



Royal College  
of Nursing

## WELLBEING

Putting an  
end to unpaid  
overtime

**RCN**  
**BULLETIN**

ISSUE 397 AUTUMN 2022  
[RCN.ORG.UK/BULLETIN](https://rcn.org.uk/bulletin)

# VOTE TO STRIKE

HELP FIGHT FOR FAIR PAY AND  
PATIENT SAFETY AS WE LAUNCH  
OUR BIGGEST EVER STRIKE BALLOT

## CLINICAL

Caring for trans  
patients: what you  
need to know

## ADVICE

Six steps to  
pension planning



This issue of RCN Bulletin went to press on 25 August.

Find the latest information from the RCN: [rcn.org.uk](http://rcn.org.uk)

Pat Cullen

## A moment with Pat

Colleagues, this is a defining moment for nursing. We'll soon be launching our biggest ever strike ballot, asking hundreds of thousands of members working for the NHS in England, Scotland and Wales, and the HSC in Northern Ireland, to take part in industrial action (p3).

There's never been a more urgent time to fight for fair pay and patient safety – from severe staff shortages to a decade of underpayment – we can't continue like this.

Nobody wants to go on strike – for nursing staff it's the very last resort – but we've been left with no choice. Politicians are refusing to listen. Unless we take action, they'll continue to take advantage.

Our passion for patient care is the reason we're doing this. Things are unsafe right now and we're saying enough is enough. There are tens of thousands of nursing vacancies – 25,000 people left the NMC register last year.

Industrial action will only ever be taken safely and responsibly. There's a strict legal process which will be followed, and we'll ensure we negotiate the safest

minimum staffing levels so that patients are looked after (p6).

We'll always put patients first but you must also think about yourselves and your loved ones. With inflation soaring and after a decade of real-terms pay cuts, I know some of you are struggling to look after your children and keep a roof over your heads. A lifetime of service must never mean a lifetime of poverty. You must never feel ashamed or afraid of asking to be paid properly for the job you do.

So please, when our strike ballot opens on 6 October, if you're eligible to vote (p3), vote to strike. Our strength is in our numbers and it's absolutely vital you have your say. If you do one thing today, go to [rcn.org.uk/myrcn](http://rcn.org.uk/myrcn) and check your home address, employer, workplace and job category details are correct.

It's time to turn the tide and fight for nursing to be protected and respected. Stand up for nursing – for you, your profession, and your patients: [rcn.org.uk/fairpay](http://rcn.org.uk/fairpay)

**Pat Cullen**  
RCN General Secretary & Chief Executive

### Contents

#### OPINION

Bodycams, blame culture and deciding to go on strike **4-5**

#### ACTION

How to protect patient safety during industrial action **6-7**

#### CLINICAL

Caring for trans patients: what you need to know **8-9**

#### CAREER

Overcoming racial prejudice to get promoted **10-11**

#### PEOPLE

Gary's award-winning addiction recovery programme **12-13**

#### WELLBEING

Putting an end to unpaid overtime **14-15**

#### ADVICE

Six steps to pension planning **16-17**

### Story to tell?

Don't forget, this is your magazine. If you've got a story to share, or there's a topic you'd like to see covered in a future issue, get in touch. Send an email to [bulletin@rcn.org.uk](mailto:bulletin@rcn.org.uk)

Catch up on all the latest from RCN Bulletin online: [rcn.org.uk/bulletin](http://rcn.org.uk/bulletin)

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**i** Read our strike ballot FAQs: [rcn.org.uk/BallotFAQs](https://rcn.org.uk/BallotFAQs)

## NHS pay dispute: biggest ever strike ballot opens soon

Our strike ballot of members working for the NHS opens on 6 October and closes on 2 November. We're encouraging eligible members to vote in favour of strike action. You're eligible to vote if you work for an NHS employer on an Agenda for Change contract in England, Scotland or Wales, and if you work for the HSC in Northern Ireland.

The ballot is being launched in response to this year's NHS pay award in England and Wales and the NHS pay offer in Scotland. This differs dependent on what band you're on, and where you live, but falls far below the pay rise we've been campaigning for of 5% above inflation.

In Northern Ireland, a formal pay announcement for HSC staff is still awaited but RCN Council has decided



to proceed with a strike ballot due to members' ongoing concerns about patient safety and fair pay.

If enough members vote for industrial action, it will be the first time in RCN history that members across the UK go on strike. Industrial action is a last resort, but the current NHS staffing crisis is causing unacceptable risk to patients.

Ballot papers will be sent in the post. Visit: [rcn.org.uk/fairpay](https://rcn.org.uk/fairpay)

### Want to help?

Become a Voting Volunteer. We're asking members to help encourage friends and colleagues to take part in the ballot. There are several opportunities, big and small, from organising a workplace event to giving out flyers. Sign up now: [rcn.org.uk/votingvolunteer](https://rcn.org.uk/votingvolunteer)

### Don't work for the NHS?

You can still support our pay campaign. NHS pay awards indicate what governments think nursing staff working in any setting deserve. A decent NHS pay rise would likely lead to pay rises in other sectors. We'll always fight for the pay, terms and conditions of members in independent health and

care organisations to at least match their colleagues in the NHS.

We've recently been balloting members on Jersey, Guernsey, the Isle of Man and in the independent sector on individual pay offers.

