



Royal College
of Nursing

WINTER 2022
[RCN.ORG.UK/ACTIVATE](https://rcn.org.uk/activate)

ACTION

How to
reduce
glove use

WELLBEING

Screen fatigue:
protect yourself
while working
from home

ADVICE

Ending the
blame game

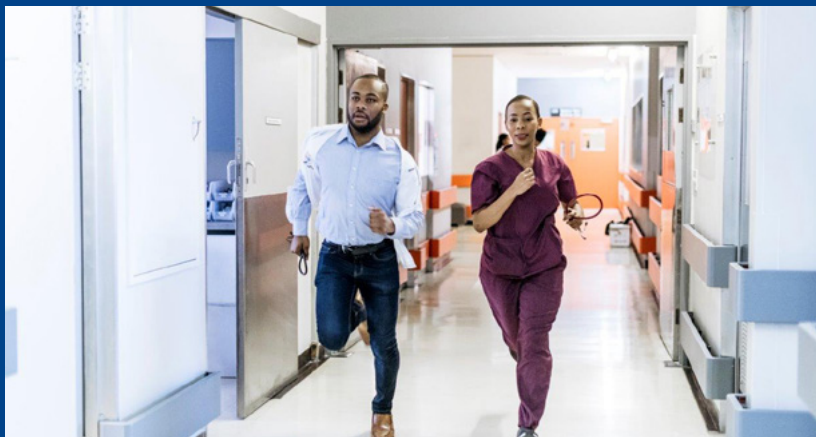
CAREERS

Top tips for
CPD funding

VISION FOR EQUALITY

DR ANN ON LEADING STEPS TO TACKLE RACISM IN MENTAL HEALTH CARE

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Contents

UPDATE

The latest news from the RCN 4-5

ADVICE

Applying restorative culture at work 6-7

Welcoming international colleagues 8-9

ACTION

Empowerment through organising 10-11

How to reduce glove use 14-15

PULL-OUT POSTER

Ask. Listen. Act for safe staffing 12-13

OPINION

Coming together during COVID 16-17

CAREERS

Making the most of CPD funding 18-19

PEOPLE

Driving culturally sensitive care 20-21

WELLBEING

Mental health and WFH 22-23

Story to tell?

Don't forget, this is your magazine. If you've got a story to share, tell us by sending an email to activate@rcn.org.uk

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Welcome from Carol

We've all been through another incredibly challenging 12 months, and as our most active members, you've gone above and beyond. You are the lifeblood of the RCN and have done so much for fellow members. I would like to thank you personally for your extremely hard work.

Recognising the unsustainable pressures our members are working under and proactively supporting them is my absolute priority. And key to the safe staffing of services this year is continuing the fight for fair pay, making sure members are rewarded for their skills and clinical expertise.

A further priority this year is to lead the RCN's commitment to change – and this means providing stability for our members. I want members to know that we're listening to them, and we're taking on board what they're saying to make the RCN an organisation we are all proud to be part of.

Let's hope that 2022 is a better year for us all. The RCN will stay at the side of members and fight tooth and nail for our profession. Stay safe, keep in touch, and don't forget to use the RCN's COVID-19 resource (rcn.org.uk/covid-19) for advice and guidance.

Carol Popplestone
Chair of RCN Council



This issue of RCN Activate went to press on 13 January. Find the latest RCN advice and information at rcn.org.uk

Our website is constantly updated with support and guidance on keeping safe during COVID-19. Find out more: rcn.org.uk/covid-19



Submit a Congress agenda item



Having an item debated at Congress is a great opportunity to highlight important issues and influence the RCN's work. You can now suggest potential agenda items, which can be submitted by RCN boards, branches, forums or representative committee members.

The deadline for submitting agenda items is Monday 14 February at 9am.

Find out more about submitting an RCN Congress agenda item: rcn.org.uk/congress-agenda-item

RCN Awards nominations now open

Help celebrate the hard work and dedication of members who have made a significant contribution to the profession by nominating them for an RCN Award.

You can nominate colleagues across several categories, including the RCN Award of Merit, which is the highest honour given for voluntary service to the College, and the Representative of the Year Awards including Learning Rep of the Year, Safety Rep of the Year and Steward of the Year.

We particularly welcome nominations that highlight the contributions of members reflecting the diversity of the whole RCN membership and the wider nursing profession.

The deadline for 2022 nominations is 5pm on Monday 28 February. Find out more about the RCN Awards: rcn.org.uk/rcn-awards-22

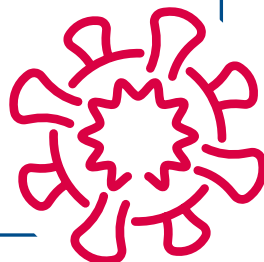
New COVID-19 risk assessment tool

We've published a new risk assessment tool for nursing staff treating patients with confirmed or suspected COVID-19.

