



Royal College
of Nursing

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ISSUE NO. 372 FEBRUARY 2019



YOUNGER ONSET DEMENTIA

FIONA'S SUPPORTING PATIENTS WHO FALL
BETWEEN THE CRACKS OF CARE PROVISION

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

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New Chair of Council

Sue Warner has been elected to lead the RCN's governing Council. She represents the West Midlands region on RCN Council and has been a nurse and manager in the NHS for nearly 40 years, working in orthopaedics, gynaecology and paediatrics. She's also worked as a district nurse and a health visitor.

Sue has pledged that Council will reconnect with members and fight to improve conditions for nursing staff so they can provide safe and effective care to patients, wherever they work. "I'm honoured that my Council colleagues have elected me to this role. The RCN is the leading organisation for nurses and nursing, with a great history," she added.

Richard Jones MBE has been re-elected as Vice Chair of Council. He has more than 40 years' experience in nursing and nursing education.

Jersey strike ballot one step closer

In a historic move, RCN Council has unanimously agreed that RCN Jersey can ballot members on taking strike action over pay if mediation by Jersey Advisory and Conciliation Service (JACS) with the States of Jersey government doesn't result in an improved pay offer.

Last month members in Jersey rejected a "final" pay offer from the States. Nursing staff on the island are angry that their pay lags behind inflation and that of allied health professionals working there.

Unions review impact of NHS pay deals

Lifting the pay cap for nursing staff has been a "significant step in the right direction" but the deals agreed across the UK fall short of making up for lost earnings during several years of pay restraint. That's according to a joint trade union submission to the NHS Pay Review Body, which has been asked to monitor the implementation and impact of the settlement in England.

Unions, including the RCN, say the pay agreements put in place in Scotland, Wales and England have secured meaningful pay uplifts for Agenda for Change staff. However, the average increase in annual earnings has not kept pace with inflation. The process of "restoring lost value" must continue when the next pay rounds are negotiated for 2021/22 onwards, the unions say. Read the full submission at rcn.org.uk/publications

What about Northern Ireland?

The RCN is preparing to ballot members working for the HSC on taking industrial action over pay. It's after the Department of Health imposed a pay award which fell short of the 3% minimum pay increase sought by the RCN and the other health unions. Visit rcn.org.uk/northern-ireland-pay



Ask for More

The RCN is calling for safe staffing to be enshrined in law across the UK. In Scotland, since the Health and Care (Staffing) (Scotland) Bill was introduced in May 2018, RCN members have been helping to shape what a new law for safe nurse staffing levels might look like.

Sarah Atherton, RCN Scotland Public Affairs Advisor, says: "This campaign is about harnessing the power of members to say this is why we need legislation and this is the difference it will make." Read about our *Ask for More* campaign at tinyurl.com/ask-for-more-update



Nursing associates join the NMC register

The Nursing and Midwifery Council (NMC) is now registering and regulating nursing associates in England. The first group of Band 4 nursing associates qualified and registered at the end of January.

They will work across a variety of settings including acute, mental health, community, social care, GP practices and hospices. It's a new standalone role, but it can also offer an alternative route to becoming a registered nurse. "Nursing associates are a welcome addition to the clinical workforce," said Gary Kirwan, RCN National Officer. Read more from a nursing associate on page 7.

RCN campaigns for people's vote on Brexit deal

As *RCN Bulletin* went to press, the RCN was calling on the Government to extend the deadline for leaving the European Union (EU) to make time for a people's vote on the Brexit deal.

The RCN says there is a risk that leaving the EU may damage population health, as well as impact on members' ability to provide safe and effective patient care. For many nursing staff, serious concerns remain over the impact leaving the EU will have on staff numbers, the availability of medicines and access to European data and research.

Members debated the implications of Brexit at RCN Congress last May and instructed the College to lobby for a referendum on the final deal.

Rise in reported racial discrimination 'a disgrace'

RCN calls for improved treatment of BME nursing staff



Reported discrimination towards black and minority ethnic (BME) staff in the NHS in England has risen from 13.8% to 15% in the last 12 months, according to the latest Workforce Race Equality Standard report. In contrast, just 6.6% of white staff reported discrimination at work.

"The rise in reported discrimination towards BME staff is truly appalling, and shows just how far we have yet to go," said Dame Donna Kinnair, Acting Chief Executive of the RCN.

"It is a disgrace that BME staff experience racism, lower pay, harassment and limited career progression within our health service."

The RCN has also called for efforts to increase the number of BME leaders within the NHS. BME staff make up 19.1% of the NHS workforce, yet the proportion in very senior manager positions is only 6.9%.

"It is up to employers and policymakers, working with trade unions and other organisations, to put an end to this once and for all," Donna said. "Improving career progression, and stamping out

employment discrimination both overt and systemic, should be a priority.

"NHS trusts need to engage their staff and bring them into the process of resolving issues of discrimination and systemic racism in their workplaces. The Government cannot hope to increase staffing levels without the NHS embracing diversity at every level and extinguishing the damaging effects of racism on our health service."

What are we doing about it?

The RCN will hold an inclusion summit this summer to help support senior nurses to tackle issues of racism and other forms of discrimination and inequality in the workplace. We also run a cultural ambassador programme in England which trains and supports experienced BME staff to sit on teams investigating any disciplinary action in their workplace to help identify cultural or unconscious bias in the process. Email diversity.team@rcn.org.uk to find out more.