Find out more: [rcn.org.uk/independentpaycampaign](https://rcn.org.uk/independentpaycampaign)

## Thanks!

Thanks to those of you who completed our *RCN Bulletin* survey. We're using your responses, alongside other data, to determine the future for printed RCN magazines. As this issue went to press, your elected members of RCN Council were due to discuss options and make a decision. We'll keep you posted on the outcome. Special congratulations to nurse Julie from Leicester who won the iPad in our prize draw.

### RCN President elections

In October, members will choose the next RCN President. The four candidates are Professor Julie Green FRCN, Tristan Griffin, Sheila Sobrany and Maria Trewern. This vital role acts as an ambassador for the nursing profession globally.



Tracey Budding (pictured) has been re-elected unopposed as RCN Deputy President, starting her second term of office on 1 January 2023. To avoid coinciding with our strike ballot, members can vote for their next President by post from 24 October. Both roles influence key RCN campaigns and strategies shaping how we engage, represent and support our members. Find out more: [rcn.org.uk/elections](https://rcn.org.uk/elections)

### GREENER NURSING

Join us on 11 October for the first ever nursing and midwifery collaborative conference on sustainability. Free to attend and featuring an exciting Dragon's Den style event, it will raise awareness of sustainability and explore opportunities to reduce carbon emissions in health care.

Do you also want to plan, lead and deliver health care, which aligns with the principles of sustainability? Apply for our Leading Sustainability in Health and Social Care programme: [rcn.org.uk/sustainability-news](https://rcn.org.uk/sustainability-news)

### Save on utilities



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Carol Menashy, pictured by Jonathan Perugia

A BETTER WAY THAN BLAME

**‘Bodycams have helped staff feel safer’**

One weekend, I received an email from a staff member I’ll never forget. She told me she’d been sexually assaulted in a patient’s home. When thinking about how to support her and what processes were in place, I realised that our trust’s response to abuse – be that sexual, verbal, physical – needed to improve.

We’d also seen a sharp rise in incidences of abuse being reported: from 80 in November 2020 to 180 in November 2021. The added pressures of the pandemic were causing frustrations to be taken out on frontline staff, and it wasn’t acceptable.

As part of a bigger piece of work around health, safety and wellbeing, we decided to run a three-month trial in our two emergency departments for staff to wear bodycams on shift.

It proved really successful. They worked well as a deterrent – the bodycam screens face outwards and

it’s amazing what effect it can have for someone to see themselves behaving aggressively on screen. It also helped staff feel safer and made incident dispute much easier to resolve.

We now have them permanently in both our EDs and are trialling them elsewhere. All the pilots have provided valuable learning. The footage allows us to learn from real-life scenarios and to increase understanding of common issues and behaviours. This will help us to formulate positive processes and staff training.

None of our staff should have to accept being abused or assaulted as part of their job. We’re feeling very positive about the impact of bodycams and will keep striving to make our staff safer at work.



Sam Foster, chief nursing officer

Read more online: [rcn.org.uk/bodycams](https://rcn.org.uk/bodycams)

Being told to write a letter of apology to a senior staff member is something that sticks in your mind. It may have been 15 years since I made a serious mistake in theatre, but it’s a day I’m unlikely to ever forget.

Thankfully, due to quick action taken at the time, the patient was unharmed, but the blame was laid squarely at my feet. At no point was I offered any support. I was expected to get on with it and take the consequences.

Now, as I reflect on what happened, it’s clear this approach didn’t help anyone. We need to move away from blaming people when safety incidents occur and instead make positive changes.

The buck shouldn’t stop with the individual who’s directly involved in an incident. Systemic changes are needed rather than a “blame, shame and retrain” approach.

Systems analysis must become central to the way we manage safety incident investigations. Many of us are fatigued and anxious so a cultural behaviour change in health care is essential.

Carol, lead nurse for supporting staff after safety incidents

 Read more of Carol’s story: [rcn.org.uk/blame-culture](https://rcn.org.uk/blame-culture)

### 'I'm definitely voting to strike'

I know that my international colleagues are scared of the unknowns of striking, of speaking up for themselves, of what might happen if they fight for their rights.

But I also know that this is the only way we have a chance to get the UK government to listen. In Nigeria, where I'm originally from, the government doesn't listen. Industrial action is an important tool there to make change happen.

Here too, the government hasn't listened. Diplomacy has failed. We have tried to reason and it hasn't worked. By standing up for ourselves and voting for strike action, we show the government that we mean business.

Nursing is one of the most difficult jobs, we're dealing with people's lives and the public rely on us. We should

be better appreciated and better paid for the work we do. Having to work long hours and extra shifts to make up our salary isn't OK.

Most of all, it impacts patient safety. Taking on too many shifts, not getting enough rest and not having enough staff means patients aren't safe.

There are challenges, for sure, but I want all my international colleagues to know that we're not doing anything wrong by advocating for ourselves. Not breaking any codes or patient confidentiality.

I personally feel safe and confident, knowing this is the right thing to do and that the RCN is there as the leading voice.

If we can get everyone together and on board, we can go a long way.

Kehinde, charge nurse



### 'Our priority was patient care'

When we were asked to consider strike action in Northern Ireland two years ago, my first thought was: how? We knew why we wanted and needed to do it. How we would look after our patients was our main concern.