The tool highlights the legal duties of employers to protect their staff and reflects UK legislation on risk assessment.

This will allow health care staff and employers to make evidence-based decisions about the correct level of personal protective equipment (PPE) needed to keep staff safe.

Use the tool: rcn.org.uk/covid19-toolkit



Pay campaign latest

As *Activate* went to press, we were about to launch our consultative ballot of members in Northern Ireland over the 3% pay award for Agenda for Change staff for 2021-2022.

Those working in Health and Social Care will be asked to vote on whether they feel the award is acceptable or unacceptable by 10 February.

In Wales, we remain in a trade dispute with the Welsh government over the 3% pay award for 2021-22 and our elected members are deciding next steps.

In Scotland, we also remain in a trade dispute with the Scottish government over the 2021-22

pay award, while we influence discussions directly with ministers for the 2022-23 award.

In England and Northern Ireland, we're preparing evidence to submit to the NHS Pay Review Body (PRB), which has been asked by the UK government and Northern Ireland Executive to recommend a pay award for 2022-23. We're also expecting the Welsh government to issue a remit letter to the PRB to advise on the 2022-23 award.

Across the UK, our fight for fair pay continues and won't stop until our safety critical profession is respected and protected. Find out how you can keep campaigning: rcn.org.uk/fairpay

RCN elections update

Across the RCN, there are some election results to announce.

Carol Popplestone has been elected Chair of RCN Council for a two-year term, following her time as Interim Chair since July. Mel Kerr has been elected as Vice Chair.

Graham Revie has been re-elected as Chair of the RCN Trade Union Committee and Denise Kelly as Vice Chair, until 31 December 2023.

Rachel Hollis has also been re-elected as Chair of the RCN Professional Nursing Committee for a two-year term. The election for Vice Chair is ongoing.

Unsustainable pressures

We've created a resources hub to support members working under intense pressure to deliver safe and effective care and make difficult decisions. On the hub you'll find advice guides and clinical resources.

For reps, the second edition of Ask. Listen. Act has been revised following the launch of the RCN's Nursing Workforce Standards in May last year, which can be used to start a conversation about workplace experiences. Turn to pages 12-13 for a pull-out poster. Find out more about unsustainable pressures: rcn.org.uk/unsustainable-pressure

CMS training

The new case management system (CMS) has extended functionality, and acts as a single site for recording all country, regional and legal cases, and complaints.

All RCN staff and reps can access the CMS training area via the Online Learning site. This training area contains a

number of video tutorials that are broken down into short manageable chunks.

These videos include tutorials on getting started on the system, enquiries, cases, escalating an enquiry, and logging activities and notes. Visit the training area: learn.rcn.org.uk

Ending the blame game

How a just restorative culture can transform the workplace

Stock image

When adverse events happen, the first question often asked is “who’s to blame?” Many workplaces are governed by a retributive system, which seeks sanctions or punishment for the person who has allegedly caused harm.

However, some health care trusts in the UK are reassessing the way they deal with work issues and implementing a paradigm shift in their culture and disciplinary procedures. The Nursing and Midwifery Council is also interested in this approach, and started its journey with this thinking back in 2018 with a commitment to a culture of openness and learning.

A just restorative culture is a learning approach to dealing with adverse events, which focuses on harm done rather than blame. It aims to repair trust and relationships damaged after an incident. It allows all parties to discuss how they have been affected and collaboratively decide what should be done to repair the harm.

A harmful process?

From the moment a complaint is raised, there is the potential for harm. This could be the period of suspension a member of staff

is put on while the complaint is investigated, which would isolate them from their colleagues. It could also affect the person’s confidence, self-esteem, mental health, family life and relationships.

Importantly, a restorative culture gives some support to the member of staff, recognising that it can be traumatic for a professional to make a mistake that leads to harm.

A gentler approach

While members await disciplinary hearings or capability hearings, they can often endure a fairly long period of suspension. This can be an intensely stressful and disorientating time for the member, says Giles Jones, an RCN Officer in the South West Region.

“From the moment a complaint is raised, there is the potential for harm

Giles, who has been involved in helping implement a just restorative culture at Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust, says: “Often people who have been disciplined go

off sick because they can't cope with the strain of it."

Giles gives an extreme example of the harm caused – a nurse who was demoted following a suspension. Their mental health began to deteriorate rapidly, and they started drinking heavily. They were eventually admitted to hospital with severe liver damage and died in the same ICU that they were suspended and demoted from a year previously.

The Cornwall Partnership NHS Foundation Trust started implementing a just restorative culture in 2019. This was used as a case study in a session at the RCN UK Joint Representatives Autumn conference 2021.

At its worst point, the trust saw 24 suspensions in a year, and as of October 2021, there were no suspensions in progress. In 2018, the trust had 21 dismissals in one year, and in 2020, there were no dismissals.