4 GOOD NEWS

Children to be taught CPR in schools

Basic training will be delivered in England from 2020 thanks to RCN campaigning



In 2016, members stood up at RCN Congress and spoke passionately about the possible life-saving benefits of providing mandatory cardiopulmonary resuscitation (CPR) training to schoolchildren. Since then the RCN has been lobbying for this alongside other partner organisations, such as the British Heart Foundation, as part of the *Every Child a Lifesaver* campaign.

In January, these efforts were rewarded when the Government announced that from 2020 all children in England will be taught basic life-saving skills in school.

Under plans to strengthen health education across all state-funded schools, by the end of secondary school children will have been taught how to administer CPR, the purpose of defibrillators, and basic treatments for common injuries.

This could have a significant impact on cardiac arrest survival rates.

Currently, fewer than one in 10 people survive after going into cardiac arrest outside of a hospital setting in the UK but in countries where CPR is already taught to schoolchildren, that rate is more than double.

RCN Professional Lead for Children and Young People Fiona Smith said: "There are clear examples of children who have had CPR training saving lives, including their own parents', because they have been prepared to take some action and they don't feel powerless."

Valerie Douglas, who led the debate at RCN Congress in 2016, said: "I am not only delighted to hear this news but also relieved that schoolchildren will at last be taught life-saving skills. Thanks to all campaigners on this issue – future statistics will speak for themselves."

“

There are clear examples of children who have had CPR training saving lives

🕒 Help determine what the RCN campaigns on next by attending Congress in 2019. It takes place in Liverpool from 19-23 May. Visit rcn.org.uk/congress to book your free place today.

Do you know Northern Ireland's top nurse?

You've got until 15 February to nominate a colleague for the RCN Northern Ireland Nurse of the Year 2019 awards. Janice Smyth, Director of the RCN in Northern Ireland, said: "Health care provision is undergoing continuous change and it is crucial that we show our appreciation and recognise and reward excellence in nursing." The awards, which are in their 23rd year, have 13 categories.

Visit rcn.org.uk/northernireland/get-involved/awards

New money guide for NQNs

The RCN has launched a new digital money guide to help newly qualified nurses (NQNs) navigate the world of post-graduate finance. Moving from university to the working world and learning to juggle income with new costs and debt repayments can be a challenge. This comprehensive guide helps NQNs understand the wide range of financial support available to them and how to access the support faster.

View the online guide at rcn.org.uk/nqn-money-guide



The big picture



Prime Minister Theresa May and Health Secretary Matt Hancock chat to nursing staff at Alder Hey Children's Hospital in Liverpool as they launch the NHS Long Term Plan for England. Turn to page 8 to find out what the plan means for nursing.

MEET THE MEMBER



Each month *RCN Bulletin* asks a member to share a little bit about themselves.

Name: Martina Opara-Evoeme

Role: Nurse Manager

Sum up what you do in a sentence

I have overall responsibility for the running of the outpatients department and my main objective is to ensure a positive patient and staff experience, while delivering high standards of care.

Describe your job in three words

Special, challenging, rewarding.

Why did you choose the profession?

When I was seven one of my siblings was admitted to hospital and the nurses were so kind and caring, I knew right then that was what I wanted to do.

If you weren't a nurse, what would you be? I thought about being a doctor for a while but I decided I was best being a nurse as it's having time with patients I enjoy the most.

What's the best bit about your job? Collaborative working – talking to the service users and staff, listening to their needs and supporting them as much as possible.

If you could have a superpower what would it be? To be able to give staff unlimited resources so they can do their jobs to the best of their capabilities for the best patient care outcome.

PATIENT PERSPECTIVE



A specialist nurse made all the difference when Mandy Rees's husband Paul was diagnosed with younger onset dementia aged 47

We knew something was wrong, but getting a diagnosis was a really rocky road. Paul's memory and recall were suffering and he was forgetting names and faces. He went to the GP three times before he was referred – but this was to the older people's mental health services where their assessment is tailored for people aged 75 on average.

Paul was given an MRI but the results were almost impossible for us to understand. Out of sheer distress and frustration, I self-referred Paul to a doctor who specialised in early onset neurocognitive disorders. After analysing the MRI results and running some other assessments, he diagnosed Paul with semantic dementia.

It was a very trying time but it would have been a much harder and longer

process if it hadn't been for Dr Kipps and Fiona Chaabane, the specialist nurse working with him at the Wessex Neurological Centre.

Fiona was a lifeline for us at points of trauma and anxiety. She has a wealth of knowledge and was always present at follow-up appointments to help us understand what was happening and what options we had.

She comes to visit us at home and has met with other members of the family too. We have three children and Fiona helped us to explain what was happening and also liaised with our 13-year-old son's school. She runs a family support group which has been invaluable for me.

Having one central person to go to has been absolutely vital. We felt so helpless and lost but the consistent support from Fiona helped us to remain sane.

Read more about Fiona's work on page 10.

rcn.org.uk/myrcn



THE VIEW FROM HERE



BJ Waltho
Chair of RCN Congress

The most important thing to know about me and my fellow Agenda Committee members is we make sure that the biggest nursing event of the year – the RCN’s Annual Congress – debates what members want to and makes their voice as loud as possible.

You submitted just over 150 ideas for agenda items by the deadline in January and days later, we sat down to give every single one due consideration before deciding on the final 23 debates. They’ll be announced soon and, because we know a lot can change before May, there are still five slots available for emergency items which can be submitted up until the last day of Congress.