But I was amazed by how organised the RCN was and how strongly they supported us. They explained derogation to us (p6) and how it would work. As a team, we organised who would derogate and who would be on the picket line on which days. When we got pushback from management, the RCN stepped in.

In the end, there wasn't any alternative. What drove me to vote for strike was the staffing levels. They'd become so challenging, with a lack of skill mix and resources.

There were lots of risks being identified but no solutions. I was so fearful of what would happen to patient care and to staff being asked to give care in that unsafe and stressful environment.

When we were on the picket line we got so much support, it was humbling. It was awful rain but the public fed us and kept us warm and brought us coffee. They supported us on social media and tooted their horns on the way past.

I understand the concerns nursing staff have about voting to strike. But I'd say, speak to the RCN. They're organised, they have contingency plans in place. They were amazing to us the last time and knew our priority was patient care.

Edna, district nurse



### 'We have the power to bring about change'

Any industrial action is a last resort, but as workers struggling to afford the basic necessities of warmth and food, we have reached last resorts.

For nursing support workers, who are not only among the lowest paid in the health service, but some of the lowest paid in our society, this is of even greater importance.

Costs are rising and the winter months are just around the corner. Without adequate pay, many of us will soon be facing far more unpleasant decisions than whether to strike - many already are.

I strongly urge you to vote yes to strike action. The RCN's strike fund of £50m is there to help support you on the picket line.

Many will be concerned for the impact on patients, but the RCN will ensure planned strikes are safe. Meanwhile, the chronic underfunding of our health service puts patients at risk every day.

We're the most trusted profession. We're also a large group with the power to bring about change, and it's time we used that power. It's time to strike.

Evan Keir,  
Nursing Support  
Worker Member of  
RCN Council



## You are the voice of nursing and the patients in your care.

## VOTE FOR CHANGE.

#FairPayForNursing

#SafeStaffingSavesLives

 **SAFE STAFFING  
SAVES LIVES**

# Striking a balance

How can nursing staff go on strike without risking patient safety? It's possible with derogations, say members from Northern Ireland who took part in historic strike action

When nursing staff go on strike, there's a fine line between maintaining patient safety and causing enough disruption to get employers and governments back to the negotiating table.

In Northern Ireland in 2019, for the first time in the history of the RCN, nursing staff went on strike, demanding urgent measures to address unsafe staffing levels and unfair pay.

They felt passionate about the need to demand change, but for many the prospect of going on strike caused immense personal conflict. Jill Fleming was one of those who took part.

"I never would have thought back in 1985, when I started nursing, that I would end up on a picket line," she says. "It really goes against our grain. We're our patients' advocates. But that's why we had to act – to fight for patient safety. There was huge support from patients, and that shows they understood that we did it in their interests."

The RCN is committed to ensuring any industrial action it initiates has the preservation of patient safety at its core. A way of maintaining this and safe staffing levels is through derogations. This is an exemption provided to a member or service from taking part in industrial action.

RCN industrial action must follow the life-preserving care model. This exempts:

- emergency intervention for the preservation of life or the prevention of permanent disability

- care required for therapeutic services without which life would be jeopardised or permanent disability would occur
- urgent diagnostic procedures and assessment required to obtain information on potentially life-threatening conditions or conditions that could potentially lead to permanent disability.

## How do derogations work?

The RCN's *Industrial Action Handbook* says derogations beyond the life-preserving care model should be avoided, but it is entirely dependent on the individual workplace circumstances on any day of industrial action.

Rita Devlin, Director of RCN Northern Ireland, then Associate Director, was heavily involved in organising the industrial action. She explains that during the strike, there were three models for derogations, depending on the service and need:

- complete derogation, with an entire service being exempt (for example, intensive care units)
- a Sunday service or Christmas Day service
- a night duty model, where night duty numbers were agreed to cover the day duties (with requests for further staffing considered on a case-by-case basis).

Generally, the employer will request derogations, which are discussed by RCN committees responsible for overseeing the strike action, before being agreed.

**BE BALLOT  
READY. Check  
we have your  
correct details:  
[rcn.org.uk/myrcn](https://rcn.org.uk/myrcn)**



RCN Northern Ireland members on picket lines in January 2020



### What's life-preserving care?

Cardiology nurse Andrew Doherty sat on one of those committees during the strike action in Northern Ireland. He was joined by other elected RCN members and nurse specialists in oncology, cardiology and renal who helped advise on specific derogations.

Andrew's committee came up with a "master list" of services that would be derogated. "We had to be really strict about the definitions of life-preserving care and prevention of permanent disability," says Andrew.

There's a fine balance between safety and striking, and to hit this equilibrium, Rita says it's vital to have local knowledge on the committees involved in organising derogations and strike action.

"You need to have people who know and understand the service that's being asked to be derogated, or who have the contacts that can tell them about it," she says.

Rita thinks derogation in the Northern Ireland strikes was hugely successful. "Everybody knew what they were doing," she says. "Even our patients came and stood beside us on the picket lines, brought us food and drinks, and told us that they were supporting us. That galvanised people too."

**i** Read our *Industrial Action Handbook*: [rcn.org.uk/IAHandbook](https://rcn.org.uk/IAHandbook)  
Find out more about our Fair Pay for Nursing campaign: [rcn.org.uk/fairpay](https://rcn.org.uk/fairpay)

### What's needed to make strike action lawful?

In England, Scotland and Wales, the law states that industrial action ballots must attract at least a 50% turnout and the majority must vote in favour of strike action for it to be lawful.

