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STARRING ROLES

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

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Queen rewards Cecilia's service

RCN President Cecilia Anim received her CBE from the Queen recently at Buckingham Palace.

Cecilia was given the award in the New Year Honours in recognition of her work for the RCN over the last three decades, as a specialist in sexual health and a leader in her community.

After four years as RCN Vice President, she was elected President in 2014 and is currently serving a second term. She has made the promotion of excellence in nursing her priority. In her professional career Cecilia has led advances in women's sexual and reproductive health, particularly around family planning and the menopause.

Royal College of Nursing Annual General Meeting 2017

This year's RCN Annual General Meeting will be held on Tuesday 16 May at the ACC Liverpool, King's Dock, Liverpool L3 4FP at 2.30pm.

Janet Davies FRCN, Chief Executive & General Secretary

Visit www.rcn.org.uk to view the agenda.

Nurses praised after terror attack

The RCN has praised the response of nursing staff in London after the terrorist attack in Westminster last month, which left five dead and more than 50 people injured. Casualties were treated at five hospitals across the city including Guy's and St Thomas' NHS Foundation Trust, located just minutes away from the site of the attack. The RCN said: "For many, a natural reaction would be to run away, but for health professionals, they know they need to help."

Rent 'unaffordable'

In its response to the Government's White Paper on housing in England the RCN says that attention must be paid to the quality of rented accommodation because of its impact on health. The College stresses that in some areas rent is now unaffordable for many health workers. Contact RCN Direct (www.rcn.org.uk/advice) if you are struggling to pay your rent.

📍 For information about renting rights visit www.citizensadvice.org.uk and www.shelter.org.uk

Suicide risk for female nurses



The risk of suicide among female nurses is 23% higher than the national average, the Office for National Statistics has said. The RCN described the figures as heart-breaking and Chief Executive Janet Davies called on employers to implement the College's *Healthy Workplace, Healthy You* toolkit, available via the RCN website. "Members have repeatedly told us mental health issues are disregarded in the workplace," Janet said.
See page 12.

To ensure we deliver the best service, please check we have the correct details for you:

• online at www.rcn.org.uk/myrcn • by telephoning 0345 7726 100, 8.30am to 8.30pm Monday to Friday.

Or advise us of updates by emailing membership@rcn.org.uk or writing to: RCN Membership Team, Copse Walk CF23 8XG.

Ongoing pay cap will increase staff shortages

Independent review body recommends 1% rise but says current workplace pressures are not sustainable



The RCN has described as a “bitter blow” the decision by ministers in England, Scotland and Wales to maintain the existing pay cap for nursing staff.

Health Secretary Jeremy Hunt accepted the recommendation of the NHS Pay Review Body (PRB) of a 1% rise from 1 April. His decision followed announcements by the governments in Edinburgh and Cardiff that they too would award only a 1% increase.

Reflecting the anger of members, RCN Scotland Associate Director Norman Provan said the Scottish Government had again missed an opportunity to close the gap between nurses’ pay and inflation. Peter Meredith-Smith, RCN Wales Associate Director (Employment Relations), said the “significant and continuous erosion” of the wages of NHS staff that has occurred over several years would persist. Nursing staff in Northern Ireland are still waiting for an announcement.

The PRB’s report acknowledges “widespread concerns” about recruitment and retention, and says there is unease among staff about the quality of care they are able to give. But having weighed all the factors, the PRB still recommended a 1% rise – although it noted that expecting staff to work more intensively in stressful environments is not sustainable.

“ This will deter new people from joining the nursing profession

RCN Chief Executive Janet Davies said ministers were once again ignoring the evidence that staff shortages put patient care and safety at risk.

She added: “With this announcement, the Government will deter new people from joining the nursing profession at the very moment it is failing to retain staff and European colleagues in particular head for the door.”

