

RCN BULLETIN



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ISSUE NO. 368 OCTOBER 2018

FROM CONGRESS TO CONSTITUTION

MEMBERS HELP DEVELOP NEW LAW TO BETTER
PROTECT NURSING STAFF FROM ASSAULTS

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

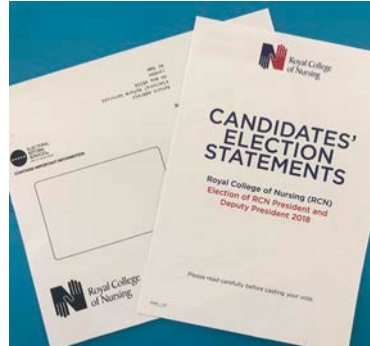
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Don't bin your ballot papers!

Ballot papers to elect your next RCN President and Deputy President will arrive in the post soon. Be sure to look out for a white envelope with the RCN logo as pictured above. Inside you'll find all the information you need to select who you want to represent you for the next two years. Turn to page 12 or visit rcn.org.uk/president-and-deputy-president-election to find out more.

Jersey nurses nearer to industrial action

The RCN has lodged a formal dispute with the main nursing employer on Jersey after members rejected the latest pay offer from the States. Members are angered as the offer fails to address concerns raised by the RCN going back to 2012 when the promise of pay parity and workforce modernisation was agreed as a condition of the 2012/13/14 pay offer.

Di Francis, RCN Senior Regional Officer, said: "Going into dispute isn't a process we take lightly but we feel it is the only way forward. We have been consistent with our message to the States – give nurses and midwives equal pay with their allied health professional colleagues, something that the States promised more than six years ago and have failed to deliver. Our members have been patient enough."

Action needed now as nurse numbers fall

The RCN has called on the Government to investigate the rising numbers of nursing vacancies in England.

A new report by NHS Improvement shows that NHS staff vacancies in England are increasing and are forecast to rise further. The nursing vacancy rates are up 17% since the previous quarter, and 9% from the same point last year.

Tom Sandford, Director of the RCN in England, said: "This report paints a bleak picture of rising demand and unsustainable workforce shortages, and betrays a huge over-reliance on bank and agency staff in England. The Government must immediately investigate this sudden spike in vacancies."

The RCN said the report highlights the need for a comprehensive workforce plan that responds to population need and ensures the right number of nurses are in place to provide safe and effective patient care in England.



The Government must investigate this sudden spike in vacancies

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RCN calls for vote on Brexit deal

The RCN has written to nine Westminster party leaders calling on them to support a second referendum on the final Brexit deal. It follows a debate at RCN Congress in May, when members voted for RCN Council to lobby the UK Government for a vote on the final deal. The letter states that Brexit poses an immediate risk to the provision of safe and effective care and explains some of the challenges posed by the UK's withdrawal from the European Union. Read more at tinyurl.com/ybb982ld

Nursing pay Wales

Wales pay deal accepted

A three-year pay deal for NHS staff in Wales has been agreed. Two-thirds of members who voted in the recent consultation accepted the Welsh Government proposals. The results have been accepted by the RCN Trade Union Committee and endorsed by the RCN Welsh Board and RCN Council.

Health unions in Wales unanimously accepted the pay proposals so the process to implement the deal has begun. The agreement also includes restructuring of existing pay bands with a reduction in the number of pay points.

Visit rcn.org.uk/wales

Equal treatment for mental health problems still far off

More funding for mental health care is needed, along with safe staffing and better commissioning of services, according to nursing staff.

Five years ago the Westminster Government pledged to introduce measures to ensure people with serious mental health problems had the same access to treatment as people with physical health problems. Health departments in Scotland, Wales and Northern Ireland promised similar measures. But results of an RCN survey of mental health nursing staff show more than half think this hasn't been achieved.

The RCN will push for sufficient funding for mental health services and develop guidance to help nursing staff in their clinical practice. Visit rcn.org.uk/parity-of-estimate

Outcome of RCN EGM

Next steps to be decided as RCN Council enters a period of transition



RCN members passed a motion of no confidence in RCN Council at an Extraordinary General Meeting (EGM) in Birmingham last month. Council members and the College are now considering the next steps to be taken as RCN Council enters a period of transition.

The EGM was arranged after a petition about how the NHS pay deal for England was communicated attracted more than 1,000 signatures from members. The petitioners called for a vote of no confidence in the leadership of the RCN and for RCN Council to stand down.

At the EGM on 28 September, that motion received 11,156 (78.1%) votes in its favour, and 3,124 (21.9%) votes against. These are indicative results. The final results will be published on the RCN website once verified. A total of 3.47% of RCN members took part in the vote.

Chair of RCN Council Maria Trewern said: "The vote is clear and the Council and management of the RCN have received the message. Council has already driven change within the organisation in recent weeks – to listen more closely to members and involve them thoroughly – and this will continue.

"Following the vote, Council now enters a period of transition. An urgent Council meeting is convened to plan the way forward and those next steps will be announced."

Ahead of the EGM, the second and final report of an independent external review into the RCN's understanding and communication of the 2018 NHS pay deal for England was published.

The review, carried out by the assessor services division of Electoral Reform Services, provides an independent account of the RCN's activities around the pay deal.

It looks at whether RCN members and staff, including RCN Council and governance committees, were informed about the details and impacts of the deal in a way that enabled them to make an informed and balanced judgement.

The report identifies 12 key findings and observations with associated recommendations. The RCN has committed to implementing these.