Deciding on the agenda is not an easy task and we don’t take it lightly. RCN staff are on hand to support but the decisions are made by us. We’ve been elected to represent members and it’s our duty to make sure the agenda does this too. I believe this year’s agenda is truly membership-led; it’s diverse and reflects what’s important to nursing staff today. Some items, like those focusing on the College, will be challenging but we won’t shy away from them. Congress is also a chance to celebrate nursing. I want members to look at this agenda and think “Yes, I want to be there” and I’m excited for you to see it. We’re now looking at how we can make sure members who aren’t in the auditorium in Liverpool can join in through tools like Facebook live.

rcn.org.uk/congress



What you’ve been saying

The best of both worlds

I was very moved by *The Two Sides of Me* (*RCN Bulletin*, January issue, page 7) about Faith Vargas’s experience of being a new mum.

I had the exact same feelings about my desire to be the best nurse I could while also caring for my little ones. I hated having to leave them to go to work, albeit to a nursing role that I relished.

My solution was to join the nurse bank on both the surgical and medical directorates when my children were very young. This allowed great flexibility and developed my skills.

Thirty years on, I’m still nursing and still appreciate and recognise the privilege of working to care for people when they are at the most vulnerable stages in life.

You can’t have it all and some sacrifices have to be made, but I believe a nursing career offers so much scope in order to be the best parent you can be, as well as the best nurse you can possibly be. Compassionate care while caring for our

families is the foundation of what we deliver daily in our working lives.

[Sam Coles by email](#)

Plant power

As a nurse and medical herbalist, I am often asked how it feels to have a foot in “both camps”. What people are wondering is how I reconcile working in conventional and “alternative” health care. However, to me there is no conflict. There is only one camp – individualised health care where people have access to informed choice.

We already know that numerous conventional medicines are derived from plants, and we know that plant medicines are largely safe if used correctly. I believe it is time that, as nursing and medical professionals, we stop criticising practitioners of herbal medicine and start working together. Those of us who know how to use local herbs as medicines could greatly benefit the NHS.

[Eleanor Devereux by email](#)

QUOTE OF THE MONTH
“ So refreshing to see the RCN ditching the plastic waste. Time to stop my paper copy.

Member Claire Marie on receiving *RCN Bulletin* in its new recyclable paper packaging. Opt out of your print issue today at rcn.org.uk/go-green

FOUR THINGS TO DO IN FEBRUARY

1. There’s still time to influence change by completing the RCN employment survey by 7 February: surveys.rcn.org.uk/s/VHEJ6/
2. Attend one of our free regional workshops to find out how changes to practice-based learning will affect you: rcn.org.uk/renworkshops
3. Follow the RCN on Instagram to get the latest news, updates and opinion from your union: [instagram.com @theren](https://www.instagram.com/theren)
4. Find out what needs to happen to ensure Brexit works for nursing: rcn.org.uk/publications (code 006 981)

GOT SOMETHING TO SAY?

The *RCN Bulletin* team is always looking for members to contribute to the opinion pages. If you’re keen to share your views, email bulletin@rcn.org.uk

HOT TOPIC



We asked members on Twitter, what's the best lesson nursing has taught you?

Everybody's story is different. Take the time to listen, to empathise and care. A five-minute conversation can mean a lot more than most people think. [@mynameisbethan](#)

Nursing has taught me that even in life's toughest and darkest moments, you get to be a light, a glimmer of kindness to provide comfort. [@iammikeo3](#)

Life is precious and vulnerable. People die unexpectedly in the most normal of daily circumstances. We must all take time for our friends, families and ourselves as you don't know what's in store. [@nurse_lecturer](#)

Be kind to your patients and your colleagues, but most importantly, yourself. Just a little kindness will go a long way. [@clr82](#)

If someone has lost their smile, give them one of yours. [@donkydonks](#)

There is always more to learn. It has taught me humility and patience, to trust my gut and that nurses must be listened to. It has taught me to believe in myself and that I can achieve my goals. [@dangooding](#)

That the simple things like listening and holding a hand are far more important to our patients than anything else. [@LouiseA19597960](#)

That nursing is a wonderful privilege to be a part of people's lives and can provide comfort and empathy in the darkest of times. Nursing has taught me who I am and who I want to be. And to always smile, it can make all the difference. [@DinaGoy](#)

My work in dementia care has taught me how to truly value experience "in the now". Authentic, honest communication, not just with people living with dementia, but with everyone. Don't judge, just be alongside. Value others' experience. [@LittleSparrowJW](#)

MESSAGE TO MEMBERS



Donna Kinnair Acting RCN Chief Executive

The NHS Long Term Plan for England is laudable and lacking at the same time. Its aims are the right ones – world class care closer to home and the best start in life for all. But the nurse shortfall and the unwillingness to address it could see the plan derailed.

On your behalf, I implored decision-makers to use it as an opportunity to invest in nursing – to put at least £1bn a year back into nursing higher education – so more people can enter our fantastic profession. We shared students' very personal stories of hardship and presented costed proposals worked on with the RCN Students Committee. These included a maintenance grant and practical support for tuition, such as bringing back the axed bursary or introducing "forgivable" loans paid back by Government in return for nursing service. Financial support is a powerful incentive for people interested in a nursing degree. Wales and Scotland still provide bursaries but, since it stopped in England, applications to study nursing have fallen by a third.