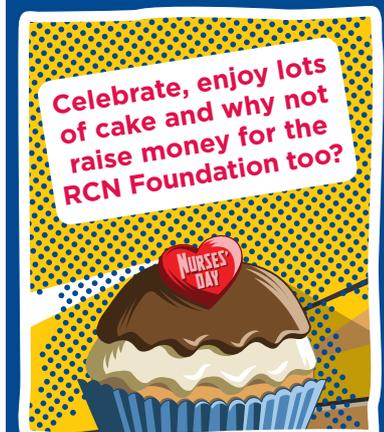
Read Janet Davies’ “Message to members” on page 7.



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EU nurses crucial to NHS, says RCN



EU nationals working in the UK need a clear signal from Theresa May

The RCN is showcasing the contribution of European Union nurses as negotiations intensify to secure withdrawal.

With Article 50 of the Lisbon Treaty now triggered but the Government yet to guarantee the rights of EU nurses to stay following Brexit, the College remains committed to supporting members from countries of the European Economic Area (EEA), which includes Norway, Iceland and Lichtenstein as well as the EU. A new area of the RCN website highlights EEA nurses' stories,

and offers advice and guidance.

Following the vote for Brexit the number of EU nurses coming to work in the UK has dropped to a quarter of its previous level, an RCN Freedom of Information (FOI) request has shown. After the referendum last June, EU nurses joining the Nursing and Midwifery Council (NMC) register fell to fewer than 200 per month, compared with nearly 800 a month for the same period in 2015.

A separate FOI request has revealed that 2,700 EU nurses

already working in the UK left the NMC register in 2016.

Janet Davies, RCN Chief Executive, said: "EU nationals working in the NHS need a clear signal from Theresa May that they are wanted and welcome to stay. Her failure to guarantee their right to remain is leaving soaring numbers heading for the door.

"The Government is turning off the supply of qualified nurses from around the world at the very moment the health service is in a staffing crisis like never before."

🔗 [Read about EEA nurses' contribution to UK health and care services at www.rcn.org.uk/eu-nurses](http://www.rcn.org.uk/eu-nurses)

Bag a bursary

Bursaries of up to £5,000 to support learning and development are available from the RCN Foundation. Three awards are open for applications until 31 May: the Professional Bursary Scheme for nurses, midwives and health care assistants; the Mair Scholarship for occupational health nurses in Scotland; and the Monica Baly Bursary for nurses and students researching the history of nursing. Details at www.rcnfoundation.org.uk

Foundation figures reflect hard times

Record numbers of nursing staff applied for RCN Foundation hardship grants last year. More than 700 nurses and health care assistants asked for help, with grants worth an average of £500. One in four grants went to staff earning a full-time wage. RCN Chief Executive Janet Davies said: "It's a sad indictment that a growing number of nursing staff, even those on full-time salaries, require financial assistance simply to cover everyday costs." www.rcnfoundation.org.uk



Members' fury at NHS trust agency ban

Members in England took to social media to express anger at a ban on trusts employing agency nurses whose main employment is in their own NHS trust or another. Neither the RCN nor the NHS Staff Council agreed the move by NHS Improvement and there was no consultation. RCN Head of Employment Relations Josie Irwin said: "We will be taking this matter up with NHS Improvement and the Department of Health."

Dame Sheila remembered

A memorial service for RCN Past President Dame Sheila Quinn will be held at St Paul's Cathedral in London at 11am on Monday 5 June. Dame Sheila died in December aged 96.

She was President from 1982 until 1986 and was awarded one of the earliest RCN fellowships. The service will be followed by a reception at RCN headquarters.

For more information email maxine.nunn@ren.org.uk

IN MY DAY JOB



Dan Warrender

Lecturer in mental health

I moved from my post as a staff nurse in an acute mental health ward to become a lecturer in mental health at Robert Gordon University in 2014. The transition from clinical practice to academia was huge, and certainly required a period of adjustment. One of the greatest benefits of this move has been the freedom to channel my energy into a variety of areas such as teaching, scholarship, and latterly into Mental Health Movie Monthly (MHMM).

