Lead Change through the very people the discussion is about.

It has created an organisational platform for equality by deciphering and de-mystifying the concepts and paradigms around Equality and Diversity. It

is enabling the RCN, your organisation, to get its corporate and professional head around these important issues and successfully discard the emotional overlay that tends to blur the very matters that need to exemplify clarity, a matter-of- fact position and an informed approach.

RCN Connect, through Rudi Page and all those who have worked with him from the start especially Anne Needham-Smith, has enabled your organisation to nudge barriers, shift boundaries and shake-up mentalities. It has galvanised people into action to face unpleasant truths and do something about them. It has helped to re-enfranchised the BME membership to be a visible force who knows that silence and forbearance are no longer an option for them.

### Leading the Change through Practitioners

is a new way of working with an old issue – It will need to be kept at the top of the agenda. Practitioners need to do it for themselves, knowing that the groundwork has been laid and expectations are raised. Lead the Change with confidence, courage and challenge.

When you look back in 12 years time (2015) you can rightly say those pioneers at the start of the last two decades really opened up a path for us and set us on our journey. They charged us with the responsibility to make it better for future generations of BME staff. It was a challenge, there was much discussion and some remonstrations about lack of progress and lost opportunities.

But today in 2015 the DoH, the NHS and the RCN have changed out of all recognition. We decided that in a multi-cultural NHS and RCN Difference would become a norm not the exception and today we have good BME leaders and role models within every Trust in the NHS and since Beverley's retirement the RCN has had two

more General Secretaries from BME Backgrounds. Oh yes, and have you met the new CNO? Her grandparents were born in the Caribbean.

**Leading the change** is a staging post in the journey of realising equality -a new starting point ... started by RCN Connect.

Today it is my great pleasure to launch the next element of RCN

### Connect **Leading the change: Practitioners.**

I would strongly exhort you to use the skills, lessons and knowledge you have gained in the last two years since RCN Connect started and make your professional future one where you know how to make an impact. Use your networks, your confidence, and your know-how and look the future full in the face. It is up to

each of you to Reach beyond your Grasp and Dare to Reshape your Distant Horizons.

Thank you

*Nola Ishmael OBE*

*Nursing Officer, Department of Health*



## London Equality Network (LEN)

London Equality Network (LEN) provides a forum for professional development for its members, sharing good practice, expertise and to enable professional support for members. LEN's aims are:

- ▶ To assist each individual to become empowered and confident to challenge discriminatory practices whenever the need arises, either as an individual or in support of others.
- ▶ To influence the agenda of health providers and others, in respect of equal treatment for all employees.
- ▶ To be a knowledgeable group of individuals and a collective voice that campaigns for tangible change, in respect of discriminatory practices and unfair treatment.

Meetings usually centre around the invitation of an external speaker/s to discuss topical issues on the equality and diversity agenda. The group meets four times a year and the Steering Group, meets a further six times a year.

A number of members have been instrumental in taking forward knowledge from being a LEN member into their place of work, assisting the writing of bullying and harassment policies, establishing workplace networks and challenging discriminatory practices individually and in support of less assertive colleagues.

London Equality Network celebrated its 2nd anniversary last year October and as part of the celebration, Professor Elizabeth Anionwu, Head of the Mary Seacole Centre at Thames Valley University, delivered a lecture on cultural competence. An arts and craft exhibition provided a backdrop for the event. A range of excellent exhibits by nursing and other health care staff were displayed. Tom Yendell from the Mouth & Foot Painting Artists was also one of the speakers and provided exhibits from his association. The evening culminated in a colourful display of Indian dance by the Saraswati Dance Academy.

In March 2003, LEN organised its first national conference "Delivering Diversity in Healthcare". The conference was well attended and a range of speakers from the academic world, expert nurse practitioners and expert patients spoke on topics which included, Mental Health, Transplantation & donation, Sickle Cell & Thalassaemia and Diabetes.

# Sanskriti Mahila Mandal

By Hansa Norman

## Vision Statement

To promote a new direction enabling women to face the challenges of changing times. Retaining values and cultural beliefs whilst gaining integration, and empowering and breaking all barriers of prejudice.

## Aims

1. Provide a cross-generation integrated movement to create awareness of the changes that impact on reshaping the culture of our community, traditional values and beliefs.
2. To provide understanding of the challenges and changes and incorporate the positive and new evolving values within the traditional values and beliefs.
3. To enable our future generations to progress into the new century in the Western culture with mutual respect, tolerance and new values while retaining their own cultural identity, beliefs and faith.
4. Aid the development of the women of our community in the European Economic system by sharing knowledge, skills and develop understanding to enhance their roles within the professional and/or family culture value systems.
5. To build upon attained skills to strengthen the positive image of women within the community and eliminate barriers for the future generation.
6. To promote health and well being of women and the family within the community.



Sanskriti Mahila Mandal Committee

## Objectives

1. To provide contact and understanding between different generations and show how modern life is changing our culture, community, traditions and values.
2. To provide an understanding about the good and bad things contained in the way culture is changing. To see how we can combine the good aspects with our traditions, values and beliefs.
3. To help our younger generations to cope with living in the western culture, and not forgetting their own cultural identity, beliefs and faith.
4. To support the development of women in our community by sharing knowledge and skills, and helping them to perform better in own their chosen roles.
5. To help women to develop positives image and get rid of existing prejudices and barriers.
6. To promote health and well being of the women and the family within the community.

**RCN Connect, RCN Association of Nursing Students (ANS), Sanskriti Mahila Mandal, Birmingham City Council and Birmingham & Solihull Learning & Skills Council recently staged a "Become a Nurse Professional" workshop at Ram Katha Vedic (Hindu & Sikh) Festival, NEC.**

For more information please contact Hansa Norman on 01905 763333.