Sadly, the can was kicked even further down the road at the launch of the plan. Nursing education and the need for workforce planning were discussed but no money was promised to address these issues. While politicians and those in authority delay, we all know the situation worsens. Our campaign for proper funding for nursing education continues, bolstered by your support.

rcn.org.uk/fundourfuture



Making it to the register

Georgina Portis reflects on two years of nursing associate training

It's not been an easy course, and with us being the first cohort, "the guinea pigs" as we're often referred to, there have been many changes to deal with along the way.

Some first-year placements were very challenging – we were counted in the numbers so it could be difficult to get the necessary learning. But the second year felt very different for me. Colleagues fought for us to be supernumerary and that made a huge difference.

There's been a huge range of things to learn about. The training is not the same for everyone so getting the experience and

exposure you need has been down to the individual. No one really sets things up for you and I quickly found out that you need to use your initiative. The networking opportunities at training days were really helpful and I wasn't shy about asking if I could work alongside someone to get the experience I needed. The connections I've made with my fellow trainee nursing associates in the hospital have been so important, especially when things have been tough. It's helpful to find people who are going through what you're going through so you can support each other.

One unexpected and very welcome outcome of the course is that I'm already working in my new role on a neuro-rehabilitation unit. If there was one thing I wish I'd known at the start of my training it's that I'd make it to the end!

Read more about the new role in England on page 3.

What does the NHS Long Term Plan mean for nursing?

Find out what's in store for service transformation in England over the next decade

The long-awaited NHS Long Term Plan was published on 7 January. It sets out a vision for how services in England will be transformed over the next 10 years and outlines how the £20.5bn annual funding boost for the NHS will be spent.

Its aims are ambitious. It claims it will help save half a million lives by prioritising primary and community care, and by providing pioneering treatments for killer conditions, such as stroke, heart disease, diabetes and cancer. But with more than 100,000 vacancies in the NHS in England and counting, the aims of the plan could remain just that.

Patricia Marquis, Director of RCN England, says: "We all want the NHS to succeed as a provider of cutting-edge treatment free at the point of use. However, the greatest improvements in care won't come from promises but from the people who help deliver them.

"The health service must harness the talents of its staff and empower them to make change happen. More importantly, there must be enough staff to deliver the vision for the future. Without investment in growing the workforce, this plan will struggle to get off the ground."

There are currently 41,000 nurse vacancies in the NHS in England and applications to study nursing have fallen by a third since the final year of the bursary in 2016.

Providing solutions

In advance of the plan's publication, RCN student members launched a campaign to get at least £1bn a year invested into nursing higher education in England – almost the same amount removed from health care education when the bursary was scrapped in 2017.

We also provided solutions to help increase the number of people in nurse education and counteract the catastrophic decline in applicants.

While the RCN's warnings have been heard – the plan does reference the "unsustainable number" of shortages in the nursing workforce – responsibility for addressing them has been pushed to yet another plan, promised for later this year.

"We are committed to improving the working lives of all staff," the plan says. "As a service, we will now take sustained and concerted action to ensure we have enough people, with the right skills and experience, so that staff have the time they need to care for patients well.

"We will ensure our people have rewarding jobs...with opportunities to develop their skills...and have support to manage the complex and often stressful nature of delivering health care."

It sounds positive, but as the leave rate for NHS nurses has been increasing since 2013, you might ask what the Government has been doing until now to address the problem.

Developing a workforce plan

It is still unclear how much money will be invested in the workforce – the Health Education England budget has yet to be set as part of the Government's spending review in early 2019. So all hopes rest on the workforce implementation plan and more money being secured as part of the review.

The workforce plan will be led by NHS Improvement, but involve a national workforce group, including a new NHS Chief People Officer. The group is tasked with showing "how the future challenges can be addressed for the total workforce".

It's a tall order, and one that couldn't come soon enough. "We've been stressing the need for national workforce planning for years," says Patricia. "Our members are at breaking point, often stretched too thin to provide the care they would like.

"Nursing degree courses are up to a third more time intensive than other degrees, which means student nurses have far less time to take on part-time jobs. This financial stress leads too many to quit courses before they have chance to realise how varied and fulfilling a career in nursing can be.

"The system needs a rethink. The contribution of overseas nurses is vital, and very much valued, but we must do more to attract, train and retain thousands more home-grown nurses."

Online nursing degrees

The plan presents some concerning solutions to the workforce crisis. A new online nursing degree for the NHS could be launched as soon as next year, and university entry requirements could be lowered so that more applicants are accepted onto nursing degree courses.

"Nursing is a career like no other, and it takes the right values and ambition to succeed," adds Patricia. "Entry standards to the nursing degree are rigorous because they have to be – it is what safe patient care demands."

Whatever happens next, the RCN is determined to be part of the group developing the NHS workforce strategy to make sure it delivers what it needs to for members. We won't rest until nurse numbers are on the rise.