I founded MHMM with my colleague, Scott Macpherson. Since Mental Health Awareness Week last May, our university has hosted a free film screening each month. The initiative brings people together to watch a film, then participate in facilitated discussion. The idea was born out of an awareness that film is a mainstay of our culture and an accessible way into conversation. Using film as a platform, we hope to increase opportunities for people to come together and talk about the often taboo subject of mental health.

Our screenings are open to all and have seen great turnouts and interesting discussions with university staff, students, service users, mental health professionals and interested members of the public. We hope to continue to provide an open opportunity for everyone to engage with this important issue which has an impact on us all.

www.mentalhealth.org.uk



'Seize the chance' to shape pre-registration education

'We must take professional ownership ... and not let others make the decisions'

Work by the Nursing and Midwifery Council (NMC) to review standards for future graduate nurses represents a unique opportunity to shape pre-registration education, delegates at a recent RCN international education conference were told.

Urging attendees at the event, hosted by the RCN Education Forum, to get involved in the NMC work, keynote speaker Dame Jill MacLeod Clark, Emeritus Professor at the University of Southampton, said: "We can no longer be reactive. We have to be professionally proactive."

The NMC has highlighted the need to ensure that new registrants are properly prepared to meet the public's need for clinical nursing leadership in the future, she said. And she encouraged delegates to see the forthcoming changes as a "once in a lifetime opportunity", adding: "We must take professional ownership of the agenda and not let others make the decisions."

Professor Jan Dewing, of Queen Margaret University, Edinburgh, addressed the importance of "person-centredness" in workplace cultures as she urged the



audience not to be afraid to make changes to team cultures to get the best results.

“ We have to be professionally proactive

Hundreds of delegates attended the conference in Cardiff. Sian Gibbon, a student nurse at the University of South Wales, said: "This has helped me see where nursing and education is going."

ARE YOUR MEMBERSHIP DETAILS UP TO DATE?

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

What you've been saying

Beware of burnout

I'm a mental health nurse and was a general nurse. My main interest is holistic care and I work for a charity to promote positive wellbeing.

Bullying of student nurses (*RCN Bulletin*, February, March) is awful. I was bullied as a student but I fought hard to stay focused, and ended up being more compassionate and having a greater desire to help other students.

In your March issue, Fiona Cassells wrote that "nursing staff need to be more resilient". I think nurses should be taught coping strategies if they are meant to be more resilient. Caring people will always burn out because they don't know anything other than to give 100% of themselves.

I would love to help educate student nurses to become stronger and believe in

themselves, and not be poisoned by peers who are unhappy, insecure and critical of other people.

✉ **Mary Harrison, the Purvis Foundation, by email**

Dying language

As a palliative care nurse I was disappointed to read that instead of the word "died", "passed away" was used when informing us about Dame Sheila Quinn (*RCN Bulletin*, January). Palliative care teams spend time educating people to use "dying" or "died" as these cannot be interpreted to mean anything else. It would be great if our professional colleagues followed suit or are we fighting a losing battle?

✉ **Kitty Griffin, clinical nurse specialist, by email**

I'VE BEEN READING...



I followed with interest the tweets from the Chief Nursing Officer for England's Summit in Birmingham last month. The quote from Health Secretary Jeremy Hunt stating "the priority is to increase number of nurses, not their pay or their CPD to help retention" was frankly baffling. How do we increase the number of nurses without bursaries? What about retention? Access to learning that enhances professional development is crucial to providing high quality care and ensures nurses feel valued and respected.

Debbie Quinn, Queen's 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

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HOT TOPIC



Prime Minister Theresa May has triggered Article 50, formally beginning the UK's departure from the European Union. With the rights of EU nationals living in the UK still up in the air, we asked:

How important is it for the Government to allow EU nursing staff to remain in the UK?

- @njmpw** the NHS wouldn't survive without all of our colleagues from around the world.
- @lynnisit** too important for the government to keep ignoring.
- @AnneDoggart** Government – just do it!

Meanwhile, the RCN has also been asking members to share their experiences of the contribution of EU and EEA* staff to health care in the UK.