Amanda Oates, Executive Director of Workforce at Mersey Care NHS Foundation Trust, with help from local reps, began implementing a just

restorative culture in 2016. After seeing the benefits in their own organisation, the trust partnered with Northumbria University to create a just restorative learning training package for other organisations to follow.

The trust has seen suspensions reduce by 95% and disciplinary investigations reduce by 85% since 2014. It has also seen an increase in the reporting of adverse events, as well as the number of staff who've sought support and those who've felt able to raise concerns about safety and unacceptable behaviour.

Amanda says a vital part of changing the culture is being more mindful of the language used. "Semantics change the conversation from apportioning blame to supporting staff in a restorative way. So rather than say 'mistake', for example, you could say 'didn't go as expected'," she explains.

Influencing change

There is an informal but important role for reps to play in widening the adoption of just restorative principles.

“

You need to be mindful of language used

For instance, if a rep is involved in a disciplinary process that leads to no further action or a trivial sanction, they can tell the panel how a change of focus from blame to harm would have avoided the expense and trauma of subjecting the member to the process.

They can also use the process to raise the issue whenever policies are reviewed, or recruitment and retention are on the agenda.

Giles says: "It never hurts to mention that in all the trusts where just restorative principles have been applied, there has been a marked saving of expense, employment litigation and staff turnover. In fact, once a rep understands just restorative culture as an idea, they will find that opportunities for spreading the word are endless."

Reframing language in a just restorative culture

- "Why did you do that?"
Change to: "Can you help me understand what happened?"
- "Why didn't you follow the procedure?"
Change to: "Is this procedure being followed?"
- "Who is responsible?"
Change to: "Who has been harmed?"
- "How do we punish this person?"
Change to: "How do we restore this person's confidence and reputation with their colleagues?"

A warm welcome

Three RCN members explain what they do to make overseas nurses feel welcome in the workplace

'A good impression can last a lifetime'



Shiby Varughese is an RCN learning rep

When I arrived from Dubai in 2006, feeling welcome in a new place made all the difference. Every time you meet someone new, remember that a good impression can last a lifetime, and a bad one is hard to recover from.

When international nurses arrive, they may feel homesick and need someone who they can relate to, so always be aware of language and accent barriers, and have patience.

Mental health is so important. People want to feel safe and secure, and this will allow them to open up. If people feel like they can't, then they suffer in silence.

Overseas staff will have spent a lot of time and money getting here – you don't want them to feel unwelcome, and want to leave again.

This is a retention issue as well.

Shiby's top tips

- **Make people feel welcome** – including having someone to meet them at the airport and on their first day in the workplace.
- **Prioritise mental wellbeing** – have a good pastoral support programme and signpost staff to the help available.
- **Be aware of people's faith** – or other cultural practices and holidays, and make sure that they are recognised by your employer.



'Show an understanding of their culture'

André Dos Santos is a steward and learning rep

Many nursing staff come to the UK for career progression, however, international colleagues often find it difficult to progress.

It's important to remember that everyone who arrives

in these roles is skilled and experienced.

For example, placing a nurse who has worked in an emergency department on a dementia ward will not necessarily make the most of that person's skillset and their progression may be much slower as a result.



Find more information and useful links for international nursing staff:
rcn.org.uk/membership/international-nursing-members

'The adaptation period is crucial for social integration'



Ariel Lanada is an RCN member

When I first arrived from the Philippines, I was quite depressed.

Two months into my stay I told my manager that I wanted to go home. Luckily,

they convinced me not to – so I know first-hand how hard it can be to adjust.

As president of the Filipino Nurses Association, one of my main goals is to provide pastoral care and support to our overseas staff.

When nursing staff arrive, we have a meet-and-greet where we talk about culture shock and we also provide Filipino groceries as part of our welcome pack, which can really help with the initial feelings of homesickness.

I always introduce new nursing staff to the RCN and often I give examples of where stewards and other reps have helped Filipino nurses.

Ariel's top tips

- **Culture shock** – take immediate steps to talk about it and combat it.
- **Encourage integration** – show people that the UK is somewhere they can build a career and a home.

The six-month adaptation period is crucial for cultural and social integration in this country.

We rely heavily on international recruitment to meet demands on our services, and a vital part of this recruitment process is to make nursing staff want to stay in the UK.

Placing them somewhere familiar will also help them feel valued. I am always present at the hospital inductions and provide a presentation about the RCN.

I am from Portugal, and we have a strong community where I live, but we're seeing more nurses from countries such as the

Philippines, Nigeria and Hong Kong.

With staff from the Philippines, I often hold inductions with Filipino snacks and take along a member who speaks Tagalog (a language spoken in the Philippines). These are little things that show an understanding of their culture.

André's top tips

- **Talk openly** – career progression is very important, make sure new staff know what pathways are available to them.
- **Provide resources** – do this as soon as possible, even before new staff arrive.