To find out more about the EGM, watch the webcast and read the findings of the report, visit rcn.org.uk/egm

This story was correct when RCN Bulletin went to press on 28 September. For the latest information visit rcn.org.uk/news

RCN Council is the governing body of the RCN. It is responsible for providing leadership and direction for the organisation and is made up of 17 RCN members who are elected to it. To find out more visit rcn.org.uk/council

4 GOOD NEWS

Challenging poor behaviour

The RCN is launching a new initiative to help members have difficult conversations at work



Bullying is a hot topic in nursing right now and the RCN has guidance to help support members who experience it at work.

But what happens if you're subjected to low-level abuse, perhaps not worthy of making a formal complaint about but unsettling none the less? Do you tackle it head on? Or say nothing and let it slowly erode your confidence?

The RCN knows about the subtle exchanges that have an impact on

individuals and teams. That's why we're launching a new initiative to make members aware of their rights in relation to equality and inclusion and give them the tools to challenge unacceptable behaviour at work.

"This is all about empowering members to tackle workplace incivility," says Wendy Irwin, the RCN's Equalities Lead.

"Incivility is defined as low-intensity poor behaviour with ambiguous intent to harm. It can be a strange look, a passing comment, a snigger or a joke at your expense. You might disregard it as being nothing, but it will play on your mind all day.

"Research suggests that it's increasing in frequency and adds to levels of stress.

"Workplace inclusion is about creating the conditions where we

all feel supported to do our best work. Workplace incivility acts against this goal. Left unchecked, it becomes toxic. In the worst cases, this everyday toxicity has come to define the culture in some workplaces."

Members will be given "basic tools for talking" as part of the Inclusion Café initiative as it develops. This will include advice on how to broach a difficult conversation, how to prepare for it and how to express yourself in a direct way without forgetting the importance of human dignity.

The first part of the initiative will be launched at an RCN event on 1 November with more resources made available at RCN Congress next May.

Visit rcn.org.uk/building-better-partnerships or email wendy.irwin@rcn.org.uk to find out more.

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This is about empowering members to tackle workplace incivility

🔗 Find the RCN's guidance on tackling bullying and harassment at work at rcn.org.uk/bullying-and-harassment

And the first prize goes to...

An RCN online exhibition showcasing the lives of nursing staff during the First World War has won a prestigious national award.

The community prize from the Women's History Network was awarded to the RCN's Library and Archives team for *Service Scrapbooks: Nursing and Storytelling in the First World War*. With the help of volunteers, the project digitised, transcribed and researched nearly 2,000 pages of photographs, poems, diary entries and illustrations, ranging from 1909 to 1919. Visit rcn.org.uk/servicescrapbooks

Mayor supports RCN campaign

London Mayor Sadiq Khan has paid tribute to nursing staff in a film for the RCN's #NursingLondon campaign.

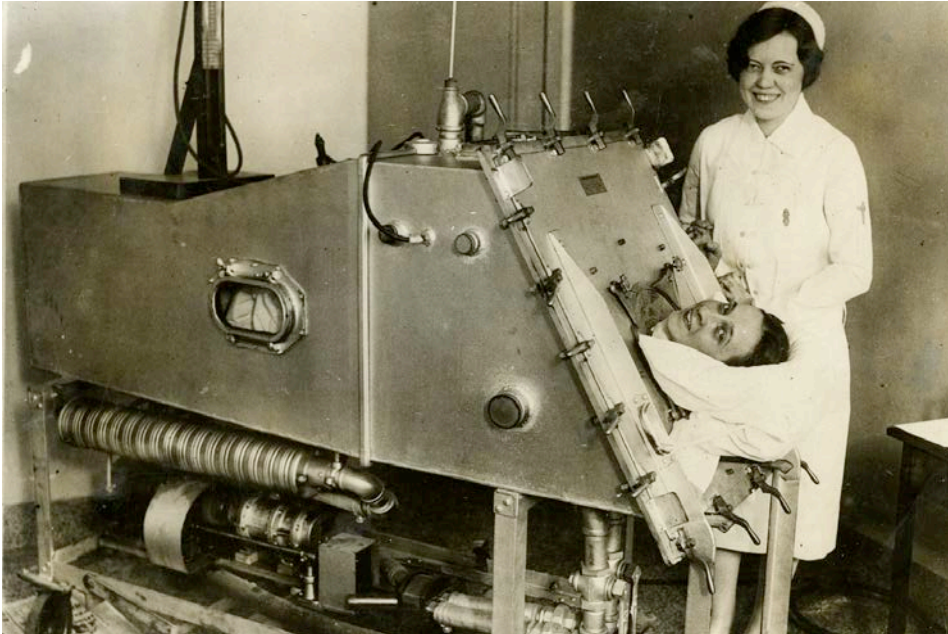
The campaign was launched in a bid to attract future nurses to the capital and challenge negativity surrounding nursing and health care.

Trusts across London have used the campaign to demonstrate the range of career opportunities and health settings available to nursing staff in London.

Visit rcn.org.uk/nursing-london



The big picture



An "iron lung" artificial respirator used in the 1950s to help patients infected with polio to breathe. The picture is an exhibit in an RCN event about polio nursing on 4 October in Belfast. Visit rcn.org.uk/pandemic

MEET THE MEMBER



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

Name: Kevin Bell

Role: Lead steward

Sum up what you do in a sentence

Represent nurses and nursing in professional and employee relations issues.

Describe your job in three words:

Varied, difficult, inspiring.

If you weren't a nurse what would you be? A chef. My signature dish was a chilli, but I can't handle the heat anymore!

What's the best bit about your job?

Every day is different.

And the worst? Getting nursing staff to understand how accountable they are for their own practice.

How did you get where you are now?

I left school with no qualifications and went onto a youth opportunity programme. I was given a learning disability placement and enjoyed it, so the lecturer suggested I train as a nurse.