On Facebook, **Jayne Greenop** said: "Without our colleagues from other countries including the EU the entire NHS and private health care would not work. It is about time they got the respect they deserve."

European staff also got in touch to share their concerns. **Sergio**, via email, wrote: "I have already applied to work in another European country. If the Government does not grant us the right to remain, I know other colleagues plan to leave as soon as possible. I can't cope with a climate of uncertainty – it is not fair for anyone."

Read more stories like Sergio's at www.rcn.org.uk/eu-nurses

**The European Economic Area (EEA) includes all EU countries as well as Iceland, Liechtenstein and Norway.*

MESSAGE TO MEMBERS



Janet Davies
RCN Chief Executive

Staff shortages, financial hardship, bigger workloads, patient care put at risk – the RCN evidence to the NHS Pay Review Body (PRB) laid out multiple challenges facing the nursing workforce and these were key among them.

Our annual submission to the PRB is called "evidence" for a reason: it's based on fact. Not fantasy or anecdote but hard data. And since our evidence was submitted in September last year the challenges have multiplied – compounded by the impact of Brexit on the nursing workforce.

And yet the Government has chosen, once again, to disregard the facts – along with the lobbying, petitioning and all reasoned argument – and award a pay rise that will do absolutely nothing to address any of the issues harming the NHS. In fact, if nurses vote with their feet and leave, it will only damage the health service further.

Should we give up? Not a chance. Another 1% pay rise is an insult and an outrage, and demonstrates calculated indifference in the face of the genuine hardship facing many of our members. It diminishes the value of nurses and nursing.

So I urge you to get involved, stay engaged, keep talking. We will continue to campaign until the unstinting commitment of nursing staff is recognised and properly remunerated. RCN Council is deciding next steps so please share with us your reaction and together we'll strive to overturn this rank injustice.

bulletin@rcn.org.uk



How the RCN contributes to safe practice

Anna Crossley, RCN Professional Lead for Acute, Emergency and Critical Care, on ensuring medical equipment is safe

The RCN and you as members influence patient safety in many important ways. One of my responsibilities is representing the College on a committee that offers clinical advice to the Medicines and Healthcare products Regulatory Agency (MHRA).

The committee brings together representatives from various clinical backgrounds and organisations to help ensure medical devices – from glucometers to heart valves – are safe. We advise on the impact on and experience of nurses and others if a device is taken out of commission or if there are concerns about its use. We take our members' queries to the committee and, alongside the Yellow Card Scheme for reporting side effects and adverse incidents, help the MHRA identify emerging trends. RCN forums, too, provide expertise to the agency.



Nursing staff play a crucial role in ensuring equipment is safe and effective. They're also perfectly positioned to hear patients' experiences. But changes to the way services are delivered, with more devices being used outside hospitals, mean that extra vigilance is required. We all have a duty to ensure we are practising safely and I would urge members to use the available channels such as the Yellow Card Scheme to report concerns.

www.mhra.gov.uk

8 FEATURES

Someone to turn to

The RCN is shining a light on its local representatives who work tirelessly on members' behalf. Lynne Pearce explains how reps can help you



Staff know there is someone they can turn to for help and that they are not alone

For those who have faced a crisis at work, your local RCN representative will be familiar – but what else do they do? And what difference can they make to your working life?

To spread the word about the vital role the RCN's specially trained reps are playing in workplaces all over the UK, the College is showcasing their work with a series of colourful posters. Each one tells the story of a rep's achievements – whether supporting individuals in difficulty, influencing how an organisation works or even changing policies at a national level.

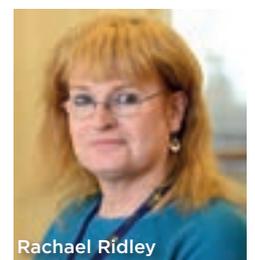
Among those whose contribution is being highlighted is RCN learning representative Rachael Ridley, a staff nurse at Cumberland Infirmary, part of North Cumbria University Hospitals NHS Trust.