Stronger together: the power of organising

Active members secured huge support for their campaign to change shift patterns. Here's how they did it and how you could too

When Jess Moorhouse, an RCN learning rep and nurse at the Royal Free Hospital in London, and her fellow intensive care nursing staff faced unprecedented challenges, they decided to collectively push for change.

"During the COVID-19 pandemic, it has become really apparent to me that we can't compromise on patient safety," says Jess.

"Nursing staff were extremely burnt out and I felt changing the shift patterns would make a significant difference."

Jess and Janice Baker, a senior sister at Barnet Hospital, took an organising approach to achieve this change in their workplace.

What is organising?

Organising is an approach to making positive change happen, where you and your colleagues identify the issues that matter to you and then work collectively to bring about solutions.

At the Royal Free NHS Foundation Trust, it was members who led the way, with support of RCN London staff. The RCN helped to facilitate meetings, support members in taking collective action, and stood with members when they approached management.

Facing the issues

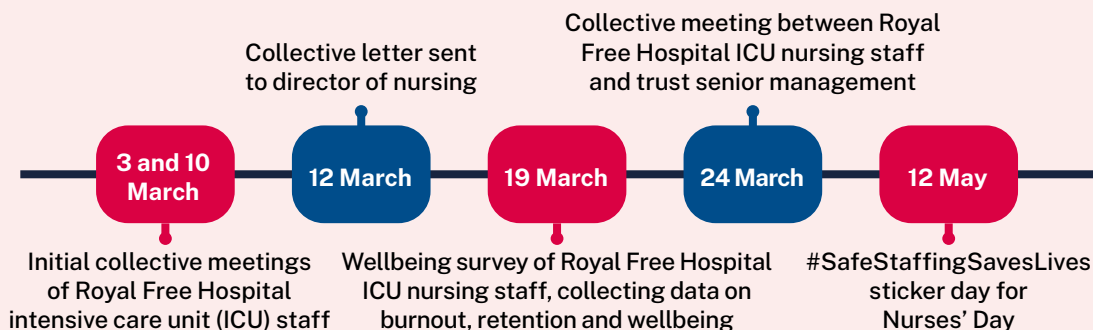
The first step is identifying an issue and proposing a

solution. The number of hours paid per shift for all nursing staff at the Royal Free London NHS Foundation Trust, which manages the Royal Free, Barnet and Chase Farm hospitals, changed in 2017, going from 11.5 hours down to 10.75 hours with increased unpaid breaks.

Those on permanent contracts had to take on extra shifts to make the same monthly pay as before, and the decrease in hours per shift meant that staff had less financial incentive to pick up bank shifts. This led to concerns about short staffing and increased chances of burnout.

RCN members took action to revert this decision.

The Royal Free organising journey



How did they start?

Janice created a focus group with representatives from bands 5, 6 and 7, as well as a health care assistant, while Jess organised collective meetings for all nursing staff on the unit to attend.

At these meetings, the nursing staff discussed the issues they wanted to bring forward and agreed a plan of action to secure change. The top two issues they agreed were:

- improving recruitment and retention to achieve and maintain 1:1 nurse-to-patient ratios
- changing shift patterns to previous paid hours.

These issues were outlined by the nursing staff in a collective letter to the director of nursing, which was the members' first structure test.

Structure tests

Structure tests are a key tool for workplace organising. They are collective actions

that are used to assess the level of support for the issues staff want to change. The defining feature of structure tests is that a majority of all the workers within the unit or workplace need to participate to show collective support.

A structure test should not be used alone but instead as a series of actions building your confidence to take bigger actions until you secure the change you want to see.

Structure tests could be a collective meeting, collective letter, a sticker day, a rally, or another action that can be measured and demonstrates support. By looking at what percentage of workers participate in the structure test, the workplace organisers can quantify the workers' support for the campaign and their capacity and willingness to take action.

One voice

Jess and Janice campaigned from March 2021 and finally saw their proposed changes to shift patterns implemented in October 2021.

"Sometimes you feel like you're not getting anywhere, with endless meetings and conversations, but we had to reassure people that just joining in made a difference. There is strength in numbers," says Janice.

"We knew we would have a fight on our hands, so when trust management agreed to listen, we took that little victory. And from then on, took every win we could.