How do you unwind? Spending time with my granddaughter, Isla.

If you could have a superpower what would it be? I'd like to be in two places at once!

rcn.org.uk/myrcn



PATIENT PERSPECTIVE



RCN member Kerrie Phillips was diagnosed with a gastrointestinal stromal tumour after falling ill at work

It is very scary to go from being the nurse, to being the one who is vulnerable, helpless and reliant on someone being the nurse for you. What makes a difference is care, compassion and communication.

I was admitted after a collapse. I went all weekend without a diagnosis, deemed independent and stable on four times a day observations, yet I could barely move out of bed, had low haemoglobin and ongoing bleeding. The personal care that was given was delivered quickly and silently, and at times with the curtains open.

I was asked permission to be referred to palliative care, despite having no

diagnosis. I heard terminology being used and looked up what was wrong, saw "cancer" glare out at me and still got no answers.

Staff handing over to the next shift would turn their backs, point and whisper. I remember having a big bleed, I was crying and frightened. I approached my nurse who turned her back and walked away. I felt totally alone and uncared for, with thoughts of death and dying, yet no one to talk to.

Then I remember my saviours – a nurse who was out of this world and a doctor who happened to walk by and see how ill I was. They organised tests, had emergency theatres prepared to stem the flow of bleeding and then organised a transfer for vital surgery. Without them I am sure I would not be here today.

THE VIEW FROM HERE



Rosalind Hooper
Head of Legal Services
(Regulatory)

Nursing is a profession that carries huge responsibility. When things go wrong, fingers are pointed. The tragic death of six-year-old Jack Adcock at Leicester Royal Infirmary is one such example. Dr Bawa-Garba has been in the news following her conviction for gross negligence manslaughter (GNM). Nursing staff were also charged, with one convicted, in relation to the care they provided. You don't have to be actively reckless or deliberately cause harm to be charged with GNM. The RCN supports a proportionate response when health care workers make genuine errors. We contributed to the Williams review into GNM in health care and pressed the need for a more just and learning culture in such cases.

At the RCN, we support about 200 members each year who are interviewed by the police for work-related offences. About 20 of these are for GNM, although almost all of those go no further than investigation. Other workplace accusations include theft, assault and fraud. Within 24 hours we can arrange for a representative from a solicitor's firm to support members at the initial police interview. After that, while working with specialist criminal law firms, we support people differently depending on what they need. If you find yourself in need of legal support, contact RCN Direct on 0345 772 6100 as soon as you can.

rcn.org.uk/get-help/legal-help



What you've been saying

Career of opportunity

I can personally relate to Rupert's story (*RCN Bulletin*, September issue, page 9), having entered the financial sector and finding it an unfulfilling profession not suited to my skills. Nursing had never registered on my radar as a career option, but once I began looking, the sheer variety of roles available with a nursing qualification were unrivalled. I found it appealing that the job satisfaction of caring for others could be combined with a career that could take you anywhere in the world.

I am now seven years qualified and have recently completed my training as a surgical care practitioner (SCP), all thanks to inspiration of a trainee SCP I met during my theatre placement as a student nurse. Considering nearly 50% of the nursing workforce will be eligible for retirement in under two years' time, we must look to inspire and motivate the next generation of nurses.

[Bradley Russell by email](#)

More support needed for student mental health

I am deeply saddened to hear people are taking their own lives due to the pressure of the nursing degree (*RCN Bulletin*, September issue, page 10).

I can totally sympathise with the desperation felt as I have also just qualified.

What I am frustrated about is, if there is an awareness of how difficult the course is why is not more support made available?

And I don't mean a counsellor you can go to at university, but someone who comes to lectures, familiarises themselves with the students, builds up relationships and catches these people before they feel so desperate that they take their own lives.

In this day and age with all the mental health awareness, why are nurses being let down so catastrophically?

[Anonymous by email](#)

QUOTE OF THE MONTH

The NHS has a duty of care to its staff as much as it does to its patients

Chris Bryant MP on how organisations need to ensure the safety of their staff and support them to report assaults now the law has been strengthened to protect health care workers

FOUR THINGS TO DO IN OCTOBER

1. Celebrate Black History Month – the RCN is hosting a number of events around the country: rcn.org.uk/events
2. Get your flu jab and advise your colleagues to do the same: rcn.org.uk/beat-the-flu
3. Check out the *RCN Bulletin* website. It has all the features from the print issue and more: rcn.org.uk/bulletin
4. Share your story about supporting mental health in your workplace: rcn.org.uk/parity-of-esteem

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 we get ready to mark World Mental Health Day on 10 October, we ask for your top tips for self-care

I think it is important to have a good work-life balance. I build resilience by spending time with family and friends, walking my dog and regularly getting away, even if it's just for a few days. I also ride a Harley Davidson motorbike which clears the cobwebs. **Sue Dean**

Taking time for yourself isn't selfish, it's 100% necessary. You have to know when to take a break and gather yourself. Sometimes you just have to have a minute. It's OK to take time to reflect and debrief. **Lauren Hoyle**

I'm a palliative care clinical nurse specialist, which keeps things in perspective – I'm grateful I've got a pulse! Do something you believe in. Campaigning to save our NHS helps me feel less cross. Do something you love – swim, read, sleep, eat pizza – and

spend time with people you love. Laugh. A patient said her faith helped her cope; when this failed, she looked at shoes - shoes definitely work for me!