Her mission is to provide nursing staff with targeted expert information to help them offer a better standard of care for transgender patients.

“We know that nursing staff have a lack of knowledge about trans issues, potentially affecting the quality of care they are able to deliver to this group of

patients,” says Rachael. “By improving understanding, the nursing community can reduce experiences of poor care, helping to eliminate the discrimination often faced by trans people.”

This issue was first highlighted with a successful resolution at RCN Congress in 2010, after which Rachael sought agreement to publish a new RCN learning resource, working with others to produce guidance. Last June, the RCN launched the recently updated *Fair Care for Trans Patients*, with Rachael raising awareness of trans health care both locally, encouraging her



Rachael Ridley



Michael Hayworth

trust to promote the guide's key messages, and nationally, through forums and events.

Rachael's work also inspired an RCN survey involving more than 1,200 nursing staff. This found that while more than three-quarters had encountered trans people during their nursing work, almost 90% felt unprepared to meet their needs.

"The impact is not just on nurses but on patients too," says Rachael. "Even the language that nurses use towards trans patients can make a huge difference to their overall experience of care."

Signposting

Members facing complex individual challenges can also benefit from RCN reps' expertise in resolving difficulties.

One member at Derby Teaching Hospitals NHS Foundation Trust discovered she was set to lose a large chunk of her pension, as a result of down-banding through organisational changes that happened three years beforehand.

"At the time, it never occurred to her to do anything to protect her future pension," says RCN steward and safety rep Michael Hayworth, who helped negotiate a way forward.

The member, who asked to remain anonymous, says: "Michael supported me, signposting me to help and advice, which was vital." This included the RCN's welfare rights and guidance team and individually tailored financial advice, offered via the RCN.

"Many nurses who have gone through organisational change could find themselves in a similar position," says Michael. "Ask questions now, before it's too late to take action."

Five ways RCN reps can help you

- **Provide expert support** if you find yourself in trouble. "Staff know there is someone they can turn to for help and that they are not alone," says RCN learning rep Jeremy Davies, at Betsi Cadwaladr University Health Board. "All they have to do is pick up the phone."
- **Advocate for nursing staff** facing changes at work – whether small scale or structural – making sure your voice is heard. "Through the RCN's efforts, managers realise that talking to staff and getting them involved in the process makes change much easier for everyone," says RCN steward Amaka Okeke, at Hull and East Yorkshire Hospitals NHS Trust.
- **Support throughout your career**, with tailored learning opportunities and events. David McKerr, RCN steward and safety rep at Belfast Health and Social Care Trust, says: "The RCN is much more than a trade union."
- **Help to improve policies**, making a real difference to patient care. "Our reps attend all kinds of strategic meetings, using the opportunity to influence and making sure we have a complete overview of what's happening here," says RCN Officer Gill Robertson, who works alongside the team of reps in the RCN Greater Glasgow branch.
- **Transform the culture of organisations** from an "us and them" approach to one that recognises the benefits of working in partnership. Helen Oatham, RCN steward at Norfolk and Suffolk NHS Foundation Trust, says: "There's a misconception that sometimes you have to throw all your toys out of the pram to get something – but actually it's usually about being fair and reasonable."

Whether you work in the NHS or the independent sector, for an agency, are self-employed or a student member, the RCN is here to help. Go to www.rcn.org.uk/get-help

What do reps do?

- About 1,000 **RCN stewards** promote employment rights, making sure members are treated fairly, preventing and resolving any disputes.
- About 450 **learning and development reps** support career development, organising events; supporting individual learning needs; and working with employers to influence and support a positive learning and development culture.
- About 400 **safety reps** work with employers to ensure a safe and healthy working environment, carrying out safety inspections and risk assessments; reviewing policies; and representing members on matters relating to workplace accidents and incidents.

Interested in becoming an RCN rep?



