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INNOVATING TO WIN

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

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Cover image by Nathan Clarke



Vote yes at AGM

Members are being asked to discuss and approve three special resolutions at the RCN annual general meeting this month.

Members will discuss the Council Review report and the proposal for a smaller, more strategic Council which delegates work to two Council committees made up of elected members. Members will also decide whether, in future, nominations for all Council seats should be signed by two individual members within the relevant constituency, rather than by representatives of two submitting entities, and if a new definition of RCN forums should be introduced.

This year's meeting will be held at the SECC in Glasgow during Congress week. Visit www.rcn.org.uk/AGM2016. Read more on the Council Review on page 7.

Last chance to book

Make sure you secure your place at the UK's biggest nursing event and exhibition before online booking closes on 8 June. RCN Congress, taking place in Glasgow from 18 -22 June, is set to be one to remember as members celebrate 100 years of the RCN. Don't miss your chance to network, share best practice and influence nursing and health policies through debate. Book online at www.rcn.org.uk/congress. You can also register in person at the event but may have to queue.

Devo Manc

The RCN recently hosted an event to help members understand the implications of a new system of devolved health and social care in Manchester.

RCN North West Regional Director Estephanie Dunn said: "Manchester is the first region to go down the devolution path so it's critical for nurses to get involved to shape the way forward."

🕒 **Greater Manchester gained control of its health spending in April. Find out what it means for nursing at <http://tinyurl.com/jkvr5bz>**

Freedom of the city

Nurses who have worked or trained in Belfast have been awarded the "Freedom of the City" in honour of their ongoing dedication to patient care and in recognition of their exemplary work during The Troubles.

The award was accepted by RCN Fellow Kathleen Robb, the last matron of the Royal Victoria Hospital in Belfast, and Joleen McKee, RCN Student Committee member, at a ceremony in City Hall last month. The motion to grant the Freedom of the City was unanimously agreed by Belfast City Council in December.



We recognise that this is the greatest honour the Council can bestow on its people. We are truly humbled.

RCN Northern Ireland Director Janice Smyth

Showing pride in diversity



The RCN will again be supporting members to attend Pride events across the UK this summer. The first took place in Birmingham at the end of May with the next scheduled in London on 25 June. Visit www.rcn.org.uk/proud to find out about events in your area.

Ballooning in Barbados?



Wherever your summer holiday takes you, start your search on **RCNXtra**. We search trusted travel sites including **Expedia** and **Thomson** to find you the best price for your trip. Visit between **20 and 26 June** to receive additional discounts and collect WOWPoints as you shop.

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RCN students join mass lobby over bursary plans

Student members attended a mass lobby of parliament last month to call on the Government to halt its plans to scrap the NHS bursary. They met with MPs to stress that the proposals are high risk and could deter potential future nurses from entering the profession. Nursing students in England will have to pay tuition fees and take out a loan to cover maintenance costs if the plans go ahead.

More than 16,000 members have responded to an RCN survey seeking alternative solutions to the proposals. These will be used to shape the College's response to the Government's consultation, which closes on 30 June. The RCN is also supporting a march to save the student bursary on 4 June.

Visit <http://tinyurl.com/hcm96ej>

Nursing associates get green light

Plans to develop a new nursing support role in England will push ahead following a consultation. Test sites will shortly be identified and 1,000 nursing associates recruited to start training in 2017. The RCN's concerns about the role substituting registered nurses have been acknowledged but it has stressed the importance of monitoring the pilots to ensure the new role improves patient safety and experience.

RCN calls for clarity in seven-day care debate

Ministers' plan for safe and effective services every day of the week lack detail



The RCN has said nursing can provide solutions to the challenges of providing seven-day care, but the Government needs to articulate its vision more clearly and ensure sufficient resources are available to meet its ambition.

In a recently revised position statement, the RCN reiterates its support for a health and care system that allows people access to high quality care when and where they need it, regardless of the time of day or day of the week.

But the statement lays out 10 criteria that need to be considered if the Government's vision is to be realised. They include greater clarity on the definition of "seven-day care", and clinical analysis and evidence to demonstrate the services where a seven-day approach can most improve patient outcomes.

"It's still not clear whether UK governments' visions for seven-day services apply to all settings, including

elective care and community and primary care," said Josie Irwin, RCN Head of Employment Relations. "We need to be certain we are dealing in facts. Recent evidence has called into question the Government's claim that hospital mortality rates are worse at weekends."

The Government's dispute with junior doctors, which focused public and media attention on seven-day care, appears to be settled, pending a referendum. But until the detail of seven-day services is addressed, debate is likely to continue.

