



RCN
BULLETIN



Royal College
of Nursing

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COULD YOU BE RCN PRESIDENT?
P13 FEATURE

ISSUE NO. 365 JULY 2018



FIGHTING FOR MENTAL HEALTH

**MARK'S USING BOXING TO HELP
SUPPORT PEOPLE IN THE COMMUNITY**

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

Editor: Kim Scott
Editorial: 020 7647 3627
Email: bulletin@rcn.org.uk
Web: www.rcn.org.uk/bulletin
Address: 20 Cavendish Square, London W1G 0RN
Classified advertising
Tel: 020 8423 1333
Fax: 020 8423 4382
Email: advertising@rcni.com

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Nurse of the year

Arrhythmia nurse specialist Angela Hall has been named RCN Nurse of the Year. Angela developed innovative services to improve the care, experience and safety of patients with heart rhythm disorders at Jersey General Hospital. "She has amazing compassion and a great drive to do more," said Kellyanne Kinsella, who nominated her. Read more about Angela's work at www.rcn.org.uk/bulletin

Remembering Janet

Tributes have been paid to former RCN Council member Janet Marsden who passed away last month. Janet was extremely active in the RCN and was awarded a Fellowship for the remarkable contribution she made to the field of ophthalmic nursing. "Our profession has lost a star", said Natalie Nixon on Twitter.

EU staff can stay

Nursing staff from the EU will have to answer three simple questions online if they want to continue living in the UK after Brexit. The Government said its default position will be to grant, not refuse, settled status. The RCN said it's about time EU staff were given assurances about their future but said systems must be put in place to make the process smooth, quick and cost-effective.

Lessons must be learned

The RCN has said the nursing profession must work hard to seek out the lessons from the Gosport Independent Panel report, which found more than 450 patients died after being given powerful painkillers inappropriately.

The report found there was a "disregard for human life" of a large number of patients from 1989 to 2000 at Gosport War Memorial Hospital in Hampshire.

RCN Chief Executive Janet Davies said: "This report makes for very sobering reading for everybody involved in the care of patients. Nursing as a profession must learn from these events and we expect regulators and the health and care system to take the same approach.

"The report is right to praise the bravery shown by the nurses who raised concerns. It highlights how difficult it can be for nursing staff to challenge the decisions taken by others."

“

A culture of candour is key to ensuring these events are never repeated

RCN Chief Executive Janet Davies

STOP PRESS!

Explored the new *RCN Bulletin* website yet?

Find more unmissable features, incisive analysis and expert opinion at www.rcn.org.uk/bulletin



Celebrating the Windrush legacy

The achievements of black and minority ethnic (BME) nurses were at the forefront of the NHS70 Windrush Awards in Manchester last month.

Doreen Black was one of the stars of the night, winning the top leadership category. Doreen, matron for oncology and haematology at Royal Wolverhampton NHS Trust, said she was "over the moon" to have won, adding that previous generations of BME staff in the NHS had left a legacy for others to build on.

Read more at www.rcn.org.uk/bulletin

Nursing pay



England pay deal accepted

Nursing staff working for the NHS in England should get at least 3% more in their pay packets this month. It's after all but one of the NHS trade unions accepted the proposed pay deal.

Of the members who took part in the RCN consultation, 77% voted yes to the offer. It'll mean most members getting pay rises of between 6.5% and 29% over the next three years.

RCN Chief Executive Janet Davies said: "This deal marks a step in the right direction but the bigger leap to truly fair pay still needs to be taken. This is by no means the end of our campaigning. We will now turn our focus on getting this pay rise extended to nursing staff in other parts of the NHS and social care. The care sector already suffers from high staff turnover and so pay must be boosted there if we are to prevent a nursing exodus for better paid jobs in hospitals and the community."

The RCN is calling on the Government to make an equivalent offer to nurses and care workers in social care, general practice and the independent sector. It wants a separate negotiating body, made up of employers and trade unions, to be established to discuss pay and look at ways to improve recruitment, retention, workforce planning and care standards for nursing staff outside the NHS.

A timescale for NHS pay negotiations in Wales is currently being decided but the absence of a government in Northern Ireland means progress on a pay offer has stalled.

RCN to consult members on new NHS pay deal for Scotland

Proposed deal means the majority of nursing staff will get a pay rise of 9% over three years



Members working for the NHS in Scotland will soon be asked to vote on a proposed pay deal, which will see most staff receive a 9% pay increase over three years.

The deal includes restructuring of existing pay bands with a reduction in the number of pay points. It also contains plans for further negotiations on four areas of reform, including the management of sickness absence and how appraisals are linked to incremental progression.

The RCN will be running a consultation between 9 July and 15 August with eligible members asked to vote on whether they want to accept or reject the deal. Other NHS trade unions will be consulting their members at the same time.

RCN Scotland Director Theresa Fyffe said: "This is the largest pay rise offered

to nursing staff in 10 years and we believe it is the best deal that can be achieved through negotiation at this time. Now it's for members to make up their minds on whether to accept or reject it.

"We will be working hard over the coming weeks to make sure members have all the information they need to understand the deal on offer and how it affects them. It is vital that as many members as possible take part in the consultation on the proposed deal."

In lieu of the deal being accepted, NHS staff in Scotland earning less than £80,000 will get a 3% pay increase this month.