No formal qualifications or a particular level of experience are needed for any of the reps' roles and there's a comprehensive package of free learning and development support. "We have to have the confidence to say 'this isn't right'. The RCN gives me that confidence," says East Midlands learning rep Marva Duncan (pictured left), a former RCN Learning Representative of the Year. Contact your local RCN office or branch via www.rcn.org.uk/recontact or see the RCN's leaflet, *Proud to Make a Difference* www.rcn.org.uk/repleaflet



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Details about the agenda, speakers and events are all available online

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Shape the debate

RCN Congress in Liverpool next month offers a chance to discuss topics that can shape nursing and health care. Sharon Palfrey picks out two from a long and varied list

RCN Congress is led by members like you. They shape the programme so the issues discussed are those that matter. From the long list of diverse and important items on this year's agenda, here are two that could have a direct impact on you.

Members with dementia

Jo James, from the RCN Older People's Forum, wants the College to develop a strategy for supporting members who have dementia to continue nursing.

More than 42,000 people in the UK have young-onset dementia but many will have to lie or hide their diagnosis if they want to go on working. Yet there are ways to continue without putting patients at risk. Jo says a strategy should ensure that the RCN not only supports reasonable adjustments for people diagnosed with dementia, but also that the organisation leads the way, becoming an exemplar for inclusion and support in line with nursing's wider principles.

"We need to send the right message about how nurses care for one another, how much we value our colleagues and the importance of keeping experience, knowledge and skills within the profession for as long as we can," Jo says.

RCN Employment Relations Officer Nicola Lee points out that there are already systems in place that legislate against discrimination on the grounds of disability – but someone with



We need to send the right message about how nurses care for one another



dementia often has to battle with the stigma of a condition that remains poorly understood. "The number of people with dementia is growing," she says. "Even if you're not directly affected yourself, it's likely you'll already or soon know someone who is."

Just say no?

RCN Dorset branch will lead a discussion on whether emergency departments should be able to turn people away. Kathy Moore from the branch asks: "Should they be signposting people to more appropriate services so they can concentrate on dealing with the patients who actually need emergency care?"

Recent reviews and policy documents have proposed a fundamental redesign of the urgent care "front door", and extra support for experienced clinicians to triage patients in A&E

was announced in the Budget – although the RCN described this as a sticking plaster.

Anna Crossley, RCN Professional Lead for Acute, Emergency and Critical Care, says: "A&E departments are struggling because of an overstretched system. The population is growing and ageing so we need to connect patients with the right person for them at the right time."

Destination Liverpool

RCN Congress is free to attend and all members are welcome. Stuart McKenzie, who chairs the event, says: "Congress is the heart of policy-making for the RCN. It's our opportunity to show the rest of the world who and what we are."

Even if you can't get to Liverpool for this year's event, there are many other ways to get involved. See the website for details.

Visit www.rcn.org.uk/congress for more information.

12 FEATURES

Survival skills

RCN member Nick Bushell, who has worked as a mental health nurse for 21 years, reflects on his experience of patient suicide and how it affects him



I'm sad to say I've known more than 20 people who have ended their lives, despite the best efforts and intentions of nurses, other staff and their own families. My response is usually to take time to reflect, think of all those affected and then continue caring for other patients. But sometimes it's hard to carry on.

An image that stayed with me recently is of a young girl, the daughter of a patient I was admitting, coming into the room to collect her homework. The patient, the girl's mother, took her life that same week. The image of the little girl kept me awake at night.

I work within a supportive team. I also receive monthly team supervision from a psychologist and can access counselling via occupational health. In truth,

there's as much support available to me as can reasonably be offered. But the nature of mental health nursing means we spend many hours with people. We get to know their most intimate thoughts through the very worst times of their lives. We are only human and in the long term I wonder what impact my job is having and whether I can really do it without eventually being pulled down.

Extra stress

One of the most difficult aspects of the job is fearing we missed something or feeling we are to blame. Rightly there has to be an investigation when someone ends their life while under the care of services. If there are lessons to be learned, we must take these on and make our services safer for everyone. There's no way around

this but it all adds to the stress of the nurse's job.