At RCN Congress later this month, members will consider the implications for nursing of seven-day care. The discussion is expected to highlight the need for more staff and a different skill mix, as well as the disproportionate impact of changes in working practices on women, who may have extra caring responsibilities outside work. Download the RCN position statement from <http://tinyurl.com/rcn-briefings-7dc>

College marks anniversary of becoming a trade union



Although the RCN celebrates 100 years since its formation in 2016, the College didn't officially become a trade union until June 1977.

The RCN was forced into this position by political pressure to place unions in a legal framework. If the RCN had remained solely as a professional body, it would have lost its authority to speak up for the working rights of nurses. However, the role of the College

remained largely the same. As far back as 1919 it was already influencing nurses' working lives with its report on salaries and employment conditions. This recommended a maximum 48-hour working week for nurses, though members' objections meant this was raised to 56 hours.

The College's salary committee also introduced a pay scale which was used in negotiations between

hospitals and nursing staff across the country.

Other notable campaigns in the RCN's history include the *Raise the Roof* campaign of 1969 which called for an average pay rise of 28 per cent. It achieved the largest single increase in salary in the history of nursing - a rise of 20 per cent in a year.

The 70s and 80s saw tempestuous industrial relations with the Government and, although members never voted to take strike action, the College worked hard during this time creating the famous *Pay Not Peanuts* campaign.

Josie Irwin, RCN Head of Employment Relations, said: "Becoming a trade union nearly 40 years ago enabled the RCN to speak out on employment practices for nursing staff. We were unique in making the link between working conditions and quality care. This continues, and central to our success is our network of representatives who provide vital support to members."



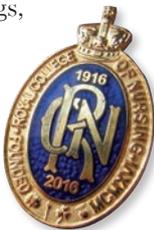
Central to our success is our network of representatives

🔗 Find out more about the RCN's history at www.rcn.org.uk/rcn100

Order RCN souvenirs online

Keepsakes to mark the RCN's centenary year can now be bought online. Choose from elegant jewellery pieces, mugs, hoodies, collectible postcards and more.

🔗 To view and order, visit <https://shop.rcn.org.uk> or call 0345 772 6100 and select option five.



A right royal celebration

The first of 100 members selected to attend a royal garden party as part of RCN centenary celebrations headed to Buckingham Palace to rub shoulders with the College's patron Her Majesty the Queen last month. Though we're now halfway through the year, there are still plenty of opportunities to get involved with centenary activities. Visit www.rcn.org.uk/rcn100 to find out more.



New personal injury service

Personal injury services for RCN members in England and Wales will be improved with the establishment of RCN Law. "This new firm is dedicated to helping our members and, as a result, is more streamlined and focused on their particular needs," said Victoria Peal, RCN Principal Legal Officer.

Members don't pay for the personal injury service regardless of whether their claim is successful or not, and they keep all of any compensation received. "Our services, which are available for injuries sustained in or outside work, cover cases such as assault, stress, tripping, lifting and handling, slipping and road traffic accidents," added Victoria. Call 0345 772 6100 for support.

Safer staffing in Wales

The RCN has welcomed the Welsh Government's commitment to extending the law setting minimum nurse staffing levels. The Nurse Staffing Levels (Wales) Act was passed in February and applies to acute and surgical wards in NHS hospitals in Wales. But the Government recently announced plans to extend the law to ensure there are more nurses in more settings.

RCN Wales Director Tina Donnelly welcomed the news but warned: "We must ensure that adequate workforce planning is made a priority so we have enough nurses being trained to achieve the standards that are set, with a hope that one day this law will be enforced in all clinical settings."

THE VIEW FROM HERE



Rachel Purkett
RCN Head of Digital and Member Engagement

Congress is the RCN's flagship event and we always hope to see as many of our members there as possible.

Nursing is a global profession though and we want the nursing voice to be heard wherever you are. At last year's Congress we saw great involvement from the nursing community outside Bournemouth.

We had 4,000 contributors across all our social media platforms and more than 40,000 tweets using #RCN15. This equates to a potential reach of five million people. So if you can't join us in Glasgow this year why not get involved? Our Congress website has a full rundown of every debate, resolution and fringe event.

You'll also find a report on the outcomes of the debates and any actions that come out of them – many of which shape the future direction of the College.

Keep an eye on the RCN Twitter feed, which will feature regular updates from all five days of Congress. Get involved and share your views on the issues raised using the #RCN16.

We'll have live Twitter screens at the front of the hall so delegates will be able to see your opinions and use them to help shape the debates. This is your Congress and even if you can't be there you can still play your part.

www.rcn.org.uk/congress



Dementia nurse wins top award

Hillsborough Castle was the venue for the 20th annual RCN Northern Ireland nursing awards

A member who redesigned services to improve the lives of those with dementia has won the RCN Northern Ireland Nurse of the Year Award.