Find out more about the deal for Scotland and how to take part in the consultation at www.rcn.org.uk/scotland

4 GOOD NEWS

Inspiring a future generation of nurses

RCN members spent the afternoon at a school in Rotherham introducing children to the wonders of nursing



Laura Roberts of Rotherham Hospital with pupils Elliott Hadfield, Thomas Butler and Leah Warrington. Picture by Shaun Colborn for the *Barnsley Chronicle*

They ran a session with Year 6 pupils at Heather Garth Primary Academy to help promote the profession. Pupils learned about the different types of nursing and important people from nursing history. They were also shown how to take their pulse, use a stethoscope and put bandages on.

Teacher Rachel Lancaster said: "It was fabulous for the students to see a variety of nursing roles first-hand. One of the nurses was male, which was really good for our boys as it helped them to get past the stereotype and see it as a profession for everyone. The pupils all enjoyed it and some

went away thinking about a potential career in nursing."

The visit was organised as part of an initiative started during the RCN centenary celebrations in 2016, which included the creation of an educational resource, *Nursing Through Time*, to help introduce the nursing profession to young people in schools.

Helen Green, Head of Nursing in Operations for Rotherham NHS Foundation Trust, said: "Most of us have been nurses for a long time but we've never had the chance to do something like this before. It was so rewarding to go and talk to such interested and inquisitive children about what we do.

"By the end, many children said they'd be less frightened to go into hospital, which was lovely to hear. We came away buzzing!"

“

We came away buzzing!

🔗 Find out more about *Nursing Through Time* and download the resources at www.rcn.org.uk/centenary/projects/nursing-through-time

Mind-boggling medical history

The RCN has launched a new game – *Mind-boggling Medical History* – exploring past and present health care practices. We worked with historians, nurses and school teachers to develop questions themed into six topics: body, mind, treatment, sex, society and animals.

For a chance to win one of five games, email your name to rcn.library@rcn.org.uk before 20 July, putting "medical game" in the subject line. Download the game at <https://mbmh.web.ox.ac.uk/> or visit www.rcn.org.uk/bulletin to read more.

Birthday honours

Fifteen RCN members were among the nursing staff honoured in this year's Queen's Birthday Honours list. CBEs (Commanders of the Order of the British Empire) were awarded to Professor Janice Sigsworth, for services to nursing, and Yvonne Coghill, for services to race equality in the NHS. Gaynor Jones, Chair of the RCN Wales Board, was among eight members who received MBEs (Members of the Order of the British Empire). Gaynor was recognised for her services to nursing in Wales. Allison Ramsey and Laura Serrant both received OBEs (Officers of the Order of the British Empire).



Yvonne Coghill also became a Fellow of the RCN at Congress earlier this year. She is pictured on the left next to RCN President Cecilia Akrisie Anim and RCN Chair of Council Maria Trewern

The big picture



RCN member Liz Howard-Thornton lays a wreath at the nursing memorial unveiled in Staffordshire last month. The monument carries the names of nearly 1,300 nurses and VADs who died as a direct result of their wartime service. Picture courtesy of Richard Pursehouse.

MEET THE MEMBER



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

Name: Kelly Ferranti

Role: Deputy Manager

Sum up what you do in a sentence

Help carers to get the best out of their roles.

Describe your job in three words:

Rewarding, exhausting, worthwhile.

Why did you choose the profession?

It was a calling.

If you weren't a HCA what would you be? A nurse.

What item can't you do without at work? Sanitiser.

What's the best bit about your job?

The people I look after. Everyone has a story.

And the worst? Financial constraints.

How do you unwind? Watching *Game of Thrones*.

If you could have a superpower what would it be? The ability to ride a dragon.

Who would play you in a film? (RCN Ambassador) Emilia Clarke.

PATIENT PERSPECTIVE



Carmel McMonagle had her kidneys removed after a cancer diagnosis. She was on dialysis for seven years until her husband Joe donated one of his kidneys to her four years ago

“It's been such a journey. Without the home therapies team at Altnagelvin Area Hospital renal unit I don't know how I would have coped. When I was diagnosed I thought my life had ended but these nurses made sure I knew what was going on, and that I was able to get on with my life.

They showed me I had a life to live. They enabled me to rule my dialysis rather than it rule me. When you get a diagnosis like mine you need someone

in your corner, and with these nurses I was never alone. They are always at the end of the phone to talk things through. I was able to do home dialysis because of their backup. They were absolutely excellent.

The nurses – Alison Cairns, Bridgeen Canning and Caroline McCloskey – have all shown a passion to involve patients at the very start of their journey through kidney failure. They do their jobs very well but what amazes me is how far they go beyond that in their own time. They are so humble – they say they're just doing their job, but they definitely go over and above.

The team recently won the Patient's Choice category of the RCNi Nurse Awards.

Visit www.rcni.com/nurse-awards to find out more.

www.rcn.org.uk/myrcn



ARE YOUR MEMBERSHIP DETAILS UP TO DATE?

CHECK ONLINE AT MYRCN, CALL 0345 7726 100, OR WRITE TO RCN MEMBERSHIP TEAM, COPSE WALK, CARDIFF GATE BUSINESS PARK, CARDIFF CF23 8XG.

THE VIEW FROM HERE



Victoria Peal
RCN Head of Legal
(Commercial)

RCNLaw was launched in 2016 specifically to provide a personal injury service for members. In the last year almost £900,000 compensation has been recovered on behalf of members who haven't had to pay an extra penny for their legal support. You can get advice and representation for injuries sustained at work or outside work, including assault, stress, lifting and handling and road traffic accidents.