In England and Scotland, the law also states that for workers whose role involves the delivery of "important public services", trade unions must meet an additional 40% support threshold among all workers eligible to vote, as well as the 50% turnout threshold.

The law dictates that trade unions must undertake confidential postal ballots in respect of industrial action and in England, Wales and Scotland, give employers two weeks' notice of industrial action taking place. In Northern Ireland the notice period is one week.

It's vital we have your correct home address, employer, workplace and job category details so that every eligible member receives their postal ballot.

Check your details now: [rcn.org.uk/myrcn](https://rcn.org.uk/myrcn)

Words by Bethan Rees

# Care for trans patients: what you need to know

Many trans and non-binary people are struggling to access the care they need. With the right knowledge, nursing staff in every setting can help support them

More than two decades ago, nurse Liz Hills was invited to observe gender affirmation surgery and it transformed her career. "I met a wonderful patient who told me her story. It had such a profound effect on me," Liz says.

In 1998, she discovered that a surgeon at her nearby Nuffield Health Brighton Hospital was a pioneer in gender affirmation surgery. "I started training with the specialist nurse there and felt like I had come home," she says.

Now, Liz is a clinical nurse specialist, working with transgender and non-binary patients accessing gender-affirming care. She's part of a multidisciplinary team, liaising with gender identity clinics (GICs), psychiatrists, surgeons, GPs, social services and nursing teams.

## Growing waiting lists

Nurses like Liz, and services like the one she works in, are in high demand. There are only seven NHS gender dysphoria clinics in England and a handful across Scotland, Northern Ireland and Wales.

The National LGBT Survey published in 2018 found that 80% of trans and non-binary people said trying to access GICs was difficult, with long waiting times the most common barrier. "Waiting times throughout the UK can be between three and seven years," Liz says.

At RCN Congress 2022, nursing staff discussed the urgent issue of access to care for transgender and non-binary patients. Increased investment in GICs and specialist nursing staff are needed to better serve this patient group.

## Mental health impact

Liz has seen patients resort to desperate measures. Patients who can't get an appointment with an endocrinologist sometimes buy hormones online and take them without medical supervision. This can lead to serious complications, such as stroke.

Liz says: "The reality of patients waiting for treatment and support is a decline in their mental health, resulting in self-harm and possible suicide." In 2018, a report from Stonewall, *LGBT in Britain: Health Report*, revealed that 67% of trans people experienced depression in the previous year, 46% felt suicidal.

“ There needs to be reform to improve early diagnosis of gender dysphoria





With improved knowledge, staff in every setting would be able to support transgender and non-binary patients. General practice is the first point of contact for many. “Nursing staff working in general practice should have some formal training in the care of transgender patients,” says Liz. “Often, it’s the patients that do the teaching.”

**Challenging misconceptions**

There are some common misconceptions about transgender people and the care they need. Stonewall’s 2018 health report found 62% of trans people experienced a lack of understanding of trans health needs by health care staff. In 2016, the House of Commons Women and Equalities Select Committee *Transgender Equality Report* found: “Trans people encounter significant problems in using general NHS services, due to the attitude

of some clinicians and other staff who lack knowledge and understanding.”

“Most people think that the vast majority of patients will proceed to surgery, but many do not,” Liz says. “There is no set pathway for gender dysphoria. It is absolutely up to the individual as to how they proceed.”

The NHS defines gender dysphoria as “a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity”. Some people mistakenly think gender dysphoria is a mental health issue – this is not true. However, it can lead to significant mental health issues, often exacerbated by GIC waiting times.

For those experiencing dysphoria, medical and surgical intervention can be transformative. Nurses play a vital role

in the pathway to surgery, discussing options to help each patient make the right decision for them.

Improved knowledge of gender dysphoria among all nursing staff would benefit patients, Liz explains, and ideally nurses would be taught about gender diversity at university.

**Improving patient experience**

There are simple things nursing staff can do to improve the experience of trans and non-binary patients. “Ensure handover sheets have patients’ first names on,” Liz says. “Ask your patients how they would like to be addressed.”

Certain health care settings are gendered. “Ensure when room allocations are done, these patients are placed in a side room if possible,” says Liz. “There needs to be more flexibility.”