Lead nurse for older people's mental health Pauline Casey, of the Western Health and Social Care Trust, has developed two dementia-specific assessment centres and a hub at each hospital in the trust to diagnose, assess and treat patients with complex needs.

Now inpatient treatment has reduced from 84 days to just nine, with falls halving. There's been a 90 per cent reduction in challenging behaviour and a 94 per cent improvement in the attendance rate for nurse-led outpatient reviews.

Congratulating Pauline, RCN Northern Ireland Director Janice Smyth said: "Older people are among the most vulnerable in society, particularly those with dementia. Pauline has made an exceptional contribution to improving care for these patients."



During the evening, an award for outstanding achievement in nursing was presented to Robert Sowney, Assistant Director of Unscheduled Care at the Health and Social Care Board. Specialising in emergency care nursing, Robert was the first nurse consultant appointed in Northern Ireland.

WHAT I'M THINKING



Mandy Myers

RCN Women's Health Forum

It is high time to decriminalise abortion in Britain.

It is incredible that in 2016 a woman cannot decide for herself to have an abortion but instead, requires the "permission" of two doctors, without which she risks life imprisonment under legislation which dates back to the mid-Victorian era.

At least one third of British women will have an abortion and the fact that abortion remains within criminal law sits entirely at odds with other principles of bodily autonomy. A pregnant woman, entirely properly, cannot be compelled to undergo any intervention against her wishes, even if the foetus may die as a result. Yet it is both illogical and disturbing that she can be compelled to continue a pregnancy against her will.

Abortion provision is already highly regulated and would remain so if it was decriminalised. Clinics are, and would continue to be, closely scrutinised by the Care Quality Commission and health professionals providing abortion care are bound by their respective professional bodies, working to national evidence-based guidance. Decriminalisation would allow for the delivery of improved care, enabling better use of nurses' and midwives' advanced practice and improving access for women to locally provided and women-centred abortion care.

www.rcn.org.uk/congress



What you've been saying

Lose the love

Regarding "We demand a fair deal" (*RCN Bulletin* 338), the repeated emphasis when talking about nursing that we "love" our profession may be doing us no favours. Yes, we bring more than competency, technical ability and intelligence to our role. But emphasis on our dedication and "love" detracts from the fact that many nurses are highly qualified and often achieve additional qualifications in our own time and at our own expense. We are still entitled to fair pay.

✉ AM Dewhurst, by email

Cap doesn't fit

If the Government recognised how much nurses are worth and paid us a decent wage then trusts might not have to breach the agency spending cap so often (*RCN Bulletin*

339, "Hot topic"). Trusts have no choice other than to breach it to ensure patient safety.

✉ Theresia, by email

Reflection matters

I was surprised to read that our RCN President thinks we have little time to reflect (*RCN Bulletin* 339, "Thank you for all that you do"). As a revalidation lead nurse, I have put a lot of effort into supporting nurses to record their feedback and reflections ready for revalidation. Documentary evidence of our reflections is an essential part of the revalidation process. Revalidation is not optional and although it only takes place every three years, it is a continuous process. Reflection supports and improves our practice.

✉ Alison Walker, by email



QUOTE OF THE MONTH

Nursing staff are the backbone of the NHS and are uniquely placed to help the health service adapt

RCN Chief Executive Janet Davies responding to the launch of NHS England's new framework for nursing. Visit <http://tinyurl.com/h9vhwm3>

I'VE BEEN READING...



'*Curing Queers*': *Mental Nurses and Their Patients, 1935-74* by Tommy Dickinson is a detailed, comprehensively referenced and frequently moving account of the ways that gay men and male transvestites were treated by doctors and nurses in order to "cure" them of their "deviant" behaviour. While it is not possible to address the full reality of the medicalisation of homosexuality, it nevertheless brings us new insights and expands upon earlier research.

Dianne Yarwood, RCN History of Nursing Society

3 THINGS I BELIEVE



1. Be happy, enjoy what you do and let yourself laugh.
2. Trust your colleagues.
3. Resilience is essential but it's OK to be human.

Tamara Morgan, staff nurse

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



If the NHS bursary goes, what model of student funding should replace it?

"I don't mind paying for my education and I understand the Government needs to make cuts to fund direct patient care," says **Kat**. "But why can't we be funded like an apprentice – a small wage as remuneration for the shifts we work?"

Rhys thinks the Government should consult student nurses, mentors and others on ways of making the current system work rather than burdening nurses with a loan that can't be repaid. Why not offer nursing students a learning contract and payback system, asks **Helen**. The bursary could become a loan that would be wiped off if students commit to three years of service within five years of graduating. "It's so simple."

Colin says: "If bursaries are to be removed and student nurses are to effectively pay to work in our hospitals, then remuneration once they are qualified needs to adequately reflect their investment in the NHS."