Karen Chilver

As a student I would say it's OK not to be OK. Raise awareness that the course is hard and it's alright not to feel on top of everything. You must take time for yourself every now and again. You can't look after other people if you are not looking after yourself. **Georgia Sadler**

I've always been pretty poor about looking after myself and ensuring that I am mentally and physically relaxing. Over recent years with changes in my life I have learnt to find ways of "switching off". A number of activities like walking the dog, Zumba and dancing are particularly good ways for me, as well as listening to music. Healthy eating is key and being taught mindfulness has also helped.

Debbie Quinn

October is Black History Month

As the first black person to be elected to the role of RCN President, Cecilia Akrisie Anim has created her own piece of black history. Here she reflects on the significance of that and what legacy she leaves for others

As I look ahead to the end of my term as RCN President, I don't feel sad about it coming to an end, but rather positive about what I have achieved. I would like to be remembered as the woman who got things done, never afraid to speak her mind. My race has been significant, I feel. As the first black person to be president, there has been a lot of weight on my shoulders to make the right impression.

When I first became deputy president eight years ago there were no black people on RCN Council and you could count the number of people from black and

minority ethnic backgrounds on RCN boards on one hand. Now when you go to activist conferences, you see far more diversity represented. One person said to me the other day: "It's your fault I'm on the board. You inspired me." I hope my legacy will be to see more people from diverse backgrounds assuming positions of authority within the College. Whether they are from different races, gender identities, faith groups, or have a disability, my focus has been to increase equality and create a culture of inclusion.

Though the RCN has made huge strides forward, more needs to be done at every level to tackle racism and other forms of discrimination across our profession. As nursing staff we need to build a profession that can nurture the talent, skills and aspirations of the many rather than an elite few. For those who have never experienced discrimination, it is too easy to deny that it exists. However the stereotyping of black and minority ethnic people needs to stop.

MESSAGE TO MEMBERS



Donna Kinnair Acting RCN Chief Executive

The last few weeks have been unsettling for the RCN. The independent external review of our understanding and communication of the NHS pay deal for England has made us scrutinise how the organisation is run and how information is shared. We recognise that our structures and processes were not sufficiently robust to manage the complexity of the deal and I sincerely apologise for how we let you down.

You were given inaccurate information about how the deal would be implemented, which meant some of you will receive between 1.5% and 3% in the first year of the deal depending on your increment date, rather than the 3% that was communicated. For this, I am truly sorry.

Going forward, it will be my priority to make sure we have strong governance and effective communication. We agree with the findings of the independent external review report (see page 3) and will act quickly to make the recommendations within it. Have no doubt, the lessons from what happened will result in lasting changes at the RCN.

Errors have been made, and for that there is no excuse. However, they were made in good faith. Everybody who works for the RCN, either in a paid or voluntary capacity, does so because they have passion for the nursing profession and want to support members in the best way they can.

rcn.org.uk/egm



The cost of caring

RCN member Jayne Ellis decided to take care of herself after work brought her to breaking point. Now she helps colleagues understand why they might feel this way too



At my lowest I sat on the kitchen floor, wondering what to do. My work as a nurse had just about broken me. The huge workload, chronic understaffing and keeping going for longer than I should have had once again resulted in a massive panic attack.

I'd followed the conventional wisdom of taking sick leave, counselling and prescribed medication and returned to work as "mended" but each time I discovered nothing had changed and moved to a different nursing role to see if that would solve the problem.

I told myself this time had to be different and found a part-time job at a local hospice. My role as a discharge co-ordinator gave me a unique insight. Some care staff were so beaten down that the way they interacted with me and each other was truly shocking. I hardly recognised my own profession.

I had to walk away and try to figure out what was going on. That's when I read about compassion

fatigue. This wasn't just stress as we know it. This was much more – this was a kind of stress caused by fear that has an impact on your soul. Your central nervous system is so fired up you're afraid to go to work and you're no longer able to react compassionately to what's going on.

Running on empty

Nursing staff are expected to use their compassion to help others but we can't keep running on empty. If we can't keep giving, we feel like we're failing as it's such a fundamental part of the job.

It's not a disease, illness or disorder; it's a set of symptoms describing what's happening to you. When you know about it, it seems obvious, but when I looked around for expert help I found there was very little in the UK. The only other organisation I could find offering training in how to overcome compassion fatigue was an association helping people who are foster carers.

So I found out more myself, completed the appropriate training and developed courses to help companies and their staff address the issue. From day one, I witnessed how important this training is. The realisation that it's normal to feel this way, that many of our colleagues feel the same and that we should actually expect to experience this when doing the kind of work we do is an emotional "lightbulb" moment.

But so much more needs to be done – millions of pounds are being wasted with staff off sick and no effective plans to keep them well when they return or indeed prevent them from getting sick in the first place. We need buy-in from the top. We must move away from the "get on with it" culture, with emotional health and safety training introduced from day one. To address this really serious problem we need to embrace it, understand it, and listen to what staff say.

Jayne's thoughts are her own and not necessarily those of the RCN.

The RCN's *Healthy Workplace, Healthy You* campaign supports nursing staff to lead healthy lives so they can maintain both physical and mental wellbeing. It has resources to help you develop and maintain your own self-care plan and guidance to help you prevent and manage emotional stress. Visit rcn.org.uk/healthy-you or go to rcn.org.uk/counselling to find out about the RCN's free, confidential counselling service.

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This was a kind of stress that has an impact on your soul

READ MORE
ONLINE
[rcn.org.uk/
bulletin](http://rcn.org.uk/bulletin)

🗉 What do you think? Email bulletin@rcn.org.uk to share your views or take a compassion fatigue test at efraining.co.uk

From Congress to constitution

RCN members have helped develop a new law in England and Wales to better protect nursing staff from assaults

In autumn 2016, Ali Upton attended an RCN branch meeting where a member raised concerns that assaults on nursing staff didn't always result in prosecution.