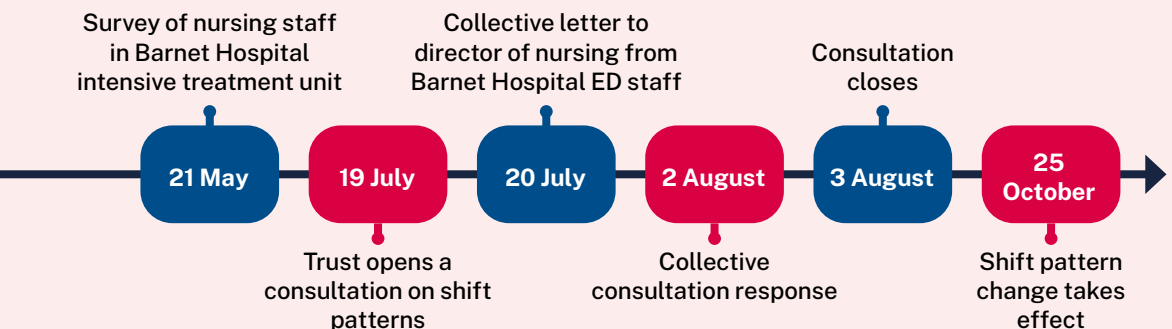
"I can't put into words the sense of achievement I feel. What is amazing is how empowered everyone feels because they contributed to this change."

More information

Our members make the RCN what it is. Together, we have achieved positive change.

Find out more about organising at the RCN and how you can get involved: rcn.org.uk/organising

Words by Becky Gilroy





SAFE STAFFING
SAVES LIVES



Royal College
of Nursing

RCNREP

ASK.
LISTEN.
ACT.

Are you concerned about a staffing issue at work?
Have you identified an area where your organisation
isn't meeting the RCN's *Nursing Workforce Standards*?
Do you know what needs to be done to achieve the
ideal outcome?

Our ***Nursing Workforce Standards*** and **Ask. Listen. Act.** resources can help.



DOWNLOAD NOW:

Ask. Listen. Act: rcn.org.uk/ask-listen-act-booklet
Nursing Workforce Standards: rcn.org.uk/nwfs-booklet

Helping hands

Activists can play a key role in helping reduce unnecessary glove use, while improving hand health and hygiene

Spot an image of a health care worker in the media and the chances are that whatever they're doing, they're wearing gloves.

"Health care workers face a lot of visual imagery that doesn't show glove use with its right function or purpose in real life," says Rose Gallagher, RCN Professional Lead for Infection Prevention and Control.

"Nursing staff are shown wearing gloves while giving a vaccination, holding someone's hand or pushing a trolley. None of these activities are likely to need gloves."

While gloves are a fundamental and very necessary element of personal protective equipment, their use has risen exponentially.

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Wearing gloves inappropriately can cause skin problems for staff and prevent hand hygiene

"Glove use has become almost too commonplace now," Rose says. "They are readily available – and we need that – but that means it can be challenging to confine their use to when they're really needed."

Harmful to hands

There are times when wearing gloves could in fact be harmful. "Wearing gloves inappropriately can cause skin problems for staff and also prevent hand hygiene, putting patients at risk of infection," explains Rose.

Ali Upton, Chair of the RCN UK Safety Representatives Committee, says that appropriate glove wearing is extremely important. "Inappropriate use can lead the hands to being in gloves for too long which in turn increases the risk of dermatitis," she says.

An RCN survey published in 2020 shows that 93% of nurses had reported at least one symptom of hand dermatitis in the previous 12 months.

"Prevention of this condition is therefore critical to

protect staff and patients – and to retain health care staff and skills," says the RCN's guidance for staff on glove use. "Staff who are unable to perform hand hygiene will not be allowed to work in clinical environments and may be relocated from their usual workplace, impacting on staffing availability in that area."

Ali says there are occasions when nurses wear gloves unnecessarily. "Sometimes gloves are worn when entering data onto tablets or computers. Hand hygiene is and should be preferable to glove wearing when completing administrative tasks," she explains.

When is it vital to wear gloves?

"The most common needs are when you're in contact with blood or body fluids, non-intact skin, mucous membranes, harmful drugs or chemicals," says Rose.

While education on hand hygiene and glove use for pre-registration and non-registered staff is very good, difficulties arise when staff



move from the classroom into practice, says Rose.

Empowering staff and making changes

Working with like-minded people in a supportive organisation is the key to creating long-lasting change, Rose believes.

“Staff feel empowered when they see their organisation tackling this issue because they are very aware of it and see the volumes of waste being produced.”

That message is echoed in the Gloves Off campaign, launched by Great Ormond Street Hospital (GOSH) in April 2018, which asks staff to risk assess before

choosing whether or not to wear gloves.

Helen Dunn, nurse consultant for infection control at GOSH, says: “We’d identified through audit that one of the biggest reasons why staff weren’t cleaning their hands is because they were wearing gloves.”

She admits GOSH hadn’t anticipated environmental factors would be one of the main reasons staff were persuaded to ditch the gloves. “But actually, the biggest reason they do is because of plastic,” she says.

“We have young staff here and for them, how we treat our environment is really important. If anything, this awareness has grown even more here.”

Although they’ve not published figures during the pandemic, earlier results showed that glove use had reduced by an average of 36,608 pairs each week, compared to before the campaign began, equivalent to saving around £1,000, with plastic use reduced by 21 tonnes. “It’s staff that have made the changes on the wards – not us,” says Helen. “All the praise should go to them.”