"I'd like to feel my career is valued," says **Rhiannon** on Twitter. She suggests a loan with a much higher earnings threshold for repayments, while **Anna** thinks paying students a minimum wage during placements would be a good start. **Hannah** agrees that students should be paid for their work while on placement.

Danielle suggests living-wage bursaries rather than loans are the way forward. "NHS students are so dedicated," she adds. Finally, **Jo** says the Government should do "whatever it takes" to attract people into nurse training while at the same time ensuring they can afford to pay for food and heating.

MESSAGE TO MEMBERS



Michael Brown
Chair of RCN Council

Maximising the strength of the RCN is a priority for me so I was heartened at the response to the recent review of RCN Council. More than 10,000 members said changes had to be made to the way the RCN is run.

You told us that Council must be more of a decision-making board rather than a representative body. It needs to be smaller, more strategic, and delegate work to Council committees made up of elected members. As a member-led organisation, this will help us become more open and transparent, and make Council more accountable. Decisions will be faster and better informed.

Getting value for money for your subscriptions is so important. These changes will ensure Council has a real grip on what the RCN is doing and subscriptions are spent to best effect. We need to know what you think about these proposals and for you to vote on whether we should proceed with them. Visit www.rcn.org.uk/AGM2016 to find out how to have your say.

The RCN annual general meeting takes place at 2.15pm on Tuesday 21 June at the SECC in Glasgow. Members will be asked to vote on three special resolutions (see page 2 and the above website for more). Votes will be by show of hands.

You can also vote by proxy if you're not able to attend. Visit www.ersvotes.com/rcnagm16

It's time for change

RCN steward Faith Thornhill says members need to be prepared to fight for better pay

The cost of living is rising so much faster than our salaries. We've had years of pathetically small pay rises and it seems that nursing staff are now really beginning to notice the huge impact this is having. Up until now there's been a vague sense of unease. Members have told me they knew something was wrong, but they couldn't quite pinpoint what it was.

Reality has now hit. Nearly two-thirds of staff are relying on unsocial hours payments. Registered nurses' starting salaries are £8,500 below the graduate average. Twenty per cent of nursing staff are taking on other jobs just to make ends meet.

No-one can tell me this is right but somehow there's a perception among the public that things are fine for nursing staff.



They're not. Our pay is falling in real terms and we are struggling.

We must be prepared to take action. I've made it my business to get the message out there but we need every member of the RCN ready to speak out. Let's take action now and show the Government it's time for change. Visit www.rcn.org.uk/nursingcounts to find out how you can get involved.

8 FEATURES

Innovating to win

RCN Nurse of the Year Venetia Wynter-Blyth describes the holistic programme she devised to better prepare patients for surgery and give them greater control of their recovery from cancer

For Venetia, a lead upper gastrointestinal clinical nurse specialist at Imperial College Healthcare NHS Trust in London, involving patients in their care is key to improving outcomes.

She felt there was scope to improve the way patients were prepared for surgery following initial diagnosis and treatment of oesophago-gastric cancer and set about seeking the support of her colleagues to develop a new programme of “prehabilitation”.

Getting things started

“To my mind, preoperative assessments were traditionally focused on what other conditions might affect the outcome of surgery, with little or no opportunity to ensure people were in the best possible shape to endure the operation and its aftermath,” she says.

Venetia applied to the Imperial College Healthcare Charity for

funds to initiate a pre-operative optimisation programme. “I just knew something had to change. We were simply addressing co-morbidities rather than looking at individuals and thinking how we could care for them holistically. We needed to do three things: standardise, optimise and personalise the process of preparing patients for surgery.”

And so the PREPARE programme was born – a highly tailored approach to equip and empower patients to improve their own physical and mental health, thereby enhancing their quality of life throughout treatment and beyond.

PREPARE stands for Physical activity, Remove bad habits, Eat well, Psychological wellbeing, Ask about medications, Respiratory exercises and Enhanced recovery. The programme is evaluated via validated screening tools relating to patients’ nutritional health, psychological wellbeing

and functional status. These are applied at the point of diagnosis and then reassessed before and after chemotherapy, in advance of surgery and then six weeks post-surgery.

The patient’s improvement is reviewed throughout their pathway and according to individual need. Goals are then set in partnership with them depending on progress.

“It’s a multiprofessional initiative that has patients at its heart,” says Venetia. “It’s about enabling people to feel in control and contribute to their overall outcome. It stands to reason that if you keep people in the dark and see them as bystanders in their care then they will, over time, feel a degree of apathy towards what’s happening to them. From my perspective, patient engagement is the secret to improving outcomes.”