I'd always advise coming to RCNLaw in these kinds of cases, rather than to a specialist claims organisation, because members will receive 100% of their compensation with no money deducted in costs or success fees, which is what is likely to happen with any other organisation. Also, RCNLaw understands nursing staff and the jobs they do. This service is a benefit included in the price of your membership.

Our cases have been varied but very successful. One member was attacked by a patient while she was at work. The security doors were broken which allowed a patient from another ward to get into the area where she was working. The patient chased her, put something around her neck, and punched her. She injured her neck and shoulder and suffered psychological trauma as a result. With the support of RCNLaw, she received just over £10,000 in compensation.

www.rcn.org.uk/personal-injury



What you've been saying

An insight into nursing

As well as helping patients feel safe and reducing patient violence, I think body cameras (*RCN Bulletin*, June issue, page 12) could provide a better understanding of just what a nurse's day entails, as well as a great opportunity for personal reflection.

However, I do wonder how patient confidentiality would be effectively managed and it leaves me with a few questions. For example, where would the data be stored and for how long? Who would have access to this information and if the patient does not want to be filmed, are we able to respect their choice? It's an interesting idea and I look forward to seeing how further research and trials turn out.

Hannah Matheson, by email

Will it stop violence?

I think body cameras would create evidence and tackle violence, but are aggressive patients going to stop if they see the camera?

I don't think so. I've been assaulted on duty, more than once. And I couldn't do anything about it because there is always a reason why the patient is confused, drunk or violent. My colleague was once told "it's your word against his" so what kind of protection do we have while we're doing our job?

Valentina, by email

A powerful group

Speaking at a recent event for retired RCN members I outlined how powerful this group can be. They can share their skills and expertise, they can lobby for better health care and can act as mentors for the next generation of nursing staff. There are many ways retired nurses can carry on being an important force by volunteering locally at a hospital or charity, and not just by making the tea. The number of retired nurses is only set to get larger and by using those skills in their local community, they can really make a difference.

Lesley Carter, Professional Lead, Age UK, in person



QUOTE OF THE MONTH

We are clear that there will be an increased burden of taxation.

Health and Social Care Secretary Jeremy Hunt on how the £20 billion annual boost for the NHS in England will be funded.

FOUR THINGS TO DO IN JULY

1. Celebrate 70 years since the NHS began on 5 July by hosting a Big7Tea event and raising money for NHS charities: <https://nhsbig7tea.co.uk>
2. Save money on household bills, online shopping and see the latest cinema releases for less with your RCN membership: www.rcn.org.uk/xtra
3. Let us know the impact you have as a school nurse or health visitor by filling out the RCN survey by 15 July: www.smartsurvey.co.uk/s/KA4XM
4. Read the RCN's latest guidance on human papillomavirus and cervical screening. Download the publication from: www.rcn.org.uk/publications

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



As the NHS turns 70, we asked members what working for the service means to them

It makes me feel very proud. Being a nurse is part of my identity, and the NHS is part of our national identity, therefore a part of us all. Having a health service which is free at the point of care is something we should all be proud of.
[Samantha Foy on Twitter](#)

It means working for an organisation that is challenging beyond measure, but getting through every challenge with the most amazing team.
[Sue Young on Twitter](#)

I'm proud for two reasons. The first is to provide care to people often when they are at their most vulnerable. Secondly, to be able to educate and grow the next generation of nurses.
[Ian Setchfield on Twitter](#)

As a paediatric A&E nurse working in the NHS it means caring for children as well as their families in what is often the most horrific time in their lives. We're here to administer emergency care for your children 24/7, 365 days a year.
[Kathryn Ellershaw on Twitter](#)

Living out my dreams. Being able to save someone's life both at work and on the street. Holding the hand of a patient who is dying and comforting their loved ones.
[Kerry Beth Allan on Instagram](#)

For me the NHS is more than just a health service provider, it brings people in the UK together. I personally take huge pride in working as a nurse. I hope the future is good and kind to our NHS so that I can say that same sentence again in its 100th year too.
[Charlotte Hall on Twitter](#)

MESSAGE TO MEMBERS



Janet Davies RCN Chief Executive

The NHS has been through many changes since its creation in 1948 but the dedication and determination of nursing staff is what endures. It's their passion for providing high quality care to which the service owes much of its success and longevity. Nurses' ability to touch the lives of people at their most vulnerable continues to be among the things the NHS is most valued for.

But as we celebrate the past, we must also look ahead to securing the future. While the recent announcement of a £20 billion funding boost is a welcome birthday present for the NHS it must be extended to social care.

When Aneurin Bevan launched the NHS on 5 July 1948, it was based on the core principle that it should meet the needs of everyone. Now, 70 years on, we see that pledge being jeopardised with older and vulnerable people let down by a social care system that is underfunded and understaffed.

Health and social care are twins whose destinies are intertwined. And yet, despite repeated warnings, we see one child fall further and further into decline. By ignoring the funding needs in social care, this investment is a sticking plaster on a gaping wound.

We must make sure that health and social care are on an equal footing, with nursing staff benefitting from comparable pay, terms and conditions wherever they work.

www.rcn.org.uk/nursing-pay



Inspired to lead

Nursing student Felix Manders-Wilde reflects on the qualities needed to provide good care

When you ask people to define a "leader", they often respond with titles such as "manager" or "the boss", but effective leadership is so much more than the act of management.