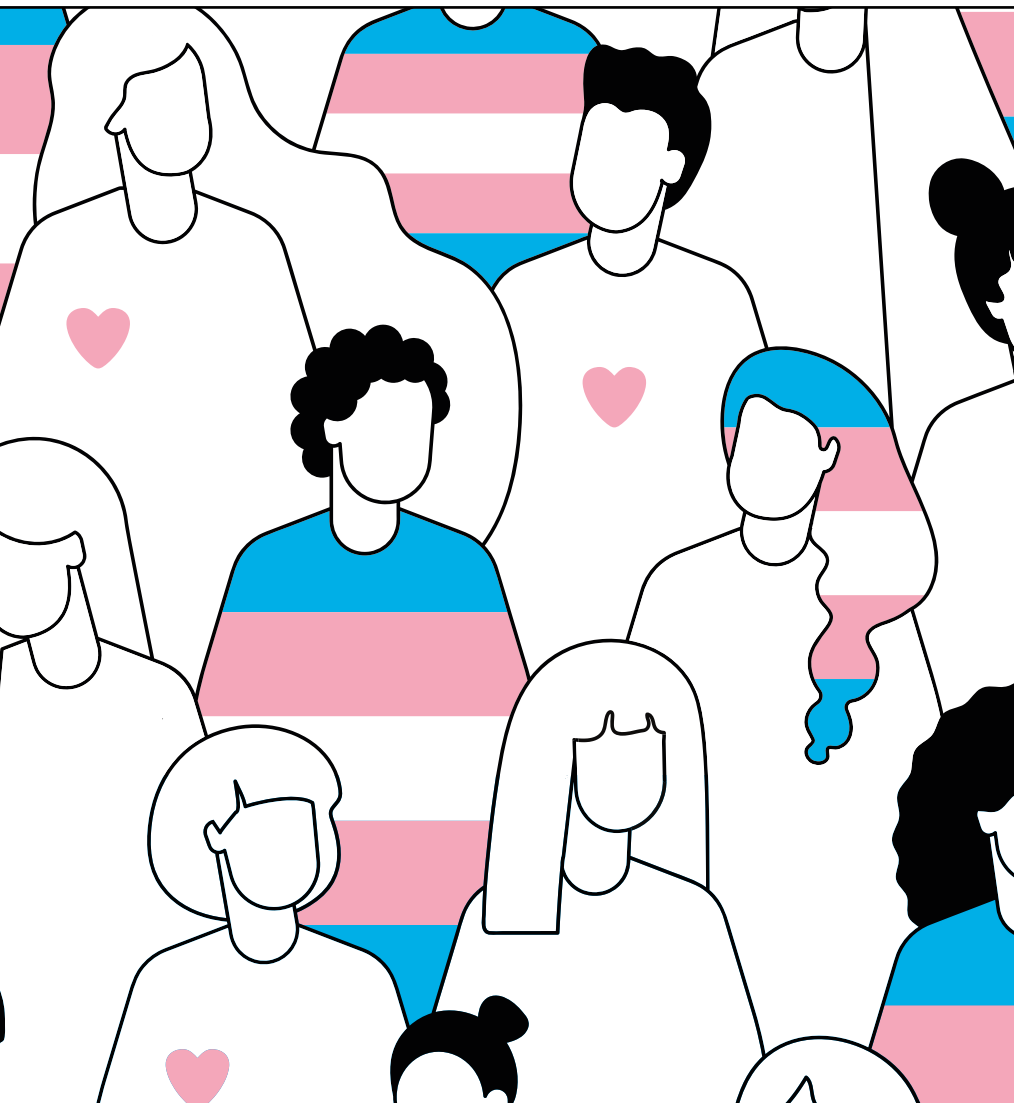
Nursing staff should also familiarise themselves with their patient’s medical history, offering appropriate care – for example, trans men who have a cervix or breast tissue should be invited for relevant screening.

Above all, Liz says, action must be taken to cut GIC waiting times: “There needs to be reform to improve early diagnosis of gender dysphoria, with easier access to HRT and blockers.”

Although there is still a long way to go, Liz has seen some improvements in the way that trans people are treated. “When I started many years ago, there was a lack of knowledge amongst the medical profession,” she says.

“We have a much better understanding of the gender spectrum now.”

*Words by Rachael Healy*



**Learn more**

Read our resource to help you respond to the care needs of trans and non-binary patients, *Fair Care for Trans and Non Binary People*: [rcn.org.uk/publications](https://www.rcn.org.uk/publications) (code 009 430)

# 'This can't be ignored'

White nurses are twice as likely to be promoted than Black and Asian staff. Here's how nurse Ruby is tackling the issue

"I'm a person of colour with a passion and vision for equality," says Ruby Lopez. "In my trust, more than 40% of band 5 nurses are from a Black or minority ethnic background, yet these staff are significantly under-represented in the most senior roles. This can't be ignored."

It's an issue felt by many nursing staff. Earlier this year, shocking results from an RCN survey found White nurses are twice as likely to get promoted than Black and Asian staff.

Across the NHS, it's a similar picture. NHS Workforce Race Equality Standard (WRES) data has shown a steady and disproportionate increase in the number of staff from minority ethnic backgrounds not getting promotions, not being able to access non-mandatory training, not getting shortlisted or being successful in interviews.

## Taking action

Ruby's helping to make changes. At Cambridge University Hospitals Trust, where she works, she's determined to transform the career prospects of minority ethnic nursing staff.

As a first step, Ruby, who's an RCN learning rep and cultural ambassador, organised a career development webinar, with support from trust leaders, the Equality Diversity and Inclusion Team, senior nurses and the hospital's Black and Minority Ethnic Network. The webinar set out to provide practical information for staff in her division.

"I had to make staff aware of the development opportunities already being offered and signpost them to

other career resources," Ruby says. "People have since told me they had no idea these things existed. Our staff are busy, tired and stressed, they just hadn't had time to look."

Ruby was also keen to build confidence.

"I wanted to help staff focus on how to overcome challenges as a person from a different background. We included a session on the lived experiences of two staff who are working in senior roles at bands 7 and 8b. What they said was powerful and really hit home. They'd faced challenges getting where they are now, but they inspired those attending to pursue what they previously perceived as impossible in terms of career progression and development."