In the two years since its launch, more than 80 patients have benefited from taking part in the PREPARE programme. The number and severity of surgical complications has decreased, patients are recovering from surgery quicker and the number of days they spend in hospital has reduced.

But it’s the improved patient experience that really drives Venetia. “I saw someone in clinic yesterday who was six weeks post-op,” she adds. “He said he felt fitter than he had ever done. This is about long-term



It’s a multi-professional initiative that has patients at its heart



📺 Watch a film about the PREPARE programme at www.tinyurl.com/prepare-video



behavioural change. When people get through and recover from surgery, they feel they've been given a second chance. So it's our job to give them strategies to move forward and resume control for lasting benefit, and to regain their quality of life."

Convincing evidence

But the programme hasn't been without its challenges. In the early days even Venetia was at times doubtful about its potential and there was some initial cynicism from colleagues about getting 80-year-olds into the gym.

Yet as the programme gathered pace and evidence came back proving its effectiveness, opinions began to change. "The whole team started to see the benefits and gained confidence in what we were trying to achieve. Now everyone is on board and we've worked together to improve the programme. It's been an iterative process that's created unity among a wide range of health care professionals."

And what about patients? Have they embraced it with as much enthusiasm? "Don't get me wrong," Venetia admits, "they take part with varying degrees of gusto. But I haven't yet met anyone who refused to do the programme. Many see it as an opportunity to minimise post-operative risk and get home quicker."

The programme is now being trialled with urology and lung cancer patients. The PREPARE team is also starting to use remote monitoring through Fitbits and weighing scales so they are better able to track progress. Receiving data in real time enables a more proactive approach to health care.

"There is a wide application and potential for PREPARE," Venetia adds. "I hope it can be transferred to a number of health care settings. "I'm not saying it's the solution to everything but with the increase in survival rates, cancer is becoming more aligned to a chronic condition. More people these days are surviving cancer and we need to

give them the skillset to manage the long-term consequences of their treatment from the outset. We need to empower them with knowledge and confidence so they're able to navigate their way through the complexities of their treatment and beyond.

"The success of this programme shows that when we all work together, with patients as equal partners in their care, there's no limit to what can be achieved."



When we all work together, with patients as equal partners in their care, there's no limit to what can be achieved

RCNi Nurse Awards

Formerly the *Nursing Standard* Nurse Awards, the annual RCNi Nurse Awards recognise and celebrate nursing excellence. Venetia won the Innovations in your Specialty Award as well as the overall title of RCN Nurse of the Year. A full list of winners can be found at www.rcni.com/nurseawards. Turn to pages 14 and 15 to read about other members who have demonstrated nursing excellence in their specialty.

Pictures by Nathan Clarke

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*10% of new RCN customers paid £186 or less between 01/02/2016 to 30/04/2016. †10% of new RCN customers paid £99 or less for buildings and contents between 01/02/2016 to 30/04/2016. The Royal College of Nursing acts as an Introducer Appointed Representative to the Liverpool Victoria group of companies for General Insurance. 7573-2016

EU decide

With polling day fast approaching RCN members, along with the rest of the UK, will soon have to make up their minds whether they want to remain in or leave the European Union

While the RCN is not taking a formal position on the upcoming EU referendum, it is committed to providing members with information on how they can take part and giving them opportunities to hear both sides of the debate on nursing issues.

To help members make an informed decision, the College has produced a factual guide on the impact of the EU on nursing in the UK.

“While the organisation, delivery and financing of health services are the responsibility of national and local authorities, and not part of the EU’s remit, many initiatives related to other EU policy areas do impact on health service delivery in the UK,” explains Susan Williams, RCN Senior International Adviser.

Minimum standards

One area where EU policy and legislation has had an impact on nursing is in ensuring minimum social and employment standards.

The EU’s key health and safety directives, for example, provide a legal framework for employers to reduce risks to health care staff. A manual handling directive led to the introduction of hoists and other lifting equipment in health care settings, while the European Working Time Directive was designed to prevent employers requiring their workforce to work excessively long hours.

EU initiatives have also included the introduction of legislation for the mutual recognition of health



The only way to ensure the voice of nursing is heard is if members use their votes

Find out more about the EU referendum and what it means for nursing at www.rcn.org.uk/about-us/international/eu-referendum

professionals’ qualifications in Europe, based on minimum standards of education.

Trade deals the EU is involved in can also have knock-on effects for health care in the UK. These include the Transatlantic Trade and Investment Partnership (TTIP), an agreement currently being negotiated between the EU and the United States.

The RCN has raised potential concerns about TTIP, and is calling for a “carve out” of health services from a future deal. Any such agreement would need to be endorsed by each EU member state and the European Parliament.

Considering other factors

Susan says: “These are just some of the issues members may want to bear in mind when deciding which way to vote, and they can find more information in the RCN’s factual guide, available online.