The Student Leadership Programme (SLP), run by the Council of Deans of Health and the Burdett Trust has allowed me to reflect on this and provides me with the knowledge and skills needed for leadership.

Becoming an accomplished leader is dependent on who you are and the strengths you naturally hold.

For me, the programme has inspired reflection on emotional intelligence. In nursing, we see different degrees of this intelligence every day and the correct use of it is powerful.



The programme doesn't just benefit the 150 students taking part. Effective leadership leads to better team work, healthier relationships and, most importantly, quality patient care.

My mentors, peers and supervisors are all inspirational leaders. Before being exposed to these people I was unaware of the work and thought that makes our nursing community a distinctly special group.

As a student nurse, the SLP inspires me. I can see that effective leadership is one of the most important elements in providing quality care.

8 FEATURES

A hero in the community

Mark's combining his passion for boxing and mental health nursing to help turn lives around



“

Quite often the kids are troubled, they're into drugs, are being bullied, or they self-harm

RCN member Mark Field (pictured above right) was in his late 20s when he was dealt a devastating blow. He'd been juggling his job as a health care assistant with a successful amateur boxing career and had just made the decision to go pro. But a brain scan ahead of a fight with legendary boxer Joe Calzaghe left his dreams in shatters. It showed a frontal lobe cyst that could burst with just one punch. It halted his ambitions instantly and sparked a lengthy period of depression.

“My world fell apart with that news,” says Mark. “I took to my bed for the best part of a year. I didn't want to see anybody, I had very little interaction with my family and I wasn't able to work.”

With time, support and medication, Mark recovered

enough to move forward. He set up an amateur boxing club in Buckley, Flintshire, North Wales and decided to become a psychiatric nurse. It was during his training at Bowmere Hospital in Chester, which provides psychiatric intensive care, that the penny dropped. He suggested to the consultant he was working with that boxing could help his clients.

A place to feel safe

“I thought boxing would give them more physical awareness and help manage their weight,” Mark recalls. “But it turned out to do so much more. When clients came to the club, they started to feel part of something. They became integrated in a normal setting. They had a sense of belonging and they felt safe.”

It's been transformative for some people, helping them avoid otherwise frequent stays on inpatient mental health units. Jim is one example. He has paranoid schizophrenia and first stepped foot in Buckley Boxing Club 10 years ago.

“He was in a place of darkness. He couldn't see a way forward. Frankly, he was suicidal,” says Mark. “He came along to get fitter but in time started picking up some admin for the club. He's now firmly part of our family of volunteers. Having a purpose and feeling valued is what's saved him, I believe.”

Jim hasn't needed to be admitted to hospital during the time he's been involved with the club, but while boxing is beneficial, it's not a cure. Rather, it's Mark who

Mark recently won the Special Recognition Award, a category created especially for him, in the RCNi Nurse Awards. Find out more at www.rcni.com/nurse-awards

appears to be the catalyst for turning lives around.

“Everything can seem fine then my phone will go at 2am,” he says. “It’ll be Jim in need of help. He’ll be in crisis and won’t know where to turn. So I’ll talk to him and see if I can calm him down.”

But it isn’t easy for Mark, who was diagnosed with rapid bipolar disorder himself a number of years ago. He confesses to struggling with the symptoms of his condition while holding down a full-time senior nurse role and running the boxing club in his spare time.

Empathy and sympathy

“I’m on meds and I know the signs of episodes coming on. But that doesn’t make it easy. There are times that I feel I can’t carry on and it’s then that the other coaches step in. They’ll pick me up and take me to the club, and while I won’t want to go, when I’m there I know it’s the best place to be.

“I feel accepted and I can talk things through. That’s why I think I’m able to help other people. I have empathy and sympathy because I feel it myself. You can’t

‘just snap out of it’, living with a mental health issue is so much more complex than that.”

It’s now 23 years since the club was set up and hundreds of people have passed through its doors. Nowadays, its children and young people who appear to be the focus of Mark’s efforts. Referred to the club by social services, they undertake 10-week boxing courses Mark runs on his days off, before integrating into regular classes.

“Quite often these kids are troubled, they’re into drugs, are being bullied or they self-harm,” says Mark. “Boxing teaches them discipline and self-control. It’s monitored and it works.”

Other children find their own way to the club in Buckley. Such as seven-year-old Shay. After a difficult start to school, his parents tried karate, then football before seeking boxing out. “He was just five at the time,” says Shay’s dad Chris. “We thought he was a bit young to start boxing but we talked to Mark and he encouraged us to come along. He spent an hour with Shay that first day. Something clicked and he’s not stopped asking to go back since.



“Shay’s never been diagnosed but he has been tested for traits of ADHD. School was difficult from the off. They just didn’t seem able to handle him and he was getting excluded or having a letter sent home three or four times a month. Now things have vastly improved. Shay’s able to control his temper. He knows how to handle situations and he’s getting into trouble much less.”

So passionate does Mark feel about Shay’s future that he went to have a word with the school himself. “I can’t thank Mark enough,” says Chris. “He’s an absolutely outstanding, selfless man. He’s a role model and an inspiration and he gives so much of himself to the club.”

“

Boxing teaches discipline and self-control. It’s monitored and it works

Words by Kim Scott.
Pictures by John Houlihan

Read more at www.rcn.org.uk/bulletin

Seventy years on...