Join our campaign to secure the future of nursing at rcn.org.uk/fundourfuture

Words by Kim Scott

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mentions of nurse or nursing

A new online nursing degree linked to guaranteed placements

Body cameras piloted to keep staff safe

Maternity-related deaths halved by 2025

Development of an expert neonatal nursing workforce

A third of people attending A&E discharged within 24 hours

4,000

more mental health and learning disability nursing students

£2 million

a year to reduce violence, bullying and harassment of NHS staff

Three quarters of cancers diagnosed early by 2028

THE PLAN AT A GLANCE

Five-year NHS job guarantee for every new graduate nurse

Out-of-hospital emergency care with appointments bookable through NHS 111

£4.5 billion

a year more for primary medical and community services

7,500

new nursing associates this year

150,000

heart attacks prevented through improved community first response

The nursing vacancy rate reduced to 5% by 2028

Funding for clinical placements to increase in line with student nurse numbers

Virtual and augmented reality used as part of mental health therapies for young people

One million

people to take part in health research

Mental health nurses in ambulance control rooms

Increased funding for children and young people's mental health services

£30 million

extra to meet the needs of rough sleepers

24/7

community-based mental health crisis response

Patients able to access GPs digitally and opt for virtual outpatient appointments

Younger onset dementia

Fiona Chaabane provides a lifeline to people who have their world turned upside down by an unexpected diagnosis of a neurocognitive disorder

When you think of dementia, young, otherwise healthy people aren't the first who come to mind. Though it is more rare for people under 65 to develop such cognitive disorders, it is estimated that there are more than 40,000 people in the UK who have been diagnosed with younger onset dementia. It is the unforeseen element of the condition that can make it all the more devastating and difficult to deal with.

While working as a psychiatric nurse, RCN member Fiona Chaabane was struck by how little dedicated support there was for this group of people. "It is much more difficult to diagnose cognitive disorders in younger age groups, with symptoms often attributed to stress or depression," she says. "Once a diagnosis has been made, it's then unclear where and how people should be treated. They're often squeezed into other services with their specific needs unmet."

No man's land

Currently, older people's mental health services are focused on the majority care group, those aged 65 and over. Services aren't set up to respond to the needs and complexities of younger patients. On the other hand, adult mental health services won't necessarily have the required specialist experience either. The result, Fiona says, can be that patients find themselves in no man's land.

"Someone with younger onset dementia might only be in their 40s, with an active life, young children and a full-time job," Fiona explains. "A diagnosis



like this will be unexpected and completely life-altering for them and their family. They need ongoing support to help them adapt and to find specialist services."

While there are pockets of dedicated services across the UK, they can be difficult to access, or even find out about, if you don't live in the area.

In response to this, Fiona developed a service improvement programme at Southampton General Hospital to improve outcomes for patients living with younger onset cognitive disorders. Following its success, Fiona now works as a dedicated care co-ordinator supporting patients diagnosed with younger onset cognitive disorders to navigate their illness and the care system.

She regularly visits people in their homes, can attend medical appointments with them as an expert liaison, signposts them to appropriate services and acts as a first point of contact for any queries or advice needed.

Fiona hopes to see more nurses in this type of role in the future and an increased awareness among health care staff about the complexities of early onset neurocognitive disorders and the importance of interventions like this.

"Having a fully-trained specialist nurse in this role can be a real lifeline to patients and their families," says Fiona. "Not only can it ensure they access all the care, treatment and support available to them but it also helps relieve some of the stress and emotional burden at this difficult and scary time."

“

People are often squeezed into other services with their specific needs unmet

Words by
Leah Williams

🕒 To find out more about the RCN's support for members working in dementia care, visit rcn.org.uk/dementia or get specific advice on younger onset dementia at youngdementiauk.org

Getting staffing levels right

Find out how e-rostering is helping hospitals improve patient care by having the right staff, in the right place at the right time

Do you remember the days when staff rosters were drawn up by a ward sister or nursing officer armed with nothing more than a clipboard and pen? Probably not if you're a more recent recruit to nursing. But once upon a time, allocating staff to shifts was a knotty but fairly mundane task whose purpose was simply to ensure gaps were plugged and shifts allocated equitably.

With the advent of e-rostering, which hands the number-crunching over to computer software, the whole business has become a lot more dynamic. Acuity, patient dependency, activity patterns, staff requests and a host of other variables can all be fed in. And emerging at the other end is improved safety, lower costs, new ways of working and, in some cases, better retention of nursing staff.

RCN member Liz Rix, Chief Nurse at University Hospitals of North Midlands NHS Trust, says: "When I used to do off-duty, it would be on a Sunday afternoon, sitting at the kitchen table, and it was a chore."

The trust has now used e-rostering software for more than a decade, but in that time the technology has evolved from being simply a tool to ease the load on sisters and charge nurses into something more sophisticated, she says. Various add-ons to the original system have given much more scope.

"So now, not only have we got the electronic roster, which is all linked up with our electronic staff record and the nursing bank, but three times a day we use an

acuity and dependency tool to score patients in our beds across the whole trust. It means I can sit in my office and see every ward and how its staffing is meeting the needs of its patients."

Predicting high demand

Over time, Liz says, what the system offers is a level of predictability about patterns of activity. Various benefits flow from that, including a tighter focus on care needs and a reduction in spending on agency nursing as periods of high demand can be better predicted and managed. The composition of some care teams has also been reshaped as a result – for example, through the introduction of therapy technicians on the stroke ward.

"We don't have problems recruiting and our retention rate is higher than the national average, and I think all of that is

because we've got the right people with the right skills to care within a team," Liz says.

A report published last year by an expert group and supported by Allocate Software said one trust had saved more than £140,000 in agency staff costs over just one quarter thanks to the introduction of e-rostering.

The report highlights the many benefits of such "workforce optimisation technology" but says good practice needs to become more consistent and widespread.