I certainly don't want to become someone who is so detached from the sadness of my patients that I can't really understand or help. You can get a computer programme to write care plans or dispense medications but it takes a thinking, feeling human being to get close to a person when he or she is frightened and feeling alone.

It's tough to carry on but I think the secret is to talk about our feelings – something we encourage our patients to do every day. Nursing staff can find it hard to reach out and to say we need help but there's no shame in admitting you're finding things hard. The support is there so my advice is reach out and make use of it.

Ian Hulatt, RCN Professional Lead for Mental Health, writes:

"Many events can have a lasting impact upon the nursing staff who either witness them or are even indirectly involved. The main task, and possibly protective action to take, is to talk to a trusted colleague and friend. We should all try to process events that trouble us, and the first step is possibly just to acknowledge how we are feeling and to share that with someone we trust. It really is important that a traditional 'coping culture' doesn't leave you with unresolved feelings or concerns."



I think the secret is to talk about our feelings

🔗 The RCN Counselling Service provides members with free, confidential support to help with both work-related and personal issues. Telephone 0345 772 6100 or go to www.rcn.org.uk/counselling

Code breakers

If you think sequencing the genetic code sounds remote from daily nursing practice, think again. The RCN is at the forefront of a health care revolution

A round-table event earlier this year brought together leaders from nursing and other health and education organisations to discuss a topic that's bringing radical change to the treatment of disease: genomics.

It's 13 years since scientists announced they had sequenced the entire genetic code – the blueprint or genome – of a human. More than a decade of painstaking research by an international team of researchers laboriously “reading” the code's three billion letters led to the publication of the DNA code of the human genome.

Since then understanding of genomics – the study of the entire set of genes and the DNA between those genes – has moved on to such a phenomenal extent it is making an incredible difference to diagnostics and treatment for people with rare diseases and more common ones such as breast cancer.

Pivotal role

Donna Kinnair, RCN Director of Nursing, Policy and Practice, who represented the College at the round-table event, says frontline nurses will have a pivotal role in helping to embed genomics within everyday practice, thereby revolutionising patient care.

“Nurses and midwives will be instrumental in making the significant changes required to ensure the potential that genomic medicine offers to improve patient diagnosis and treatment



Genetics and genomics is not simply lab work nor the sole remit of research staff



is delivered through the NHS,” Donna says.

“We're working to ensure nurses have the right education, information and understanding of how to bring this new opportunity to patients.”

To that end, NHS England has established a genomics education programme to ensure nurses and midwives have the knowledge, skills and experience to make the most of genomic technologies and embrace the changes that personalised medicine will bring. The programme includes short online courses, online factsheets, workshops and webchats as well as CPD courses.

The NHS has begun embedding this new approach to health care through its 100,000 Genomes Project, which aims to sequence

100,000 genomes from NHS patients and their families to further understanding about a range of diseases. Sequencing patients' genomes means the end to “one-size-fits-all” treatment and paves the way for personalised therapies, which work more effectively. It also means a diagnosis can be made at an earlier stage.

As Charlotte Hitchcock, a nurse at the West Midlands NHS Genomic Medicine Centre explains, genomics is no longer a specialist domain.

“Genetics and genomics is not simply lab work nor the sole remit of research staff: it is the future of health care. The 100,000 Genomes Project provides the opportunity for nurses to play a part in an integrated health service for the benefit of patients.”

🕒 For training courses and online resources: www.genomicseducation.hee.nhs.uk

Global Genomics Nursing Alliance: www.g2na.org

For information on the 100,000 Genomes Project: www.genomicsengland.co.uk

Talking about a taboo

Members of an RCN forum have been instrumental in developing a new resource about managing continence and how nursing staff can support patients



According to NHS Choices, one in 10 adults will be affected by bowel incontinence at some point in their lives. The true prevalence of continence problems, though, is difficult to estimate because so many sufferers are too embarrassed to seek help or don't know that treatments are available.