On 5 July 1948, health care professionals across the UK rolled up their sleeves for a historic day at work. The National Health Service had arrived and the RCN had lots to say about it



Seventy years ago, the RCN welcomed free health care for all for the first time. Our member journal at the time, *Nursing Times*, dedicated significant column inches to the revolutionary new service. The positives were examined alongside possible pitfalls, with processes and management structures explained in detail.

With one month to go, member Mary Witting shared her thoughts on why the new NHS was reason to be proud: “One of my earliest recollections as a small child is of overhearing a discussion between my parents about the illness of an acquaintance. I asked if she was being attended by a doctor, and was told she could not afford it. I can remember well the shock (...) of realising that a woman might be ill and in pain, without help owing to lack of money.

“As a district nurse before the war I was to know more of this

tragedy of the poorer people in our community (...) All of us who worked among them suffered the misery of frustration because we could do so little to help.

“And now, after July 5 1948, all this is altered. However much the machinery may creak as it first begins to work, this great principle has been accepted. Never again need any one of us suffer disease through lack of money (...)

“Let us be proud that a country still poor after war has taken this courageous step (...)

“We are a part of the service. It is a great time to be alive.”

Opportunities

As the start date drew closer, Miss P Loe MBE, matron at St James’s Hospital for Mental and Nervous Diseases, looked forward to the opportunities the NHS would offer to nursing and

patient care. Her article in 3 July issue of *Nursing Times* welcomed the nursing advisory committees that would give the profession a stronger voice and reported that some boards were looking to appoint chief nursing officers – although she described the salary on offer as “rather parsimonious”.

She also saw great potential in her own field: “In my opinion the greatest opportunities in nursing in the future lie in mental hospitals. This service, while already doing so much, will, under the new regime, be able to extend and improve enormously. Accommodation will be improved, amenities for both patients and staff increased and equipment modernised and supplemented.”

Making up the numbers

Of course, the new health service was not entirely without issues and one particular concern remains just as familiar today. Fears about increased service demand from the public meant that safe staffing levels were a focus for the College.



We are a part of the service. It is a great time to be alive

Words by Sarah Abley

🕒 Historical pictures from the RCN Archives and Queen’s Nursing Institute: www.qniheritage.org.uk





The lead article in 5 June issue of *Nursing Times*, entitled *Making the Service a Reality*, said:

“All groups of nurses are in short supply at the moment: the situation cannot improve suddenly on July 5, and, there is, of course, the fear it may become worse if the public demand as their right, more service than at present expect. The Minister is apparently expecting a chorus of complaint to ‘echo through Whitehall’ after July 5, but has not indicated how he will deal with those complaints which depend for their remedy on adequate numbers of staff.”

The article says recruitment and retention must be tackled, suggesting careful selection of students to reduce the “wastage rate”, and recommends improving both the practical conditions and “personnel relations” for the profession.

It also highlights the rate at which nurses were leaving hospital work, stating: “Too great a responsibility and burden of work is placed on the few trained staff who remain, so that they in turn give up hospital work – and in a great many cases against their inclinations – because they feel they cannot go on with work of such importance when they know it cannot be done as well as it should be.”

People power

Reservations aside, the College knew that one of the NHS’s greatest strengths would

be its people, saying, “the National Health Service may well be what the nurses make it; their spirit and their enthusiasm will permeate and condition the whole.”

But while free services were a radical change, the College also acknowledged that for many it was just another day at work: “The doctors, nurses, dentists, physiotherapists, almoners, ‘back room’ research workers and many others, will be doing on the morning of Monday July 5, the same work for community health as they were doing during the previous week. It is their health service. They will make it a success.”



IN THE BEGINNING



Former RCN member Monica Baxendale from Penketh, near Warrington, was 17 when she started her nursing career in 1949

I had my appendix out in 1945 and there were no antibiotics. But I knew then, spending a month in the hospital because of an infection, that I wanted to be a nurse.

I trained in a hospital in Wigan and lived in the nurses’ home attached to it. Back then the sisters ruled the roost. We all ate together and you couldn’t begin eating until the sisters did. It was old-fashioned; we wore aprons and cuffs and you certainly never wore your uniform on the bus.

I finished training in 1953, then it all changed as nurses were allowed to get married and live out of the hospital. I did night duty when I had children, the wards were 30 beds with a corridor running down the middle, and there was an open fire. People were very seriously ill on those wards.

I became a ward sister in 1967 for an elderly care unit and I remember they were changing our hours at the hospital. An RCN rep asked me to speak to the panel. I went in front of the committee and spoke to them about the change in hours. We put up a fight and we won.

Back then not everyone spoke up, so I think nurses have more of a voice now.

12 FEATURES

A change for the better

Chris has been crowned RCN Northern Ireland Nurse of the Year for making practical changes that have transformed patient care and staff morale

He's only been in the job 18 months, but charge nurse Chris Wamsley (pictured centre in red) has made huge improvements on the general medical ward where he works at Mater Hospital in Belfast.

"When I started on the ward, staff morale was low, there was high staff turnover and a lot of burnout," says Chris. "I wanted to change the way things were run to improve this."

Yet Chris's ideas didn't include a focus on staff, but on patients. "All the staff want the same thing and that's to improve patient care. By making our patients the focus, we've been brought closer together and enhanced the patient experience."

Getting to know you

Chris started *Tea for Treatment*, an incentive allowing staff to have an extra tea break to talk to patients. "It was just half an hour for a member of the team to sit down with someone. We bring out the dementia trolley, with items to talk about to help with memory, and we have the opportunity to get to know the person, making them more than simply a stranger who we care for."