It calls on trusts to consider greater personalisation of e-rostering to meet the demands of individual staff members, "striking a balance between flexibility and predictability".

It adds: "Importantly, this should focus on both substantive and temporary staff deployment."

“

The software allows me to see how staffing on every ward is meeting the needs of its patients

Words by
Daniel Allen

🔗 To find out more about how workforce optimisation technology can improve patient care, visit www.beyondtheroster.co.uk. Join the RCN eHealth Forum at rcn.org.uk/ehealth-forum



Renal team is patient's choice

Award-winning member Alison Cairns explains how empowering patients following a diagnosis of kidney disease is at the heart of her work



(Left to right) Alison with her award-winning colleagues Caroline McCloskey and Bridgene Canning

Being diagnosed with chronic kidney disease can feel overwhelming for patients, but helping them manage their condition can be immensely rewarding, says Alison Cairns.

“My role is primarily about meeting patients for the first time after their diagnosis when they’ve been told they need treatment for their condition,” explains Alison.

“I’m nervous because I know the life-changing impact the diagnosis will have. At this stage, people are very vulnerable, but I support them to make positive choices. I watch them turn into informed patients, who are motivated, activated and challenge you about how things are done. I love that – it’s what drives me.”

Last year, Alison and her colleagues in the renal home therapy team at Altnagelvin Area Hospital, Derry, won the RCNi annual Patient’s Choice Award, where staff are nominated by patients and their families, with the public voting for their favourite.

The team was put forward by Carmel and Joe McMonagle, who they have worked with for several years. “We’ve known them such a long time, they’re in a position to be critical,” says Alison. “That makes their nomination even more special.”

For the team, winning has provided a perfect opportunity to raise awareness of the impact of chronic kidney disease. “It’s been wonderful to be able to speak

about what we do,” says Alison, who qualified as a nurse in 2002 and has worked in this specialty ever since.

“People don’t understand what it’s like to be diagnosed, as patients can often look so well,” she says. “But newly diagnosed patients will say that they’re in crisis and don’t know where to turn. They have so many questions. It’s a huge turmoil.” Yet with proper support and good communication, a majority of patients can accept their situation and begin to rebuild their lives, she believes.

A varied role

No two days are the same for Alison and her colleagues, who between them manage a caseload of around 200 patients. “And that’s among the reasons why I love what I do,” she says.

Responsibilities include seeing acutely unwell patients on the ward, particularly those who are newly diagnosed; visiting patients at home to teach them how to do dialysis themselves; and monitoring how effective their dialysis is.

“Every patient is so different,” says Alison. “We can see patients aged 18 up to their 90s. Some may be being assessed to see if they’re suitable for a transplant, others may have already been deemed unsuitable and others may be on the waiting list. Physically and emotionally they are at different points in their journeys – and a lot of what we do involves listening and responding.”

“

People are very vulnerable but I support them to make positive choices

Words by
Lynne Pearce

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Mental Health Nurses' Day

Ed Freshwater from the RCN Mental Health Forum explains how a new initiative could help attract much-needed talent to the specialty



On 21 February, mental health nurses will encourage interest in their specialty as part of the first ever Mental Health Nurses' Day.

Organised by the RCN Mental Health Forum, the day is partly a response to a drop in mental health nursing staff in the UK.

According to statistics from the Nursing and Midwifery Council, the number of mental health nurses fell from 90,693 to 88,821 between 2014 and 2018.

The Mental Health Forum decided to do their bit to encourage new recruits by confronting issues that could stop some people from training as a mental health nurse.

"A lot of people say they don't know what the job involves and don't hear enough positive stories about

the specialty," says Ed Freshwater, mental health nurse and chair of the forum (pictured above).

Ed and other forum members concluded that negative stereotypes of harsh nurses in mental institutions are still quite common, while personal stories about the rewarding nature of the role are left unheard.

"We thought: let's have a day that captures all of the good stuff about mental health nursing," says Ed.

On the day, most of the action will take place on social media. Forum members will be starting conversations on Twitter and Facebook; inviting questions from the public and nursing staff in the hope of inspiring people to consider mental health nursing as a career.

"I hope there will be some patient and carer stories coming through, and questions from people who had never considered the field in the past," Ed says.

Making a positive change

Ed and the other forum members hope that the day will also reveal the diversity of people already working in mental health nursing.

"It is a very broad profession," Ed says. "The people who tend to do well have got really good people skills and really rich, diverse life experiences. They're people who have seen something in the world and would like to make a positive change."

"You've got to be interested in other people. It's not the kind of thing where you just turn up, put in the hours and go home. You have to invest an element of yourself into the role."

Catherine Gamble, RCN Mental Health Professional Lead, says: "Raising the profile of our profession at a time when mental health is a UK-wide priority couldn't be more timely."

"I hope organisations and individuals will consider ways to celebrate Mental Health Nurses' Day as, every day, mental health nurses go above and beyond."

The forum plans to make Mental Health Nurses' Day an annual event so they can continue to raise awareness and debunk stereotypes, encouraging a greater number of people to consider joining the specialty.

“

Let's have a day that captures all of the good stuff about mental health nursing

Words by
Rachael Healy

Get involved

Ask a question or join the conversation on Twitter using #MHNursesDay or Facebook @MHNursesday. You can also submit a question, and find out more, at mhnursesday.wordpress.com

IN THE SPOTLIGHT



Research Society

Who's the Chair?