The webinar covered other issues, including inequality and inequity

## Ruby's top career tips

- 1 Know what's out there.** You're not confined to what your employer can offer. Ask your RCN rep or learning lead if you don't know where to start.
- 2 Use RCN resources.** Take a look at our guidance on applying for jobs, writing CVs and interview preparation: [rcn.org.uk/your-career](https://rcn.org.uk/your-career)
- 3 Get involved.** Engage with staff networks and equality priorities while building peer support through professional forums and networks.

Use social media responsibly to help achieve your networking goals.

**4 Take personal responsibility for your appraisal and revalidation.** These aren't tick-box exercises, they're part of your professional portfolio, which is an ongoing process. Always follow up if you're not getting what you need and want.

**5 Practise self-care.** You can't look after patients if you don't look after yourself. Learn to love and respect yourself and your role. Although it's hard, we need to learn to put on our own oxygen masks first before we can help others.

“

## It's about opening opportunities for minority ethnic staff

of access and opportunity, capacity and staffing challenges, funding constraints, practical advice on appraisals, networking, mentoring, interviews and completing applications.

### Positive impact

Just a few weeks after the webinar, after seeking support for application writing and interview prep, several staff have been promoted and one has secured a place on an advanced practitioner course.

Following the success of one session, Ruby's now rolling out the event across the trust. "This is only one project, one step towards opening many opportunities for our staff from minority ethnic backgrounds. I'm confident that with the support of trust leaders, this can be transformative."

Ruby approaches her mission with lived experience, after spending 18 years in the trust and getting her band 7 role as a senior sister five years ago.

Now, she's contemplative: "Continuing professional development isn't just about sitting in a classroom. It's about reflecting on situations, and using them as a learning tool," Ruby says. "I tell people to be confident. You can attain your goals, but you need perseverance, hard work, motivation and an awareness of what you want from your career. You know what you need to do so be vocal about it. The initiative must come from you."



Employers are responsible for creating equality of access to CPD for staff, and for opportunity to explore career progression. Read more in the Workforce Race Equality Standard 2021: [tiny.cc/wres21](https://tiny.cc/wres21)



# Gary's ARC of triumph

Our Northern Ireland Nurse of the Year has created a fitness coaching community that's helping people build a better life after substance misuse

When Gary Rutherford returned home to Derry in Northern Ireland after years away, his life was in ruins. His marriage had failed, he had no job and his few possessions were squashed into a couple of bin bags.

Drugs and alcohol had taken a toll and Gary was about to check in to residential support, desperate for help with his addiction issues.

It was to prove a turning point. Finding the right support triggered in him a desire to help others and he returned to university to study nursing. In an extraordinary reversal, Gary recently became RCN Northern Ireland Nurse of the Year 2022 for his outstanding work supporting the recovery of those whose lives have been blighted by addiction.

"I struggled with substance misuse for about 15 years," Gary says. He finds it hard to explain why he fell into the grip

of drink and drugs. He "had a really good upbringing" but was bullied at school and suffered anxiety as a child.

"I found the relief that comes from using drugs and alcohol and just became reliant on them, physically and emotionally."

A significant factor in Gary's eventual recovery was physical activity – he joined a running club – and exercise was to prove central to the recovery programme he went on to establish for others.

## Finding nursing

After working through his own addiction issues, Gary trained as a mental health nurse and in 2015 took up a post in an acute mental health inpatient unit. Later, back in Derry and after more experience in acute care, he was appointed to the drug and alcohol team at the Western Health and Social Care Trust.

“

**Having that deep understanding of addiction gives you a real insight**

Both at work and beyond, Gary was becoming a strong advocate for those seeking to manage their own problems with substance use.

"Throughout my own journey, I was always very vocal about recovery," he says. He used social media to share information and signpost to support services which others said they found useful.

"I thought, why don't I use my skills and experience and try to put a programme together for people who are struggling?"

He devised a six-week programme, focused on physical activity, to support those in recovery and put out a call for participants.

That first group was small – six people – but the results were impressive. Self-scored anxiety and depression levels improved, so did mood, sleep, and quality of life. Peer support and positive social connections between participants were among the other reported benefits.

Encouraged, Gary set about building on those positive results and Addiction Recovery Coaching – ARC Fitness – was born.

**Expanding services, changing lives**

Soon after the initial programme, ARC moved into a small gym and demand rose quickly. It has since moved again to bigger premises. Gary went part-time in his substantive post and eventually resigned to fully focus his attentions.

ARC now has a team of 14 staff and facilitators, including mental health nurses, personal trainers and

**Watch our video interview with Gary:**  
[rcn.org.uk/magazines](http://rcn.org.uk/magazines)

counsellors. Their aim is to improve health and wellbeing through physical activity, professional support, education and a strong sense of community.

Those who have completed the recovery programme can opt to stay on as paying members, using the activity facilities and equipment.

The scale of demand for ARC’s services is reflected in its waiting list – currently 200 people.

Gary says his own battles with substance use have helped him to support others.

“I think having that deep understanding of how addiction happens and the complexities of it, and what is required to come out the other side, gives you a real insight into the individuals who are coming to us.”

Describing what it meant to win RCN Northern Ireland Nurse of the Year, Gary says it was a humbling experience. “Everybody there was a winner, everybody was doing what they love and doing it so well.”