With the idea proving popular, Chris came up with another simple initiative. "*Dress for Success* looked at how the patients were spending their days in hospital," he says. "Being an inpatient often involves a lot of waiting around for tests, x-rays or medication. This can mean some patients rarely get dressed and out of bed, so when they leave,



they go home needing more care as they've not been mobile."

With the support of senior managers and staff across the hospital, the initiative was promoted through leaflets and local media. "The idea is to help patients get up and get dressed and follow a normal routine so it means they're going home as close to independent as possible."

The patients on the ward come from many different places including care homes and those who live independently, but many are frail and have health issues such as alcoholism.

"Of course, if someone can't get dressed or be active on the ward, we don't make them, but for many we want them to value their

time in hospital and this in turn improves staff morale."

The initiative can be measured through the number of patients that left Chris's ward needing further care.

This figure stood at 18 in May 2017; 12 months on, only one patient left the ward needing further care. Staff retention has improved and those moving on have done so because of promotion.

"I love my job," says Chris. "Winning the award has made me feel very proud as nursing is all I've known since I left school."

Chris's next plan is to improve the flow of patients through the ward so that discharge is a smoother process. "There's always room for improvement," he adds.

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There's always room for improvement

Words by
Susan Embley.
Picture by Simon
Graham

🕒 Find out more about the RCN's work in Northern Ireland at www.rcn.org.uk/northernireland

Could you be the next RCN President?

Time is running out to put yourself forward to be the public face of the RCN, representing the profession and being the voice of nursing on home soil and beyond

RCN Presidents have embodied the ambition, vision and values of members for more than a century, influencing nursing and improving patient care. Now is your chance to take on the prestigious role. We spoke to current and past Presidents about why it's an opportunity too good to miss.

Cecilia Akrisie Anim | RCN President 2014-2018



“When I spoke to the crowds from the top of the RCN’s campaign bus in Parliament Square last September, my heart swelled to the deafening chants of “scrap the cap, scrap the cap”. There I was, a girl from Ghana, representing thousands of members who have worked so hard over the years, but who feel they have no voice. We were heard that day and it was among my proudest moments as RCN President to find out that the 1% cap on NHS pay would be scrapped.

“I’ve always been passionate about improving the working lives of nursing staff and when I saw a child carrying a sign that day saying “don’t take my mummy’s money away”, I knew I was doing exactly the right thing at exactly the right time. I was so elated to be part of something so significant.”

FAST FACTS

- You have until 20 July to nominate yourself for the role of RCN President.
- You must have been an RCN member for five consecutive years.
- The term of office lasts for two years, from 1 January 2019 to 31 December 2020.
- Members get to choose who they want as the next RCN President. Voting runs from 11 October to 14 November.
- You can also nominate yourself to be RCN Deputy President.

Find out more at www.rcn.org.uk/elections

Andrea Spyropoulos | RCN President 2010-2014



“I was three weeks into my presidency when I went to represent the RCN at the European Parliament in Brussels. The European Nurses Confederation, of which the RCN is a member, was lobbying for equal rights and competencies for nurses across the EU. I had planned to just go along and listen, given that I was so new to the role, but I just couldn’t contain myself.

“There were all these different ministers from different countries talking about what needed to happen for nursing, and I just thought ‘you’re not asking the right questions, you’re getting this all wrong’. So I spoke up. I realised that in that arena, as RCN President, I had a voice and it had clout.”

Maura Buchanan | RCN President 2006-2010



“I loved having the opportunity to help judge the annual Nurse Awards. They profile nursing at its very best and give a platform for ordinary nurses doing extraordinary things to showcase how they’re transforming patient care. The winners were always so humble, reluctant to take the credit, and yet their work was really remarkable.

“I also enjoyed meeting members in their workplaces. I got to learn about local issues and was able to put nursing in the spotlight. I never met a chief executive who didn’t want to impress “the RCN President” so those visits were my chance to stress how valuable and vital nursing staff are.”

Inspirational specialists

Forum members won a number of the specialist nursing categories in the RCNi Nurse Awards. We caught up with them to find out about their remarkable work



For forensic custody nurse Eric Teague-Hellon (pictured above), watching the same people be detained time after time inspired him to try to change their lives.

“We see the same faces return two or three times a week,” says Eric, who works at Staffordshire Northern Area Custody Facility. “The majority are homeless and often they’re committing low-level crimes, such as shoplifting or minor damage, just to get a warm bed and food for the night.”

Alcoholism and intravenous drug use also take a huge toll on their health. “They have a lot of chronic illnesses that they don’t get treatment for, including asthma, diabetes and skin ulcers,” explains Eric, who is a member of the RCN Nursing in Justice and Forensic

Health Care Forum and has been working in this field of nursing since 2009.

“They may even have life-threatening conditions, but if we try to send them to A&E, they either flatly refuse to go or won’t wait, because the drug and alcohol withdrawal symptoms take over. Their health just gets worse and worse.”

Knowing that they wouldn’t use mainstream services, Eric decided to take health care to them, with a range of initiatives. These include visiting local night shelters, in his own time, where he offers assessment, check-ups and treatment; providing food bank vouchers for those in crisis; and taking out hot food to the rough sleepers.

Now his work has been recognised with the RCNi Community Nursing Award. “I am so pleased,” says Eric. “It’s helped me spread the word to a much wider audience, with nurses contacting me and wanting to help, and others giving donations of food and clothes.”