# Mary Seacole Centre for Nursing Practice, Faculty of Health and Human Sciences, Thames Valley University

[www.maryseacole.com](http://www.maryseacole.com)



*Mary Grant Seacole (1805-1881) was a Jamaican-born nurse who fulfilled her ambition to nurse soldiers in the Crimean war despite being denied the opportunity of enlisting with Florence Nightingale. The Centre was established in 1998 by Professor Elizabeth Anionwu, CBE to 'enable the integration of a multi-ethnic philosophy into the process of nurse recruitment, education, practice, management and research'.*



Examples of activities related to building a diverse NHS nursing workforce

In February 2003, the Centre was awarded a 2 year grant totalling over £97,000 from the Department of Health Positively *Diverse* Programme. Entitled the **DATING** project (**D**iversity **A**nd **T**ransition **I**nto **N**ursing) it will commence in April in collaboration with Professor Peter Franks (CRICP), Mike Tappern (Admin Data Team), Dave Sookhoo PL and Jon Mulholland SL, Faculty of Health & Human Sciences, Thames Valley University (TVU). The aim will be to monitor the development of building a diverse nursing workforce by establishing a database reporting mechanism to evaluate the progression and transition of nursing students to practice in local NHS Trusts by factors such as gender, age, ethnicity, and qualifications on entry.

**In 1999 a recruitment video was produced to encourage a more diverse group of local people to consider a career in nursing or midwifery. Clips can be viewed on the Faculty website:**

<http://www.wolfson.tvu.ac.uk>

In December 2002 an 18 month project was completed to study the apparent low uptake by black and minority ethnic nurses of sponsored places by a west London Trust on Diploma/Degree Oncology Nursing courses.

For further details about these and other activities of the Mary Seacole Centre for Nursing Practice at Thames Valley University visit [www.maryseacole.com](http://www.maryseacole.com) or email Professor Elizabeth Anionwu at [elizabeth.anionwu@tvu.ac.uk](mailto:elizabeth.anionwu@tvu.ac.uk)

Professor Elizabeth N Anionwu RN HV Tutor PhD CBE  
Head of the Mary Seacole Centre for Nursing Practice  
Thames Valley University  
21<sup>st</sup> March 2003

## **AFRICAN CARIBBEAN LEUKAEMIA TRUST (A.C.L.T)**

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[www.aclt.org](http://www.aclt.org)



Registered Charity No. 1058739

### **ACLT CLINICS 2003**

14 <sup>th</sup> -15 <sup>th</sup> May	10 a.m. – 8 p.m.	Edgbaston Cricket Ground, The County Ground, Birmingham
31 <sup>st</sup> May	10 a.m – 6 p.m.	London Olympia, Hammersmith Road, London, W14
7 <sup>th</sup> June	7 p.m. –12 p.m.	Inter-Continental Hotel, Hyde Park Corner, London, W1
12 <sup>th</sup> July	10 a.m. – 6 p.m.	St Ann's Shopping Centre, St Ann's Road, Harrow, HA1 1AS
20 <sup>th</sup> July	11 a.m. – 7 p.m.	Barnet Community Health Day, Watling Park, Watling Ave, Burnt Oak, London HA8
17 <sup>th</sup> -18 <sup>th</sup> Sep	10 a.m. – 8 p.m.	Wembley Conference Centre, Stadium Way, Wembley, Middx
5 <sup>th</sup> -6 <sup>th</sup> Nov	10 a.m. – 8 p.m.	Manchester G-Mex Centre, Windmill Street, Manchester

➔ RCN member volunteers requested: Phlebotomists (blood takers) to assist with registration clinics throughout London, Birmingham and Manchester

## **Mary Seacole Memorial Association** (est 1980)

### **MARY SEACOLE MEMORIAL ASSOCIATION AIMS:**

- ▶ To promote the life and work of Mary Seacole, a Caribbean nurse during the Crimean War.
- ▶ To recognise the contribution made by Mary Seacole to modern nursing.
- ▶ To promote nursing as a career for young people and adults.
- ▶ To encourage excellence within the nursing profession through the Mary Seacole Memorial Association Recognition Awards.
- ▶ To support nursing cadet scholarships and support nursing-related projects which will be of benefit to local communities within the UK and throughout the Caribbean.
- ▶ To establish a memorial fund to maintain Mary Seacole's grave and to ensure the observation of the annual wreath-laying ceremony at the graveside.
- ▶ To establish a Mary Seacole Memorial Association Network to develop links with voluntary organisations, health and education institutions and Local authorities.



1805 - 1881

**MSMA** *Bi-Centennial Celebrations Committee (1805-2005)*

## **RCN Connect Achievements**

Since RCN Connect began in May 2000, over 770 RCN members across all four UK Countries have attended over 120 meetings, workshops, seminars, conferences, focus groups, exhibitions, jobs fairs and related activities.

## **RUDI PAGE**

Rudi Page, RCN Connect, is a policy implementation consultant, applying the dynamics of "Cultural Understanding" in the initiation and strategic direction of projects and programmes that influence the way that individuals, organisations and local communities access, communicate and engage with and respond to health, learning, regeneration, business and economic provision.

He has developed innovative facilitation methods to meet the training and development needs of staff, managers and board members in relation to corporate policies. Rudi has a formidable track record, raising the standards of programme delivery and establishing new ways of good practice. His work is well documented and numerous case studies are available of his unique approach to facilitating.

RCN CONNECT UK 2003