Ruth Harris is the newly elected chair of the Research Society, taking over from Ruth Northway. After four years on the steering committee, she knows the forum well and is looking forward to continuing and extending its work.

Recent highlights?

The Research Society organises an annual conference which takes place in a different part of the UK each year. It's a key place for researchers, practitioners, managers and policymakers to meet and share their work. It's also held a series of Winifred Raphael Memorial Lecture public events looking at contemporary nursing issues from a research perspective.

What's coming up?

This year, the Research Society will focus on strengthening and promoting the impact of nursing research, and continue to contribute to initiatives to develop career pathways. "Opportunities to develop clinical academic careers,

as with research funding, have been recognised to be more difficult for nurses to access," says Ruth. "We need to build capacity for research within clinical practice."

The annual RCN International Nursing Research Conference 2019 will take place from 3 to 5 September at Sheffield Hallam University. The deadline for abstracts is 11 April.

Why join?

Ruth says: "Research helps us understand how patients experience the care we give, how best to deliver care, and the ways in which nurses can have an impact on patient outcomes. It also helps us to understand how best to organise and support the nursing workforce to provide evidence for health policy.

"Being involved in research can be exciting and challenging. We're here to support you and help you develop peer networks."

Find out more about the Research Society at rcn.org.uk/forums or visit its Facebook page.

WHAT I'M THINKING



Fiona Pringle Fertility Nursing Forum Chair

January saw the publication of the Human Fertilisation and Embryology Authority (HFEA) consensus statement on the ethical use of treatment add-ons in IVF cycles. The RCN Fertility Nursing Forum helped to develop the statement, in response to concerns that many patients undergoing fertility treatment are offered and charged for optional extras that claim to increase the chances of conceiving a healthy baby.

Although these add-ons have been introduced for the best of reasons – to help more people start a family – some of them haven't necessarily been proven to improve pregnancy or birth rates. According to the HFEA, 74% of patients who had treatment in the last two years had at least one add-on. The three most widely used were endometrial scratch, embryo glue and embryoscope.

While NHS-funded IVF is available to some patients, 60% of IVF cycles in the UK are funded privately. In 2017, 68,000 IVF cycles were carried out, costing around £320m. In some cases, patients are paying for add-ons without being fully informed about their effectiveness.

Innovation is crucial to improve the success of IVF, but it must be done responsibly and ethically. As nurses, we have a duty of care to advocate for our patients, ensuring they receive accurate information about treatments and success rates. More importantly, we have to make sure people understand this information.

tinyurl.com/hfea-treatment-add-ons ➔

Disposal of pregnancy remains

The Women's Health Forum has recently released an updated version of its publication *Managing the Disposal of Pregnancy Remains*.

The publication aims to provide clear guidance on how to ensure the safe and appropriate disposal of pregnancy remains, where the pregnancy has ended before the 24th week of gestation. It also focuses on empowering women to choose the method of disposal, and reminds all nurses and midwives of the need for sensitivity, as this can be a very challenging time for some women.

Download the guidance at rcn.org.uk/publications (code 007 321)

What is aseptic technique?

An aseptic technique helps prevent the spread of infection during clinical procedures. It's likely that you'll be required to undertake aseptic technique as part of your work, but there can be confusion about best practice and what counts as an aseptic technique.

To begin addressing this, the RCN Infection and Prevention Control Network has launched a survey to assess the current knowledge of aseptic technique and the training nursing staff receive on this. The results will help to inform a decision on whether new guidance and resources are needed, and what they should cover.

The survey is open until 14 February. Take it at tinyurl.com/aseptictechnique-survey

16 EVENTS

For details of more events visit the region and country pages of the RCN website or go to rcn.org.uk/events

London

The future of reproductive medicine

23 March
RCN HQ
20 Cavendish Square
London W1G 0RN

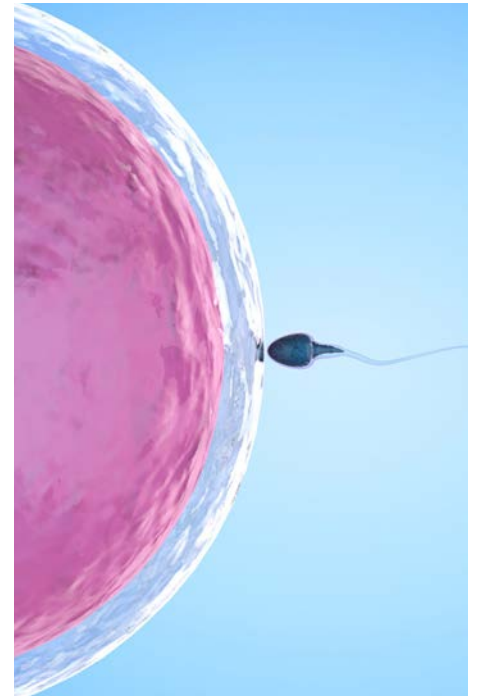
It's more than 40 years since the first "test-tube baby" was born and great strides have been made in fertility nursing since then. This conference, designed by the RCN Fertility Nursing Forum, will provide information on the latest developments in this field of practice.

Chair of the forum Fiona Pringle says: "This conference is an unmissable opportunity to enhance your professional

practice and improve patient outcomes. Hear from expert speakers on a range of interesting topics including genetic screening, changes in surrogacy law and womb transplantation. It's an opportunity to discover how innovation will affect what you do and how you do it and to discuss best practice with like-minded professionals."