Since he started his project in earnest last September, another couple of nurses have joined him in the outreach work. Now if he advises one of his patients that they need further hospital treatment, a volunteer accompanies them. “They feel more secure and that they won’t be judged,” says Eric.

He has also found that a high proportion of consistent offenders are no longer re-offending. “They are getting what they need in the community,” says Eric. “It’s amazing to see the results. Having been through a very harsh winter, we’ve managed to keep everyone going. We’re gearing up now for next winter, collecting sleeping bags and warm clothes.”

Looking ahead, Eric’s ambition is to roll out his project to every UK custody facility. “It only takes one nurse in each place to make a huge impact on our most vulnerable,” he says.

“As a nurse, you don’t want to watch someone deteriorate when you have the skills and knowledge to stop that happening. When I visit someone, I don’t see a drug-user or a homeless person, but someone normal and a friend, who for whatever reason took a wrong turn.”

“

You don’t want to watch someone deteriorate when you have the skills and knowledge to stop that happening

Words by
Lynne Pearce.
Picture by
Neil O’Connor

🕒 Find out more about the RCNi Nurse Awards at www.rcni.com/nurse-awards. See the full list of RCN specialist nursing forums and join them at www.rcn.org.uk/forums

Creating opportunities for research



While research has traditionally not had a high profile in emergency departments, Professor Heather Jarman's award-winning work is challenging that situation.

"It struck me while I was doing my own research that there weren't the opportunities for staff and patients to take part," says Heather, of St George's Hospital in London.

"While there's a huge number of patients who could take part in studies, it's not thought of as an environment where it's possible."

But thanks to her hard work and perseverance, four years later the hospital's emergency department has a thriving and highly regarded research unit – and now Heather's contribution has been recognised with the RCN's Emergency Nursing Award. "I'm thrilled," she says.

"My team did it secretly and I didn't know until I got an email saying I'd been shortlisted. Winning is amazing. But you never do these things alone and we've all worked so hard to get to this point."

A former vice-chair of the RCN Emergency Care Association, Heather believes that being offered the chance to take part in research should be routine for both staff and patients.

"That's my big drive," says Heather. "We see 160,000 patients a year and I'd like to see every one of them being able to participate in a trial, if that's what they want."

WHAT I'M THINKING



Yvonne Manson

Older People's Forum member and RCNi Leadership Award winner

I have a passion for dementia care and, having worked in care homes for 23 years, I want to remove the stigma associated with working or living here, highlighting the positive nursing career and innovation that can be achieved.

I work as a nurse consultant in dementia for the Balhousie Care Group in Scotland, which supports more than 700 people with dementia or cognitive decline. To be able to provide the highest standard of care, I developed a strategy, visiting all 25 homes to gain the views of staff, residents and their families.

It was no simple task as our care homes are spread throughout Scotland – including Aberdeen, Arbroath, Perth, Dundee, Fife, and Kinross. Building trusting relationships meant visiting as often as possible. But when the programme was finally agreed, gaining buy-in was easier. As everyone had been involved, they willingly signed up to support it.

Education is a key aspect of our strategy. So far, our training programme has been completed by more than 2,000 staff and family members. We also evaluate the impact of our dementia services regularly and since the programme began, mood and engagement scores have increased.

Putting patients at the centre

People who have cancer with an unknown origin often face a variety of difficulties, including complex care journeys, numerous investigations and lengthy hospital stays.

Now a team at NHS Lothian, led and developed by RCN Cancer and Breast Care Nursing Forum member Gillian Knowles, is helping these highly vulnerable patients have a much better quality of care, with the team's work acknowledged with the RCNi Cancer Nursing Award.

"It was lovely for our team to be nominated," says Gillian, who is a nurse consultant. "And I'm delighted that our work has been recognised. As the first team in Scotland to develop a service for these patients, who were not well-served in the past, we've worked hard to

make their experience better. It's a great accolade for our organisation too. There are many positives."

Before the service began, these patients could often fall between different departments, but now there are developed pathways for diagnosis and treatment. Audit shows reductions in the length of hospital stays and the number of invasive investigations, alongside improved and timely support and cost savings.

"Often these cases are not straightforward, so patients could bounce from team to team in an attempt to find the primary cancer, but it was not the right way," says Gillian. "Essentially our service puts the patient at the centre of their care."

www.rcn.org.uk/dementia



16 EVENTS

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

London

RCN advanced nurse practitioner conference

10 September
RCN HQ
20 Cavendish Square
London W1G 0RN

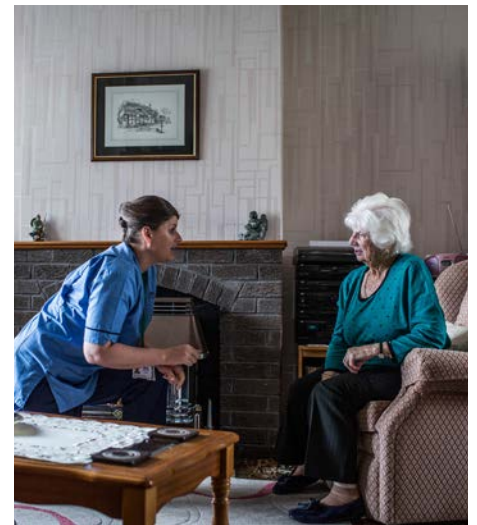
If you're an advanced nurse practitioner (ANP), or an aspiring one, this one-day event is not to be missed.