“The scope of the EU is of course far wider than nursing and health, and members may take many other factors into consideration.

“But the only way to ensure the voice of nursing is heard in this decision is if members use their votes. So whatever your views, make sure you have your say on 23 June.”

Find out more

The RCN will be having an EU health debate to help inform members’ decisions, featuring representatives from the Remain and Leave campaigns. This will be made available on the RCN website.

Be sure to watch the related debate at RCN Congress on 19 June. Visit www.rcn.org.uk/congress to keep up with the action.

A new way forward?

Tom Metcalf reports on an innovative district nursing model from the Netherlands, which is being piloted in Scotland and England and closely watched by the RCN



The nurses are responsible for their own education, continuing professional development and team budget

A western European country with an ageing population at risk of complex long-term conditions, combined with ongoing financial pressures within the health service. Sound familiar?

The Netherlands faces many of the same problems as the UK, but a Dutch social enterprise came up with an innovative solution which has increased patient satisfaction, reduced care provision costs and given nurses more autonomy.

Buurtzorg was set up in 2006 in the small town of Almelo by four nurses who felt years of reforms had undermined their relationship with patients. They wanted to create a new district nursing system that put patients at the centre of care, and they

went about this by giving far greater control over care delivery to nurses themselves.

Autonomous nursing service

Under the Buurtzorg model, nurses work in self-managing teams of up to 12 staff providing care for a specific catchment area – usually between 40 and 60 patients.

The make-up of these teams, in terms of nursing specialty and experience, varies according to the needs of each area, but one thing they all have in common is a flat structure with no team leader and no hierarchy. The teams are responsible for every aspect of care and business, from patient assessment to staff recruitment,

although a small, centralised back-office team looks after things like admin and payroll.

The model has been successful in the Netherlands, so much so that the number of Buurtzorg nurses has grown from the original four to more than 9,000. Buurtzorg patient satisfaction scores are 30 per cent above the national average, hospital admissions have dropped by a third, and staff productivity has increased while sickness rates have fallen. So could a similar model have a similar impact in this country?

“Buurtzorg’s demonstration of nursing capability and self-management in delivering even better patient care is a great boost to the profession’s morale,”

🔗 To find out more about Buurtzorg visit www.publicworld.co.uk

says Christian Beaumont, RCN Assistant International Adviser. “We hope that by learning from Buurtzorg’s approach the critical process of nurse-led innovation can be strengthened in the UK.”

Buurtzorg has partnered with Public World, a London-based social enterprise consultancy, to look at how the model could be adapted to a UK setting. As well as tests in several NHS trusts in England, the Scottish Government is also planning Buurtzorg pilots.

Seeing the model in action

Ellen Hudson, RCN Scotland Associate Director, was invited to join a Scottish Government delegation that went out to the Netherlands in November to see the Buurtzorg model in action. She was struck by the high levels of job satisfaction among the nurses.

“The most powerful thing about it is the autonomy they enjoy – to be able to put patients at the centre of care without the need for additional management structures,” she says.

“The nurses are responsible for their own education, continuing professional development and team budget. One of them will go on a course and then share what they’ve learned with the others. Nobody tells them what they need to do.

“If there are issues around team dynamics and ways of working then they have to discuss it as a group. A coach will facilitate the

conversation but they have to find a solution for themselves.”

Ellen was also impressed by the IT system the teams use – nurses are given iPads to manage and plan care assessments on the spot. “I went out with a district nurse and we visited five patients. After every visit, while still in the patients’ home, she would write up the care plan and upload it straight away, so you have real-time, up-to-date information and there’s no running back to the office at the end of the day to write up notes.”

Stewart Donnelly, Vice Chair of the RCN Scotland Board, also went on the visit and was impressed by what he saw. “My impression was that the people involved thought it was a great idea, both from a nurse and patient perspective.

“A big thing I noticed was the time spent with each patient. In the UK it’s always a rush, you’re always moving onto the next patient.

“With Buurtzorg, the whole philosophy is built around seeing the patient and building a relationship with them. It involves intense work at the start but you reduce care over time to make patients more independent. Overall I thought it was great.”

That’s not to say there aren’t some potential drawbacks to adapting Buurtzorg to a UK setting, and it’s not simply a case of taking the model and dropping it in. For a start, the lack of hierarchy raises questions about career progression.

“Without managers it’s quite a flat structure and opportunities to progress are limited,” says Stewart. “While that’s clearly a choice the nurses have made for their own benefit, it’s not something we’re used to over here. A lot of people like the idea of career progression.

“Another challenge is the model’s focus on registered nurses. They do everything, including showering and dressing clients, and there’s little health care assistant input. How would that work in the UK?”