Find out how small changes can make a big difference:
rcn.org.uk/small-changes

Tips to challenge inappropriate glove use

- Think about one small change you can make, whether individually, in your team or your organisation.
- Give staff the power to make their own decisions.
- Engage everyone at the beginning, asking for their feedback before anything begins.
- Feed results back to staff, so everyone can see their progress.

Coming together in COVID times

At the beginning of the pandemic, safety rep Audrey was redeployed to work as a staff nurse on a temporary post-COVID ward. She reflects on how the experience affirmed her love of nursing and the importance of teamwork

I'm a registered nurse, patient safety manager and safety rep at a local NHS trust. I'm also branch chair and a member of the RCN London regional board.



Audrey Sothcott

special about being there for someone, and I had missed that in my patient safety manager role.

Setting up the ward

I've held several roles in nursing, from jobs on surgical wards to forensic psychiatry in both the NHS and independent sector. My current role doesn't tend to be patient-facing, and I spend a lot of time at my computer. But then COVID-19 hit and everything changed.

An email went round asking if there were any registered nurses who would like to volunteer to be temporarily redeployed to support the pandemic effort, and I offered to help.

An extra ward was set up at a local hospital so that it could take on more people coming out of acute care, but who needed to remain in rehabilitation. The patients in the newly set up ward were in a post-COVID state but weren't well enough to return home or needed a further period of rehabilitation.

I volunteered because I love nursing. There's something

The trust redeployed a lot of people from all sorts of settings and specialties – from support workers in walk-in centres to speech and language therapists. There were also advanced practitioners, who I learned a lot from, so there was a real mix of people and skills. We learned routines from other local established wards, and they brought in leaders to help us set things up and run smoothly.

I've kept up my mandatory training as a registered nurse over the years, such as CPR, but there were some things I had to update myself on, like using an electronic medical record system, aseptic techniques and medicine administration. But it was a bit like riding a bike, you never really forget those skills and it all came back very quickly.

The people I was working with were so enthusiastic and supportive, we created a great team, despite the circumstances. We all had our own ideas about how to handle workloads and

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We weren't working as separate redeployed staff, we worked as a group


Stock image

patients, but we came together to make decisions. We weren't working as separate redeployed staff, we worked as a group.

Lessons learned

There was this feeling of being caught up in a massive world-changing moment. The weekly applause made me really emotional, but on the other hand, as a stoic and pragmatic person, I believe that part of the job is nursing in stressful situations. We've trained for these moments and we know what we have to do in times of crisis.

If it wasn't for the pandemic, I wouldn't have met a lot of the people I worked with on that ward. I'm still in touch with some of them. One of the lessons I learned during that time was that nursing is one of the best professions in the world because we can adapt, we're flexible, we get on in situations where there's a crisis and we listen to each other.

In our ward, we were lucky in that we had plenty of staff with a lot of experience. And if you didn't have that experience, you were there observing and upskilling.

That could be anything from how to change a dressing to giving injections, how to do a care round to basic nutrition, or making sure someone didn't get a pressure ulcer.

We had such a good base of knowledge and experience that I think everyone came away having learned something new.

My time on the ward emphasised how important nursing staff are, especially health care support workers and the care and support that they give to registered nurses. They are a crucial part of the health care team.

Don't miss out on CPD funding

READ MORE
ONLINE
[rcn.org.uk/
activate](https://rcn.org.uk/activate)

Learning rep Katy Welsh explains how registered members working in the NHS can use the continuing professional development (CPD) fund in England



What is this fund?

It's funding set aside for registered nurses, nursing associates, midwives and other allied health professionals working for the NHS in England to access an individual development fund of £1,000 over three years – £333 per year. It may be used to undertake the 35 hours of CPD needed to revalidate with the Nursing and Midwifery Council (NMC).

The fight for funding to increase access to CPD was led by the Chief Nursing Officer for England, Ruth May. It's since been secured by NHS England and NHS Improvement.

Staff are expected to identify the CPD funding they wish to apply for in their appraisals and discussions with their managers. They will need their line manager's

support to attend training, which should be relevant to their role and align with workplace priorities. The funding commenced in 2020 and completes in 2023.

What can the funding be used for?

It could be used to access: courses; virtual and face-to-face study days; university level accredited modules; subscriptions to clinical portals; training and associated travel costs; conferences and events relevant to the profession; and practice development programmes. It should be used only to access CPD and not for backfilling or equipment. It can't be carried over into the next financial year but can be used as part-payment for a more expensive course.

Why is it important learning reps talk about this now?

You can access the 2021 funds of £333 until 31 March 2022, when the year two funding ends. The final funding year will start on 1 April 2022 and end on 31 March 2023.

What can learning reps do to help members access this fund?