"She felt that independent sector organisations were less likely to take things forward with the police," recalls Ali. "But when I looked into it in more detail, I found that some NHS organisations don't support staff to press charges either. Often the individual has to really push for something to be done."

Ali and her colleagues on the RCN UK Safety Reps Committee were determined that something needed to change. In May 2017, they took the issue to the RCN's annual Congress so it could be debated on a national level. Here they garnered wider support from members and it was decided that the RCN would lobby for tougher criminal sanctions for people who assault nursing staff.

Now, thanks to tireless campaigning from members, the law in England and Wales has been strengthened. From November, the Assaults on Emergency Workers (Offences) Act 2018 will make it a specific new offence to assault emergency workers and health care staff who provide NHS funded care, including those working in the independent sector providing NHS services.

Ali says: "It's amazing that this all began with one member. Originally this legislation covered emergency workers such as paramedics, police officers, fire fighters and nursing staff working in A&E and urgent care. But members lobbied for the scope of the bill to be extended so

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We hope that harsher sentences will act as a deterrent

it would offer protection to more nursing staff and they succeeded.

"They shared their own experiences of violence and aggression in the workplace, even visiting parliament to brief MPs and Peers, so they could highlight just how prevalent this problem is for nursing staff in all areas. Personally, I've been spat at, and punched in the face and chest. That was while working in a ward not in A&E."

Longer sentences

The new law will mean tougher punishments for people who carry out attacks on nursing staff with the maximum sentence for a new offence of assault or battery doubling from six months to 12 months in prison. Judges must also consider tougher sentences for a range of other offences, including grievous bodily harm.

"Of course we hope that harsher sentences will act as a deterrent," says Ali. "But this change in the law also sends a clear message to everyone that it is never OK to assault nursing staff. It should empower people to speak up and encourage organisations to support their staff properly."

As well as campaigning to extend the bill, the RCN has worked closely with Chris Bryant MP, who introduced the bill to parliament, and others who were backing the new law, to develop and refine the legislation as it passed through parliament.

"This success goes to show what members can do," says Ali. "Our membership can influence change and their hard work has made sure all health care staff in England and Wales who provide NHS funded care will be better protected by this new law."

READ MORE ONLINE
rcn.org.uk/
bulletin

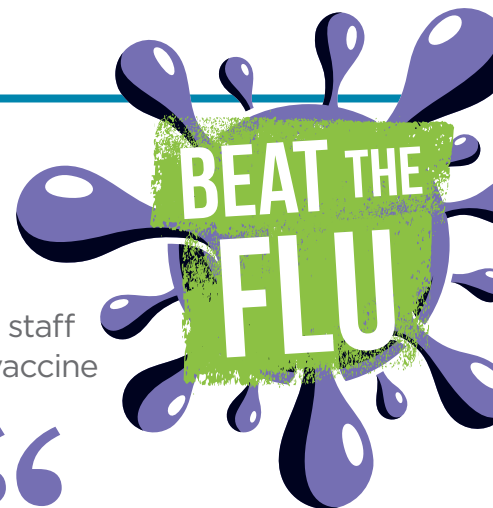
In Scotland it became an offence to assault medical practitioners, nurses and midwives in 2008. No such legislation currently exists in Northern Ireland. The RCN wants to improve protections for all nursing staff.



RCN UK Safety Reps Committee members Ali Upton, Billy Nichols and Denise McLaughlin (pictured left to right)

The truth about flu

As the flu season begins, the RCN is encouraging all frontline nursing staff to be vaccinated. We tackle the most common questions about the vaccine



Why target nursing staff?

Those vaccinated are less likely to spread the virus.

Remember you can carry and pass on flu to others, without having any symptoms yourself.

Those who have direct contact with patients are also more likely to be exposed to infection than the general public. Very often they will be working with particularly vulnerable patients who are immunosuppressed and may not be able to have the vaccine themselves. There's a need to protect those patients from coming into contact with flu wherever possible.

Up to one in four frontline health care staff may become infected in a mild flu season – a much higher rate than the general population. While flu is potentially dangerous and highly contagious, it is also largely preventable.

But isn't flu just like a bad cold?

No – flu can often be much worse. Those at particular risk are older people, the very young, people who are immunosuppressed and those with underlying health conditions. But even previously healthy people can develop severe complications, including bronchitis, secondary bacterial pneumonia and, more rarely, meningitis and encephalitis. Last flu season saw particularly high rates of flu contributing to significant hospitalisations and death in vulnerable people.

I use universal infection control practices, take vitamins and am generally healthy. Do I really need to be vaccinated?

While universal precautions are vital and a healthy lifestyle is encouraged, unfortunately these actions alone won't stop you getting flu. Vaccination is the best option to protect you, your patients and your family.

Doesn't vaccination make you feel ill?

The vaccine has a very good safety record and can't give you flu. Some people do suffer mild side effects after having any vaccine and these may mimic flu symptoms or be a more localised reaction at the injection site. Occasionally people may become ill due to other viruses and think it is the vaccine that has made them ill. It is important to remember that the vaccine changes every year and just because you have had a reaction previously it won't mean you will have one the next time you have the vaccine.

I was vaccinated last year, so won't I be fine this year?

Each year the vaccine is tailored to protect against the most commonly circulating strains of flu and is slightly different, so annual vaccination is essential. It can take about two weeks to develop immunity following vaccination, so it is important to get vaccinated as soon as possible.

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Vaccination is the best option to protect you, your patients and your family

I've already had flu, so isn't it pointless to be vaccinated now?

As many viruses cause flu, you'll only be protected by the immunity you've developed against one of them, so you could go on to catch another strain.