Stewart also says his experience of the Buurtzorg model was that it relied heavily on family and neighbourhood support to supplement what the nurses were doing. “I’m not sure we’ve got that over here,” he says. “People tend to keep themselves to themselves. The areas I visited in the Netherlands were also relatively well-off – would it work in inner-city communities? What about rural areas where people live far apart?”

“So overall there are some good bits and some challenging bits. But it’s definitely worth looking at the positives if it improves patient outcomes and job satisfaction.”

Christian agrees. “Any effort to simply lift the Buurtzorg model and assume it could immediately work in the UK would be problematic,” he says. “But it does highlight the critical role nurses can play in driving a model where patient independence is at the forefront of care, and not just a nice afterthought.”



The whole philosophy is based around building a relationship with the patient

14 FORUM FOCUS

‘Brilliant nurse’ helps break the taboo around poo

Gastrointestinal Nursing Forum member Kelly Stackhouse wins RCNi Patient’s Choice Award

Kelly, a lead bowel function clinical nurse specialist at Sandwell and West Birmingham Hospitals NHS Trust, has been credited for setting up a support group for survivors of colorectal cancer. She was nominated by patient Tom Owen for the care he received after an anterior resection left him incontinent.

“I couldn’t have survived without Kelly and her team,” he said. “She has alleviated the misery for me and many others in the area. She is selfless, brilliant and leads from the front. She deserves recognition.”

Kelly set up the faecal incontinence and chronic constipation health care (FINCH) service in 2009. She started off as the trust’s sole bowel function

nurse specialist but has since built a team which oversees the whole clinical pathway.

“Lots of trusts offer a fragmented service where a different health professional delivers a different part of the patient journey. With issues as sensitive as colorectal cancer, faecal incontinence and constipation, having to repeat their story and getting sent from pillar to post can really defeat people,” said Kelly.

By contrast, the FINCH team is trained to oversee every treatment and the nurses develop close professional relationships with their patients. It makes a remarkable difference.

“The impact of faecal incontinence can be huge,” added Kelly. “The



award win is helping promote the service. Our referral rate is up and we’re breaking the taboo around poo. People don’t need to suffer in silence. We can’t help everyone but we can support and listen, which helps patients cope with the symptoms they have.”

School nurse wins Child Health Award for setting up innovative online health service

Ruth Butler, a member of the RCN’s CYP Staying Healthy Forum, won the child health category of the annual RCNi Nurse Awards for creating a website that helps school children access health information specifically for them. The *Health Matters* website was launched in response to concerns that young people weren’t interested in looking after their health.

“It’s a challenge to make sure young people are accessing the right information,” says Ruth.



It’s a challenge to make sure young people are accessing the right information

“Through speaking to students, I found that what they wanted in a school nurse service is something accessible, confidential and visible. I only work in the school two days a week so decided an online virtual service with reliable health information could work, encouraging them to make decisions about their own health.”

Ruth’s idea grew from one page on her school’s intranet to a hub of information within her employer’s website, the Central

London Community Healthcare NHS Trust.

The website includes health resources that young people can access independently and confidentially, as well as links to recommended websites, fact sheets to use in school nurse consultations, and care plans for common conditions.

The site enables students to access the school nurse easily and ask for help in private, without having to go through school staff.

Community Nursing Award winner develops DVT diagnostic service

The UK's first nurse sonographer and RCN Advanced Nurse Practitioner Forum member, Jo Boyd, has transformed an ultrasound scanning service to improve the diagnosis of deep vein thrombosis (DVT) in the community.

Patients with suspected DVT waiting for an ultrasound were anxious and needed daily anticoagulant injections, yet only 14 per cent of these patients actually had

DVT. In 2014, nearly 1,500 patients had an average of three unnecessary doses.

Jo set up a nurse-led service that enables patients to be assessed, diagnosed, treated and reviewed in one place.

Now 97 per cent of patients who potentially have a life-threatening blood clot are scanned within 24 hours, reducing unnecessary drug administration.

Nurse-led acute oncology service secures Cancer Nursing Award

Patients had to make a 60-mile round trip to a cancer centre until nurse consultant Carole Connor established a new unit for South Warwickshire NHS Foundation Trust.

Carole, a member of the RCN's Cancer and Breast Care Forum, built a team of advanced nurse practitioners who took on roles, such as prescribing chemotherapy, that were previously undertaken by medical staff. She said: "We're committed to providing an excellent service and making a difference to our patients. We have achieved this through strong leadership, focused teamwork and never forgetting that the patient and carer is at the centre of all that we do."



Mental Health Award winners tackle misuse of restraint

A team of four practice development nurses have been working to stop restraint from being a taboo subject and prevent incidents being mismanaged.