Make sure eligible members are aware of this funding opportunity. Remind them to have clear discussions about their CPD requests and link them to the benefits for their career or learning and organisation or service needs.

Learning reps can actively ask for updates on the CPD budget at staff side. They can also ask at partnership forum meetings and discuss how it is being used and allocated, to ensure fairness.

What should members do to make sure their employers are aware of the fund?

Members working for the NHS can contact their practice education or workforce development team to find out more about accessing CPD funds. It's also helpful to check existing organisational training policies and guidance.

Learning reps can encourage members to use their supervision, personal development reviews and appraisals to discuss potential CPD opportunities and speak with their line manager about eligibility and access to the funding.

What should managers be considering?

This funding for CPD is one way to support improvements in patient



safety, staff development and job satisfaction, helping to retain the workforce. Managers should be aware of the legal requirement for registered nursing staff to undertake a minimum of 35 hours CPD over three years in line with their NMC revalidation requirements.

Learning reps can advise managers to think creatively about CPD funding, looking beyond supporting academic or formal courses and qualifications. Perhaps they could consider using external speakers or mapping the service needs with strategic priorities in different ways. Facilitated sessions on topics like how to have coaching conversations or resilience-based supervision will support staff development.

Learning reps can also discuss with managers that appraisals should include personal development plans that focus on staff ambitions and values. It's important to invest in all staff as individual practitioners and be proactive about clinical service needs for the forthcoming years so funding is utilised effectively.

Managers should be supported to link personal development to the RCN *Nursing Workforce Standards*, the nursing strategy and NHS people plan priorities.

What will happen when the funding ends?

The RCN will need to lobby the government to make sure an appropriate level of CPD funding continues for all health and social care staff beyond April 2023. This is to ensure the nursing workforce continues to develop and respond to the changing needs of patients and the health care landscape.

What if members aren't eligible for the funding?

Members should also be creative and consider alternatives to formal paid courses, developing peer education sessions such as "lunch and learn" or writing reflective accounts as evidence of learning from a complex case or situation.

There are examples of courses and e-learning on the RCN website: rcn.org.uk/cpd

Katy Welsh is Chair of the RCN UK Learning Reps Committee

Where CPD funding isn't available, educational grants can be applied for via the RCN Foundation. Find out how to access funding: <http://tiny.cc/RCNFgrants>

'Mental health care must be culturally sensitive'

Dr Ann Mitchell is Chair of a new subgroup of the RCN's Mental Health Forum that aims to address the impact of racial inequalities

"I have a passion for mental health. It started from my first day as a student nurse," says Dr Ann Mitchell, Chair of the newly established ethnic minority subgroup of the RCN's Mental Health Forum.

Dr Ann, who has been an RCN member since 1988, was born in Guyana and came to England in the 70s to pursue a nursing career. She has contributed extensively to mental health nursing as a practitioner, educationalist and in more recent years as a researcher, making her well placed to lead the subgroup.

In January 2021, Dr Ann joined the RCN Mental Health Forum Committee. She wanted to "give something back to mental health" and says she has "a lot of knowledge and skills to help progress the aims of the forum".

Shaping the RCN's response to the government's consultation on reforming the Mental Health Act (MHA) was one of the forum's main projects in 2021, in part informed by the independent review of the MHA in 2018. The final report of that



Dr Ann Mitchell
pictured by
Steve Baker

Words by
Bethan Rees

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I wanted to give something back to mental health

review highlighted how ethnic minority groups are at a greater risk of compulsory detention than white majority groups. Black people in particular are four times more likely to be detained under the MHA.

However, the government's 2021 follow-up consultation on reforming the MHA in England did not ask specific questions about the impact of the proposed changes on people from minority ethnic communities, Dr Ann explains.



We cannot have a one-size-fits-all approach to care

The ethnic minority subgroup was born out of multiple drivers, including the Mental Health Forum's MHA reform consultation work. "This played a core part in officially setting up the subgroup, as it showed the need for a shift in addressing inequality and health outcomes," she says.

Another driving force came from RCN members, who have raised their concerns around the equal opportunities for training and leadership skills for ethnic minority mental health nurses over the past few years.

Launching the subgroup

The subgroup has been in the making for many years, but came to fruition in October 2021 at an RCN event with actor David Harewood. He spoke about his experience in the mental health system and attendees also heard from black health care professionals.

This was the biggest RCN Library event to date in terms of attendance, showing the appetite for the topic and issues raised.

Dr Ann believes that the subgroup is a space for like-minded ethnic minority

individuals to come together to force change: "The change isn't going to happen overnight, though."

Aims of the group

"Firstly, we want to achieve membership in the group across the four countries of the UK. It's got to be UK-wide and ethnically diverse," she says. "Secondly, the focus is on hosting biannual events to highlight mental health issues within the ethnic minority community."