Is the vaccine that effective against flu?

The effectiveness of the vaccine does vary depending on the season and people's age. It is generally 50-60% effective in those aged 18-65 and is more effective in children.

I'm pregnant – should I be vaccinated?

Yes - flu can be more serious in pregnancy and all pregnant women are advised to have the vaccine at any stage of their pregnancy. The vaccine will protect them from catching flu and also protect their baby in the first few months of life.

I'm not elderly or vulnerable, so don't I have to pay to be immunised?

Vaccination is free for all health care staff who have direct contact with patients. Get in touch with your occupational health department or line manager to find out how to get vaccinated.

The RCN campaign, *Beat the Flu*, calls on nursing staff to get vaccinated to help prevent flu this winter. We're asking members to add a Twibbon to their social media profile once they've had the vaccine and to download our poster to put in their workplace. Visit rcn.org.uk/beat-the-flu

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12 FEATURES

Who will you choose?

These six members are standing for election to become the next RCN President. You'll receive voting papers in the post shortly. Get a glimpse here into how they might represent you



Sue Hill

Describe yourself in a sentence

I am a dedicated, energetic and highly motivated nurse who cares passionately about my profession, seeking to promote its recognition and standing, both now and in the future.

Why would you make a good RCN President?

I understand the enormous diversity of nursing roles and my inquisitive nature means I do, and will continue to, actively seek out nurses to listen to and learn from in order to make my decisions on how to improve nursing as a whole.

What would you want to achieve in the role?

I want all members to feel supported by the RCN to be the best possible nurse they can and be empowered to use their skills, knowledge and experience to provide excellent patient care.

I want to put the pride and passion back into nursing so each and every nurse feels valued and encourages others to join our amazing profession.

Celia Manson

Describe yourself in a sentence

I am approachable, compassionate and ready to listen – objective and decisive when necessary – I am a nurse.

Why would you make a good RCN President?

I offer continuity and understanding, with a willingness to take on the new challenges that this will bring. The RCN is my second family – a family in which I am a loyal and committed member and a critical friend. I am clear-sighted about the tension that exists between the union and professional side of the RCN and I want to use this constructively for the benefit of members.

What would you want to achieve in this role?

I would like each of our members to feel that the RCN respects them as individuals with differing views but shared values. I want to see an RCN that is honest, that listens and influences, and that acknowledges mistakes and tries to put them right.



Marion Mason

Describe yourself in a sentence

A caring, compassionate person with a positive attitude and lots of common sense.

Why would you make a good RCN President?

I want to help correct some of the issues affecting nursing currently. Having been a nurse for many years, I can hopefully represent this special group of people.

What would you want to achieve in the role?

We need to ensure safe staffing legislation is implemented and is the same for the four countries of the UK. Physical and mental pressure eventually takes its toll and pushes many health professionals to leave. Many feel there is nothing they can do to change this staffing crisis.

I want to, with the RCN, also see an increase in student training quotas. We must increase funding for student training and also find an alternative to student loans, which replaced bursaries and have already had an impact on student applications.

Professor Anne Marie Rafferty CBE FRCN

Describe yourself in a sentence

I'm a passionate, energetic, fun-loving person, who enjoys travel, food, sport and culture.

Why would you make a good RCN President?

I'm a strong leader, strategic thinker and bring fresh thinking, academic rigour and international experience, networks and learning to the RCN. I'm a natural connector of people, ideas and action, passionate about leadership development and getting nurses to the policy table to enable their voices to be heard.

What would you want to achieve in the role?

I have a six point plan to change the way we think about and invest in workforce transformation and generate the renewable energy the profession needs. I am also keen for the RCN to act as an incubator of talent to support nurses to use their creative skills to develop leadership and support to drive change and engage more nurses in the design as well as delivery of policy.



Robert Sowney FRCN

Describe yourself in a sentence

I am a caring professional with strong values, good people skills and the ability to engage, listen and empower.

Why would you make a good RCN President?

My leadership style is transformational having a strong belief in the value and richness of people and the importance of emotional intelligence. I have the qualities, skills and experience to work and lead at senior levels within complex organisations. I know the challenges nurses and HCAs face and as a frontline nurse myself I live those challenges with them.

What would you want to achieve in the role?

I want to be the voice of every nurse and HCA, in every sector and in every country of the UK, bringing together the profession to deliver quality health care, using the RCN as the platform for doing this. I will ensure the profession's commitment to care is recognised, respected and rewarded.

Professor Rod Thomson FRCN

Describe yourself in a sentence

I'm a calm, caring, compassionate, competent, constructive and creative nurse.

Why would you make a good RCN President?

The President's role needs someone with a good understanding of the diverse fields of nursing practice at both UK and international levels. My career has given me varied experience of nursing in the NHS, independent sectors, mental health, social care, academic and clinical settings. I've been fortunate enough to see health and social care across the UK and the globe. These factors combined with over 30 years' experience as a nursing activist and four years as RCN Deputy President make me believe I can serve our members as a good President.

What would you want to achieve in the role?

Safe staffing and fair pay in every sector of nursing, improved member engagement, improved recruitment and retention of nursing staff and fair funding to protect public health nursing services.



The content on these pages has been approved by the candidates

Improving care in SEN schools

Members of the CYP Continuing and Community Care Forum are leading the way to ensure children at special educational needs (SEN) schools receive safe and effective care



Carla Tullett, one of the West Sussex SEN school nurses with a student

When the special educational needs and disabilities (SEND) reforms were implemented in 2014, many gaps and inconsistencies in the provision of care were highlighted. This is despite the number of children with special needs, and the complexity of their health care requirements, ever-increasing.