This conference will be of interest to nurses, midwives and health care assistants working in women's services and reproductive health both within the NHS and independent sector.

📍 Visit rcn.org.uk/fertility19 or call **02920 546 460** to book.



London

Rheumatology workshop

28 June
RCN HQ
20 Cavendish Square
London W1G 0RN

Are you an experienced or aspiring rheumatology nurse specialist wanting to stay ahead of the curve? This clinically focused workshop provides an opportunity to get inspiration to advance your professional practice and deliver excellent patient care.

Get updates from leading experts on emerging drug therapies, vasculitis and the impact on patients with inflammatory arthritis. "As well as providing continuing professional development as part of revalidation, this event will allow you to network and share experiences with colleagues to improve patient outcomes,"



says Louise Parker, Chair of the RCN Rheumatology Nursing Forum.

📍 Book at rcn.org.uk/rheumatology19 or call **02920 546 460**.

Cardiff

Lymphoedema seminar

7 March
RCN Wales
Ty Maeth
King George V Drive East
Cardiff CF14 4XZ

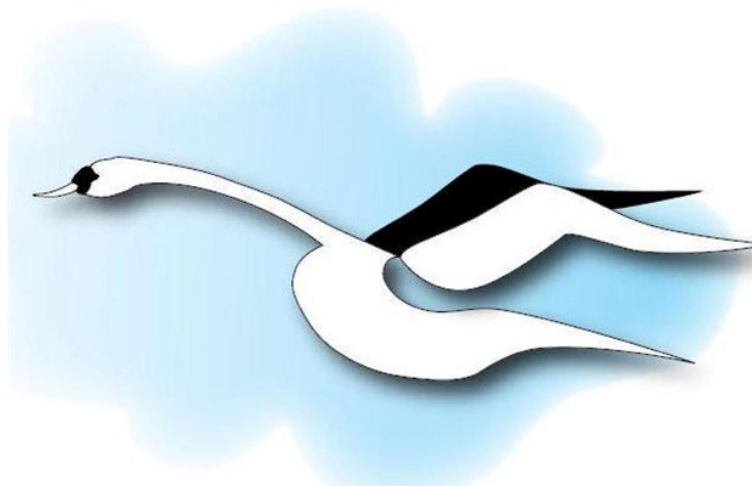
There's still time to sign up to this morning seminar, which aims to raise awareness of the importance of prompt, effective management of lymphoedema. Nurses, health care support workers and nursing students from any sector can all benefit from attending.

The seminar will include advice and information on what nursing staff can do to manage and treat lymphoedema, chronic oedema and cellulitis.

📍 Book by Thursday 21 February at rcn.org.uk/lymphoedema19 or call **02920 546 460**.

Caring beyond the end

Fiona Murphy is well known for her pioneering approach to providing quality end of life and bereavement care. Here she explains the Swan model, which she'll present to delegates at the RCNi Nursing Careers and Jobs Fair in Manchester this month



Quality end of life care is the responsibility of all health care professionals, regardless of workplace or job title. Bereavement care is an essential part of end of life care, and should ensure that patients, families and significant others are supported from the moment of a diagnosis of dying.

In most NHS organisations, end of life support is offered to patients and families of those expected to die. But offering bereavement support to families of patients dying suddenly or unexpectedly is a challenge, one that many care settings don't meet.

This is why the Swan model of end of life and bereavement care was created. The model (see boxes right) is used to support care throughout end of life, from the moment its recognised a patient is dying into bereavement and beyond.

Launched at Salford Royal NHS Foundation Trust in 2012 when I was Assistant Director of Nursing, the national scheme is now in place in more than 50 trusts up and down the country.

It aims to promote dignity, respect and compassion at the end of life, and provide excellent, individualised end of life and bereavement care for every patient and every family, every time.

A swan sign is placed on the door or curtain of the area where the dying person is being cared for. Where the swan sign is displayed, relatives can have open visiting around the clock.

It also reminds staff to employ the principles of the Swan model when caring for that person and their loved ones, and reminds everyone to be mindful of maintaining as peaceful an environment as possible.

End of life care is a difficult time for patients and relatives, with many choices available to them. The Swan scheme gives them the help they need to understand these choices, such as whether to sign the organ donor register and whether they would prefer to die at home.

To hear more about how the Swan model is empowering generalists to be specialists in end of life and bereavement care, come along to the fair, which will be held at Manchester United Football Ground from 9.30am to 4pm on 7 February.

“

It aims to promote dignity, respect and compassion

Fiona Murphy MBE is Associate Director of Nursing, End of Life, Bereavement and Donation Care at Northern Care Alliance NHS Group.

Swan model of care for individuals expected to die

- **Sign:** Is the patient believed to be entering the dying phase of life? Start the individual plan of care and support for the dying person.
- **Words:** Sensitively communicate with the patient and those important to the patient and family.
- **Actions:** Step outside the box and facilitate what is important to the patient and family.
- **Needs:** Are the needs of the patient and family being met, documented and reviewed regularly?

Swan model of care for individuals who have sudden/unexpected death

- **Sign:** Ensure the provision of private space is identified.
- **Words:** Sensitively communicate with the family.
- **Actions:** Step outside the box and facilitate what is important to the family.
- **Needs:** Are the needs of the family being met, documented and reviewed regularly?