Hear from leading experts on topics including the physical health of people with severe mental illness, helping people with dementia who are deaf, and an update on the RCN credentialing programme. There will be a range of educational workshops

including assessing and managing chronic pain, hypertension and working in the military as an ANP.

Mary Hutchinson from the RCN Advanced Nurse Practitioner Forum says: "Increase your professional self-awareness, understand further career pathways and strengthen networks with like-minded practitioners. This conference is designed to support ANPs and will explore the diversity of practice across the UK. This is a great event to attend to get the very latest updates in this field of nursing."

📍 Visit www.rcn.org.uk/anp18 or call 02920 546460 to book.



Manchester

International mental health nursing research conference

13-14 September
Museum of Science and Industry
Liverpool Road
Manchester M3 4FP

Gain 14 hours of CPD by attending this two-day conference, now in its 24th year. The vision for this year's event is to transform mental health care through stronger policy, systems and shared purpose. RCN member Professor Ben Hannigan, UK representative of the conference committee, says: "Our programme is a packed and exciting one, with speakers drawn from across the mental health spectrum. This event attracts practitioners, researchers, educators, students and others from around the world."

📍 Book online at www.rcn.org.uk/mhnr18 or call 02920 546460.

Northern Ireland

Independent sector leadership programme

11-14 September
RCN Northern Ireland
17 Windsor Avenue
Belfast BT9 6EE

This free five-day leadership programme is funded by the Public Health Agency and designed specifically to help the development of leadership skills for registered managers and deputy managers in nursing homes in Northern Ireland. The programme will explore and clarify the manager's role and responsibilities, discuss professional and legal accountability and the relationship between good leadership and improved patient outcomes.

📍 Contact est@rcn.org.uk or call 02890 384600.



Expanding into research

Research should be a key component of day-to-day nursing, says Fiona Nolan whose career combines both clinical and academic work

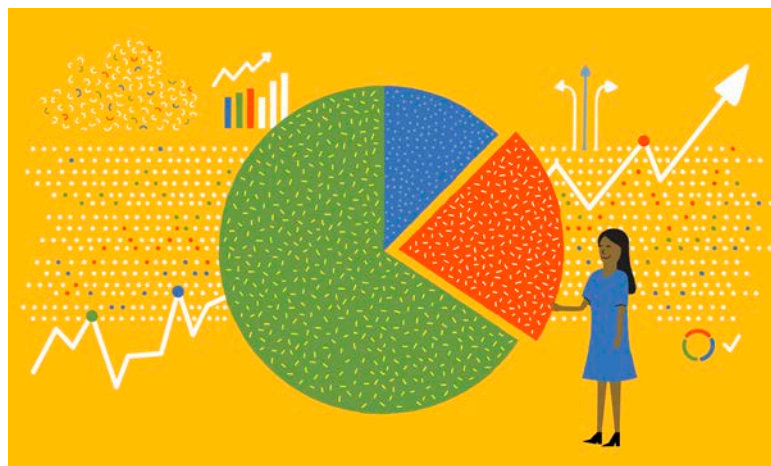
“Undertaking research is an area that we don’t develop during our clinical careers – and that’s to the huge detriment of ourselves and our profession,” argues Fiona, who has been appointed to a new post of clinical professor in nursing at the Tavistock and Portman NHS Foundation Trust in London.

“It’s a new development and an exciting one,” she says. Working around a day or so each week, she will be producing a research strategy alongside a clinical academic career pathway, linking with other trusts within north London.

Working with the trust’s small cohort of nurses, who work in highly specialist areas, Fiona will be helping them to develop their skills and expertise within research.

Broadly speaking, in contrast to other health care professions, nurses are largely unprepared to tackle research, she believes. “Our medical colleagues have a good grounding in research, with plenty of opportunities to engage with it in their practice, and it’s expected of them,” says Fiona, who trained as a mental health nurse.

“But it’s not the same for nurses – and I hope that changes because we can’t progress as a profession without this key element. We need core research skills in our basic clinical toolkit from the get-go. When we graduate, that’s just the start and it should be developed.”



While some may argue that this is unfeasible given the shortage of nurses, Fiona believes a new emphasis on research could actually help alleviate some of the difficulties. “I think it could be a way to redress a lot of the problems, including recruitment and retention issues,” she says.

Creating many more clinical academic jobs would help as nurses shouldn’t have to decide between one career path or the other, says Fiona. “It’s led to nurses becoming out of touch when they move into academic jobs because they lack contact with the NHS and patients,” she says.

“You wouldn’t have a professor of surgery who hadn’t seen a patient for years – they wouldn’t be respected or have clinical credibility. But nurses have been forced to make that choice. It’s wrong and it shouldn’t continue.”

While many more nurses are engaged in research projects now, often they are generated and led by other professional groups. “I’d like to see nurses leading research much more,” says Fiona, who believes that the field of mental health provides the ideal opportunity.

“As a nurse, you can’t lead research on a new cancer drug or surgical intervention, but mental health is a much more level playing field, where we have the ability to lead studies.”

The nursing profession can make a unique contribution too, she believes. “We have more contact with patients and we’re privileged in our level of insight into what patients need and their concerns. We have information that other professionals don’t have or have to a lesser degree, but it’s not exploited because we’re not leading research to the extent we should be.”

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We need core research skills in our basic clinical toolkit

Words by
Lynne Pearce