RCN member Trudy Ward, who developed a tool to assess workforce needs in SEN schools across West Sussex, says: “Everyone has the right to have their health care needs met to a consistently high standard, but there is a lack of process and provision within SEN schools which poses serious health risks.”

When Trudy was asked to look at the care provision in her region, there was only one nurse working across three, out of a total of 12, special needs schools. Through the use of her workforce planning tool, which went on to win the RCNi Child Health Award, it was identified that nine of

those schools needed their own dedicated clinical nurse.

“Having experienced nurses in schools and ensuring equity of provision is essential for safe and effective care,” says Trudy. “Children are at school for such a large chunk of their life and, without the correct nursing support in place, their complex health needs can’t be met and their ability to make the most of their school environment will be limited.”

On-site support

Thanks to Trudy’s assessment, schools and local clinical commissioning groups (CCGs) agreed to fund these nine positions. The nurses work within their local children’s community nursing teams and are each allocated to a specific school to both respond to the complex and fluctuating needs of children with life-limiting conditions, and to offer support and training to other health care and teaching staff.

Kate Short is one of the nurses working in this new role in one of the largest SEN schools in the area, with more than 200 pupils in her care. “When I arrived to assess and start implementing clinical processes in the school, there was really nothing in place to guide or monitor the young people’s needs, care or staff training,” says Kate. “It’s a huge job and it’s still an ongoing process, but the positive difference over the past 18 months has been significant.”

Families of the children have also said what an immeasurable impact this has had on both their children and them. “Parents have reported an increased confidence in sending their children to school, safe in the knowledge that I have the clinical knowledge and processes in place to take care of daily and more complex health needs.”

Off the back of this success, Trudy is collaborating with forum colleague Carol Williams in a wider review of workforce requirements, using the tool in special needs schools in West Sussex, Bradford, Sheffield and South Wales, with Kent aiming to be included. This review was instigated following an audit of nursing services in Bradford Special Needs Schools undertaken by Carol. The review has been established in conjunction with the RCN to inform future guidance. Data collected will illustrate nursing needs across a large cross-section of the population and will hopefully support funding requirements for implementing appropriate and consistent nursing care in SEN schools nationwide.

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Everyone has the right to have their health care needs met to a consistently high standard

🔍 Find out more about the CYP Continuing and Community Care Forum at rcn.org.uk/forums

IN THE SPOTLIGHT



Ophthalmic Nursing Forum

Who's the Chair?

Penelope Stanford, Senior Lecturer in Adult Nursing at the University of Manchester, who took up the role in January after sitting on the forum committee for three years.

Recent highlights?

The forum has produced two key publications over the past two years. *The Nature, Scope and Value of Ophthalmic Nursing* (publication code 005816) acts as a framework for the specialty and is part of an ongoing aim to promote and support ophthalmic nurses and ophthalmic patient care.

More recently, a pocket guide – *Eyes Right!* (publication code 006509) – was produced to help health care professionals working in non-ophthalmic settings deliver quality care safely.

The forum is also active at RCN Congress. This year forum committee members Roxanne Crosby-Nwaobi and Katie Pedwell delivered a very well-attended session on emergency eye care.

What's coming up?

The forum will soon be conducting a survey of ophthalmic nursing

staff across the UK with a view to understanding the current situation of the ophthalmic workforce. Using the results, they aim to consider the future direction of the profession, develop an educational strategy and create resources that respond to members' needs.

The forum's next conference is on 3 November at RCN HQ in London and includes a key speaker from Moorfields Eye Hospital on the use of artificial intelligence in ophthalmology. For more details visit tinyurl.com/y9hrwj3x

Why join?

Penelope says: "The forum is a great way to develop your professional skills and stay at the forefront of ophthalmic nursing and the care of the ophthalmic patient. We have 1,500 members so far and the forum offers a diverse support network where nurses can share ideas and benefit from expert peer support."

Find out more about the Ophthalmic Nursing Forum at rcn.org.uk/forums or visit their Facebook page. Download their publications from rcn.org.uk/publications by searching for the relevant codes.

WHAT I'M THINKING



Ed Freshwater RCN Mental Health Forum

Recent evidence seems to indicate that new and expectant mothers are over 50% more likely to develop depressive symptoms in the perinatal period than the previous generation. While the rate rise is worrying, I'm encouraged that more women are seeking help early on.

Every person and case is different, but not feeling listened to is a common complaint I come across in clinics. Here are my top tips for small ways you can help:

Stop talking and just listen. Leave pauses at the end of sentences in case they want to say more. Don't leap in with advice unless asked.

Watch your language. Nobody wants to hear "failure to progress" or "incompetent uterus", no matter how clinically valid the term is. For a vulnerable mum it can trigger feelings of inadequacy and failure.

Validate their emotions. Mums often complain that when they do share their feelings, they're told "don't say that" or "you mustn't think that", which doesn't help them feel supported and can add to feelings of guilt.

Reassure them that they're not alone. By far the most common phrase I hear in group therapies is "thank goodness, I thought that was just me". Yes these problems exist, but thousands of mums get through it every year with the right support.

rcn.org.uk/forums



Tackling toy cleaning in health settings

The Children and Young People Infection Control Network wants to hear from members to help understand the extent of guidance and procedures currently in place for cleaning toys used in health settings.

The network is creating guidance on toy cleaning in a range of workplaces to be launched next year.

"We're working with infection control nurses, play specialists and children's nurses but we're also asking children and young people for their views," says Helen

Dunn, joint co-ordinator of the network. "There's currently little guidance on the selection of toys and the cleaning of them, which is needed to reduce the risk of infection or cross-infections."