RCN Mental Health Forum member Susan Burns is on the winning team and has helped minimise violent behaviour by introducing individual care plans.

The nurse and individual work together to develop the person-centred physical intervention protocol (PCPIP) which helps minimise and manage violent and aggressive incidents, helping to de-escalate them at an early stage.

The plans include how – when needed – restraint can be used in the most safe and respectful way. Susan said: "The plans facilitate a humane and individualised agreement about the way to bring a patient back to an equilibrium and to ensure they are kept safe."

WHAT I'M THINKING



Dr Gemma Trainor CYP Staying Healthy Forum

In the UK we have the highest rates of self harm in Europe. One in 10 young people self harm according to the Samaritans – that's two or three children in every school classroom.

According to the World Health Organization (WHO), nearly half of all mental health disorders are present before the age of 14 so we should be doing more to help young people prevent these disorders becoming debilitating in adulthood.

One of the big factors in the lives of children and young people is the internet. It creates a lot of pressure on them and can lead to bullying. Many people aren't aware but there is a wide range of websites and online forums promoting self harm and building a community around the practice. We need to tackle this and educate parents that these sites exist. We also need greater understanding from parents, teachers and practitioners about the internet and the way young people are living their lives so we can provide effective support.

We'll be spreading these messages at RCN Congress and have a debate scheduled on lobbying the Government to invest in services that promote the emotional wellbeing and positive mental health of young people. Come along and share your views. This is something we all need to be talking about.

www.rcn.org.uk/congress



16 EVENTS

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

Mental health

Psychiatric nursing research conference

15-16 September

Nottingham Conference Centre
Burton Street, Nottingham

The International Network for Psychiatric Nursing Research Conference is the leading mental health nursing event in the UK, supported by the RCN.

In its 22nd year, the conference, entitled *The Long and Winding Road: Mental Health Across the Life Course*, will explore the challenges faced by mental health nurses in delivering evidence-based compassionate care throughout a person's life. Delegates will consider the complexity of issues faced by their clients and how well services and nursing staff

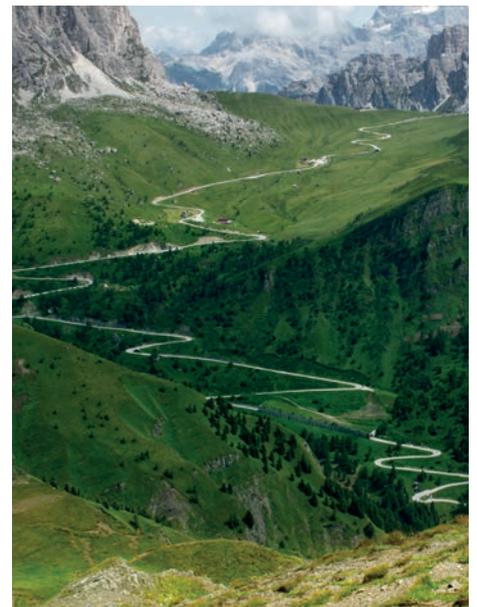
meet the mental health needs of people they work with.

The conference will cover maternal mental health, child and young people's mental health, adult mental health and older adult mental health. Keynote speakers will include Luciana Berger MP, Shadow Minister for Mental Health.

Ian Hulatt, RCN Professional Lead for Mental Health, said: "This is an excellent opportunity for experienced and new nurse researchers alike.

"It's a great chance to listen, network and learn from colleagues from all over Europe. The conference continues to grow in size and quality and is a 'must attend' event."

📍 Visit <http://tiny.cc/NPNR>



Communication

Responsible use of social media

9 June

Wolverhampton Medical Institute
New Cross Hospital
Wolverhampton

The last few years have seen an explosion in the use of social networks, including Facebook, LinkedIn and Twitter.

Hosted by the RCN West Midlands region, this session will give local members an overview of the pitfalls of social networking for health care staff and guidance on how to use social media responsibly.

📍 To book, email westmidlands.region@rcn.org.uk or call 0121 450 4300.

Ophthalmic nursing

Seeing is believing

30 September-1 October

RCN headquarters
20 Cavendish Square
London

This RCN Ophthalmic Nursing Forum Conference and Exhibition is aimed at nurses who wish to maintain their professional expertise and clinical credibility. It's one of only a few national events to focus solely on the development of ophthalmic nursing practice.

Developed by forum members, the event will promote the need for all health care professionals connected with ophthalmology to adapt, develop



and evolve their practice. It will provide a space to share ideas and network, so delegates return to the workplace informed and motivated.

In addition to new treatment initiatives and service models, the programme will provide examples of evidence-based care to inform the delivery of ophthalmic nursing in a dynamic health and social care context.

📍 Visit <http://tiny.cc/rcnophthalmic>