*Words by Daniel Allen*

Gary, pictured by Stephen Latimer



**‘I’m grateful for ARC every day’**

Stevie Duddy started drinking alcohol when he was 14 and later developed a “pretty bad” cocaine addiction.

Now, aged 39, he’s been clean for two years, a success he attributes to the team – and community – at ARC.

Stevie had engaged with other addiction services but never managed to break the cycle.

What was different about ARC? “With ARC, it didn’t end,” says Stevie. “After the six-week programme, you have

the aftercare and the community that’s built up over the years.

“The gamechanger is being in that community, surrounded by people daily who understand and can offer support.”

Stevie is a qualified personal trainer, so the exercise element at ARC also appealed.

“I’m training for a different reason now. Before, it was an ego thing. I was training to look good and I think

that was feeding into my insecurities. Now I train to feel good. Exercise can change your mood, leave you physically in better health and mentally stronger as well.”

These days Stevie is a regular ARC volunteer and Gary is supporting him to undertake a recovery coaching programme.

“For the first time in a long time there actually is a future,” Stevie says. “I’m looking forward, and that’s something I’m grateful for every day.”

# Calling time on overworking

Working extra hours at the end of your shift can be damaging to your health and wellbeing. Zoe wants nursing staff to work together to end unpaid overtime

Results from the RCN's Last Shift Survey, released in June, revealed the shocking extent to which nursing staff overwork. Of the 20,000 respondents, two-thirds said they worked over the end of their last shift, with most not being paid for it.

Overworking means not getting sufficient rest between shifts, which can affect your mood, mental wellbeing and lead to burnout.

Studies have also shown a link between working overtime and an increased likelihood of making errors. Poor staff wellbeing has been shown to

have a negative impact on patient safety with a higher chance of near misses.

"It might just be an extra half an hour here, or an hour there, but somehow, in some areas of nursing, we've got into a culture of working over our shift and this has to change," says emergency paediatric nurse Zoe Carciente.

Whether it's writing notes after a shift handover or finishing medication rounds, Zoe says staff often feel compelled to stay after their allocated hours to complete tasks.

Stock image



But how can nursing staff change this culture, which is not only unsafe, leading to mistakes, but has a negative cumulative impact on staff wellbeing?

### Bad habits

Having qualified as a nurse at the start of the pandemic, Zoe thinks the tide is changing to enable nursing staff to prioritise their own wellbeing.

“Starting my first nursing job in March 2020, I have a skewed view of overworking as nursing staff have often been working longer to deal with the impact of COVID-19,” says Zoe. “Yet, even before the pandemic, in some areas of practice, overworking is

“Nursing staff need to feel empowered to say ‘no’

seen as normal when it really shouldn't be.”

Although Zoe believes staff shortages are the main reason for overworking, she thinks a simple way to help stop overworking is to allocate specific time within a shift for nursing staff to complete patient notes.

“As someone who works in the emergency department, we hand over any patient notes at the end of a shift and leave,” says Zoe. “Because of the quick turnaround, we write notes as we go along, but this isn't something done in all areas of nursing and often nurses start writing notes at the end of a shift.”

### Hot topic

Zoe, who's an RCN steward, began having conversations about overworking with other members of her RCN London branch some months ago.

“Overworking became a hot topic of discussion,” says Zoe. “So we decided to put the issue forward as a resolution at this year's RCN Congress. We feel this is something affecting everyone and is an important issue for members to find solutions to so we can start to see a change in culture.”

Zoe hopes the outcome of the debate leads to further changes within workplaces to allow nursing staff to be given protected time for note writing.

“We have time allotted for breaks on shift; note writing

should have allotted time too,” adds Zoe.

### Culture shift

Zoe also suggests managers should lead by example and help create a culture that encourages staff to leave on time.

“Nursing staff need to prioritise their own wellbeing and feel empowered to start saying ‘no’. They should be supported by managers and colleagues to not work longer,” she says. “Of course, there may be the odd occasion when a particularly sick child will mean I stay a bit longer, but this shouldn't be the norm.”

With 12-hour shift patterns standard for many nursing staff, strict time keeping is important for patient safety as well as ensuring nursing staff are getting sufficient time off to recuperate and rest.

“We know that after 12 hours on your feet, you're no good to anyone,” says Zoe. “I can't comment for each individual or setting, but I know from my own conversations that people are overworking for various reasons and it needs to end.”

*Words by Susan Embley*

**i** Taking action on overworking was a resolution at this year's RCN Congress: [rcn.org.uk/congress](https://rcn.org.uk/congress)

### Legal requirements

RCN Head of Health, Safety and Wellbeing Leona Cameron says there's a legal duty for employers to assess the risk from fatigue and take measures to prevent harm occurring.

“Many nursing staff feel they can't leave colleagues in the lurch, but overworking is detrimental to health and wellbeing,” says Leona.

“Employers have a duty to make sure extra demand isn't leading to work-related stress and should follow the HSE Stress Management Standards.”

# Six steps for pension planning

Whether you're starting your first job or approaching the end of your career, it's worth taking time to think about your pension. RCN National Officer Chris Musgrave answers some commonly asked questions to help get you started

## 1 What can I do now?

Being organised now can save you time in the future. Keep all relevant paperwork together and ensure you have up-to-date contact details for your pension provider.

It's useful to keep a regular eye on your pension estimate too. This helps you understand how much you can expect to receive so you can plan your finances both now and in retirement. It also means you're more likely to spot errors early so they can be addressed.