Current advice is often produced by hospitals, leaving community and other settings and services lacking. "Play is a key aspect of childhood development and therapy and we want to make it as a safe as possible," adds Helen.

The network wants to hear from any member who comes into contact with play and toys as part of their work. Fill in a survey from 8 October at <https://surveys.rcn.org.uk/s/toysurvey/>

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

Key issues in occupational health

30 November

RCN HQ

20 Cavendish Square
London W1G 0RN

Interested or currently working in the field of occupational health? Don't miss the opportunity to get the latest news and advice by attending this conference.

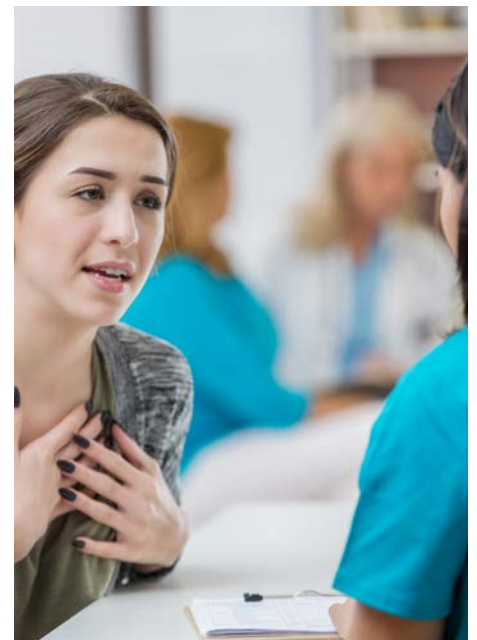
As well as updates on the latest research, practice and policy, this conference will allow you to network with other occupational health professionals and develop your own practice. Topics up for discussion on the day include dementia and employment, working

with cancer and people experiencing the menopause at work.

Helen Donovan, RCN Professional Lead for Public Health, says: "This event is a must for those working in occupational health nursing or those wanting to work in this area. Attendance will help you understand evolving policy and sessions throughout the day are designed to enhance knowledge, competence and confidence in practice."

Organised by the RCN and Society of Occupational Medicine, the event is open to members and non-members and counts as seven hours of CPD for revalidation.

🕒 Book at rcn.org.uk/oh18



Edinburgh

A debate on the future of the NHS

26 October, 5-9pm

Meadows Lecture Theatre
Old Medical School, Teviot Place
University of Edinburgh, EH8 9AG

This free event is open to all and includes a drinks reception.

Organised by the RCN Students Committee, the debate will focus on the future of the NHS and scrutinise whether the service, free at the point of use, is sustainable.

Listen to both sides and join in the discussion.

Doors open at 5pm and the debate starts at 5.30pm.

🕒 For more information visit tinyurl.com/yctxdn3ss



Preston

Mock NMC hearing

13 December

Education Centre 1
Sharoe Green Lane North
Fulwood
Preston PR2 9HT

Ever wondered what happens when a nurse is referred to the NMC? Wonder no more by attending this event.

The masterclass will enable you to:

- observe a mock NMC hearing
- recognise when NMC referral is likely
- support staff referred to the NMC
- understand the process and outcomes of NMC hearings
- understand how the RCN legal department works.

🕒 To book visit rcn.org.uk/mock-hearing or call 02920 546 460.

From car sales to caring

A chance encounter led Neil Evans to become a nurse at a hospice charity providing children and young people with end-of-life care. Here, he reflects on his experiences

Recently I was privileged and saddened to be part of a small team of nurses providing bespoke, family-centred end-of-life care for a 16-year-old boy.

He wanted to leave hospital and go home and Julia's House, an organisation that has hospices based in Dorset and Wiltshire, swung into action putting the emergency care in place to make this last wish a reality.

When he died, in the early hours of the morning, I was there with his family and found it a time to reflect on life, my profession and the wonderful organisation that I have the fortune to be involved with.

I remember thinking about how my career changed so remarkably, and the training and experiences that had led me to be part of Julia's House. I haven't always been a nurse – indeed I have had a varied career.

I started out in 2003 as a computer programmer. But then jacked all this in and set off with a 15kg backpack to tour South East Asia. During this time, I taught English to a class of Buddhist monks and helped with maintenance in the local temple and village.

There was a real feel-good factor to these jobs, so when I came home I decided to embark on the one career that epitomises and embraced that ethos – car sales. It was pure chance that I was the



first out onto the forecourt when Martin Edwards, Chief Executive of Julia's House, came by one day looking for a second-hand car.

He told me a bit about Julia's House and it sounded like a fantastic charity, so much so that less than six months later I was volunteering for the family support team as a sibling worker. A sibling worker is someone who helps with the events we put on for siblings of the poorly children we look after.

As I began to understand more about the organisation and how important it was, I was encouraged to pursue a career in nursing by a senior nurse who ended up being a mentor to me. I went off to university to study children's nursing and, after graduation, took further training to gain my public health nursing registration.

I didn't lose touch with Julia's House during these four years but went from being a volunteer to becoming a bank care team member – a great way to build experience and be part of the team ahead of finishing my studies. Although not yet fully qualified, I could help out with respite sessions.

Once I qualified I became a bank nurse. These were exciting times and within two years I was delighted to be part of the team that was working towards the opening of the Julia's House Devizes hospice in Wiltshire. It was my first full-time position as a team nurse.

I have seen the service grow and develop and I have always been encouraged to aim towards a senior role. This support and the opportunities within the organisation have matched my enthusiasm and passion for the work.

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I have always been encouraged to aim towards a senior role

🕒 Julia's House is recruiting for its Dorset and Wiltshire hospices. Visit juliashouse.org/nurse-recruitment to apply.