The next event the subgroup is organising is a panel discussion on developing resilience and mental wellbeing among ethnic minority groups in preparation for later life. This is a collaboration with the Centre for Ageing and Biographical Studies, which is part of the Open University, and will take place on 14 March.

"This group will also raise the profile of mental health nursing as a career and promote good mental health care in the nursing profession. That is so important. We need more mental health nurses," Ann says. "We will also support the Mental Health Forum committee to develop, lead and disseminate related projects."

Bridging the gap

One project might be influencing the training given to nursing staff to help them bridge the gaps in mental health outcomes for

people from ethnic minority backgrounds. "Training must incorporate how to identify and tackle all forms of bias and the impact this has on service delivery," she says. "Training should also develop cultural knowledge."

Culturally sensitive and tailored care is vital when treating people from diverse backgrounds, having a range of traditions, languages, faiths, and cultural norms around mental wellness and ill health that differ from the majority perception. "We cannot have a one-size-fits-all approach to care," says Ann.

She also believes that there should be a programme of study on caring for people from different cultures, starting in pre-registration nurse training.

"There should be explicit reference to intersectionality in training," Ann explains. This is the view that an individual can face multiple causes of discrimination and disadvantage when their protected characteristics and other identities, such as race, disability, gender, sexual orientation or gender identity, overlap.

"This is central to developing transcultural and culturally sensitive care. The MHA reform would be significantly strengthened too if the act was more explicit in how it intended to identify mechanisms to tackle this."

Step away from the screen

How to help nursing staff manage mental wellbeing when they're working from home

While much of nursing work is centred around community and clinical settings, there are many nursing roles that are part or fully home-based and have become even more so since the pandemic.

RCN safety rep Mary Codling says the impact of COVID-19 has created an “always on” culture where it’s difficult to switch from work to home life for many.

“Lots of members who are home-based due to the pandemic are telling me they don’t have any control over the amount

of meetings booked into their diaries,” says Mary.

“It seems normal now to have one meeting after another on a screen, without a break. We all know we need to take regular breaks from a screen, but despite this advice, nursing staff I speak to seem to be exhausted from sitting and looking at a screen all day.”

There are legal requirements for employers to ensure staff are taking regular breaks and carry out risk assessments for those who are home-based. Many of the

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It can be very impersonal with a screen full of faces not speaking

Stock image



risks associated with working from home are easy to rectify – sourcing equipment or eye tests, for example. But Mary is also concerned about the mental health impact for those who are working and living in the same space.

“Some people are living in one-bedroom accommodation, maybe they are on their own and find it difficult to separate work and home as they are in the same space all the time,” says Mary.

“Because some were thrown into homeworking, it can be difficult to navigate all the screen meetings. I know from my own experience it feels very tiring and unlike meeting people in person, it can be very impersonal with a screen full of faces on mute and no one speaking.”

Legal responsibility

When signposting members for support if they are struggling working from home, reps should be mindful of the legal requirements. Employers have the same health and safety responsibilities for employees whether they are working at home or in a workplace. And like any worker, employees must take care of their own health and safety and that of others who may be harmed by their actions at work.

The RCN and Health and Safety Executive (HSE) has practical advice for working from home and what employers must do to ensure staff are being looked after mentally and physically in their workplace.

Stephen Jones, RCN Professional Lead for Mental Health, says nursing staff working from home should make sure they adhere to HSE guidance.

“The pandemic has left many feeling isolated and it’s important we all make sure we engage in social activities away from a screen,” says Stephen.

“There are many things someone can do to make sure they are separating their work and home life and therefore protecting their mental wellbeing also.”

Stephen recommends switching off phones, logging off from laptops at the end of the working day and not checking email outside work hours.

“Also, while working from home, make sure your setup is comfortable and you have the right equipment. Sitting for hours at a screen is not a healthy way to protect your physical as well as mental wellbeing,” he adds.

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The pandemic has left many people feeling isolated

Words by
Susan Embley

Six ways to look after your mental wellbeing when working from home:

- 1 stay in regular contact with your manager and colleagues
- 2 talk to your manager about workload and be open about how you’re feeling
- 3 take regular breaks during the day and use your annual leave
- 4 set and stick to a routine – don’t revisit your computer outside your regular hours
- 5 make sure you get outside if you’re able, even if it’s just for a quick walk
- 6 check your employer’s working from home policies and how to get help if you need it.

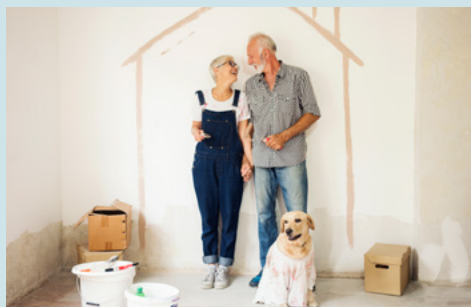
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