If you're in the NHS scheme, you can check your Total Reward Statement which is updated annually. Outside of the NHS, you can get an estimate from your pension provider.



## 2 What should I do as I near retirement?

Your pension provider can calculate a more detailed estimate, although they may charge for this. You'll be able to access key information via your pension provider's dashboard. If you don't have access to this, contact the provider directly to request it.

You should find out how much notice you need to give your employer and pension provider. This is often longer than you think, for example up to four months in the NHS.

If you have more than one pension, you'll need to apply for each one separately. Make sure you give yourself enough time to complete the paperwork.

Our Welfare Service may be able to help if you face a significant drop in income. Find out more: [rcn.org.uk/welfare-service](https://rcn.org.uk/welfare-service)



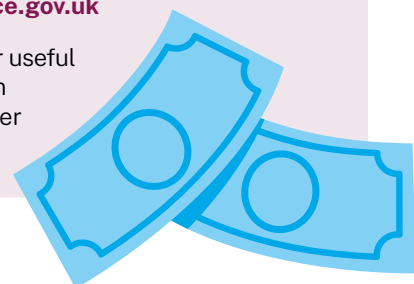
## 3 I have multiple pensions - how do I track them down?

Most pension providers send their members an annual statement.

If you've moved and forgotten to update your details, you can find your pension provider's contact information on any old paperwork if you still have it. If the pension was with a previous employer, they may be able to help if you contact them directly.

If you're still struggling, the Money Helper pension tracing service can search a database of more than 200,000 pension schemes to find the relevant contact details for your pension provider: [findpensioncontacts.service.gov.uk](https://findpensioncontacts.service.gov.uk)

Visit [moneyhelper.org.uk](https://moneyhelper.org.uk) for useful template letters to help when contacting a pension provider or former employer.





## **4** What if my employer hasn't been paying pension contributions?

Checking your payslips and annual pension statements can help spot and address issues early.

Many queries can be resolved quickly and easily by your employer. Contact your payroll department or pension officer if your workplace has one. They can often help.

It can take up to 90 days for contributions to show on your pension statement, so please allow for this before taking any formal action.

If you were in RCN membership at the time the contributions should have been paid, we may be able to help. Contact our advice team: [rcn.org.uk/contact-advice](https://rcn.org.uk/contact-advice).

If you weren't a member at the time, you can report missing payments to the Pension Regulator: [thepensionsregulator.gov.uk](https://thepensionsregulator.gov.uk)



### **Find out more**

Our online advice guides can support you with a range of pensions issues:

- General queries: [rcn.org.uk/pensions](https://rcn.org.uk/pensions)
- NHS pension: [rcn.org.uk/nhs\\_pension](https://rcn.org.uk/nhs_pension)
- NHS pension contribution changes in England and Wales: [rcn.org.uk/nhs\\_pension\\_contributions](https://rcn.org.uk/nhs_pension_contributions)
- State pension and Women Against State Pension Increase: [rcn.org.uk/state\\_pension](https://rcn.org.uk/state_pension)
- McCloud remedy – age discrimination in reformed public service pension schemes: [rcn.org.uk/nhs\\_pension\\_age\\_discrimination](https://rcn.org.uk/nhs_pension_age_discrimination)

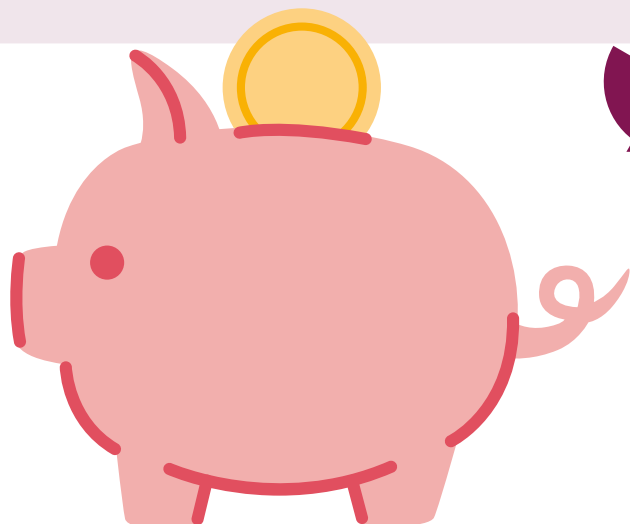
## **5** Can I return to work after retirement?

It's possible to return to work after retirement but the number of hours you do may affect how much pension you receive.

Many employers have a retire and return policy. This outlines your rights if you want to return to work with the same employer after a short break. It's important to note that in these situations, you're returning on a new contract so you need to check your terms and conditions carefully.

If you wish to return to work after a longer break or with a different employer, please discuss this with your pension provider.

You can continue to claim your state pension after retirement providing you've reached state pension age. You can also defer your state pension. A financial adviser can help you decide the best option.



## **6** How do I get independent financial advice about my pension?

Pensions and retirement planning require specialist advice. As a member of the RCN you're entitled to a complimentary, no obligation financial review from Lighthouse as long as you're paying UK income tax. Please have your National Insurance and RCN membership number ready when you contact Lighthouse: [lighthousefinancialsolutions.co.uk/royal-college-of-nursing](https://lighthousefinancialsolutions.co.uk/royal-college-of-nursing)