Anne Carroll, a continence nurse specialist and member of the RCN Continence Forum committee, was involved in designing an online learning resource on bowel and bladder problems with the aim of improving care in this area of nursing. Anne says: "When continence works, people don't think about it. It's when problems occur that people realise the impact it can have on their lives and want the issue addressed."

She adds: "Conditions affecting the bladder and bowel are often

taboo subjects and individuals sometimes feel uncomfortable discussing their symptoms and problems. It's not a high profile subject and the management of continence has often been poor in acute settings, especially as the emphasis is on treating the main reason for the patient being in hospital, be it a heart attack, stroke or other serious condition.

"Often in these situations, incontinence is managed with a pad and this can be difficult for patients, so raising awareness is really important."

Seeking help

It's estimated that fewer than 40% of people with urinary incontinence seek help for their condition from a GP or nurse. This figure is even lower for those with faecal incontinence. These conditions can

have a huge effect on all areas of an individual's life, from self-esteem and wellbeing to quality of life. Yet they can be managed, treated and sometimes cured with the right support and advice.

Anne says: "The main point of developing the resource is to create awareness around continence and give staff greater knowledge and skills to assess the cause of the incontinence and set about treating it or referring to specialists."

"The more that's understood about the condition – for instance, knowing that incontinence is a common problem and not restricted to older people – the more confident you'll feel discussing the issue and supporting the individual."

The resource covers topics such as the anatomy and physiology of the urinary tract and bowels, the causes of bladder and bowel problems, maintaining dignity and how to talk to people about continence issues.

Anne says: "It's suitable for support workers, students, registered nurses – anyone who wants to know more about continence care, what they can do and when to refer to specialists. It was designed so that people can dip in and out, which will hopefully be a helpful way for nursing staff to learn more about the topic in small bites."

"Anyone using it will find some of the tools they need to be able to speak to individuals and to identify ways to help them manage their problem."



Management of continence has often been poor

🔗 Join the RCN Continence Care Forum at www.rcn.org.uk/forums
Access the resource at <https://tinyurl.com/h8pcj6w>

The eyes have it: promoting ocular health

Members of the RCN Ophthalmic Nursing Forum have been working to update a publication on eye health, visual impairment and learning disabilities.

Forum committee member Penelope Stanford said: "In order to meet the needs of patients and policy makers, and adapt to public perceptions, ophthalmic nursing care has had to change to incorporate the challenges of evolving health care demands."

She added: "*The Nature, Scope and Value of Ophthalmic Nursing* offers a strategic vision and guidance on how ophthalmic nurses can help maintain and promote ocular health."

Bayer provided an educational grant towards the update, print and dissemination of this publication.

Download it from the RCN website: www.rcn.org.uk/publications

Children's nursing in the spotlight

Returning for 2017, the RCN Children and Young People Nursing Conference will run alongside the Royal College of Paediatrics and Child Health conference at the Birmingham ICC from 24 to 26 May. The conference covers five themes that include transforming care for children and young people with continuing care needs and their families, and promoting and assessing emotional resilience in young people.

Professor Dave Clarke, Chair of the RCN Children's and Young People's Acute Care Forum, said: "It's a great platform to meet and share best practice with health care professionals of all levels who have an interest in the health of children and young people."

For more information visit <http://tinyurl.com/jd6dwn5>



Stroke treatment

Research findings about stroke and its treatment are the focus of a new themed review from the National Institute of Health Research. Amanda Cheesley, RCN Professional Lead for Long Term Conditions and End of Life Care, said: "This easy to read review is of use to anyone working in field of stroke, from primary care to acute services, and particularly for those who are developing a stroke pathway locally."

Read *Roads to Recovery* at <http://tinyurl.com/mqmfot5>

Bowel cancer awareness

April is Bowel Cancer Awareness Month. Bowel cancer is the fourth most common cancer in the UK but also one of the most curable, especially when diagnosed early. Increasing rates of cancer, coupled with longer survival, means all nursing staff are likely to care for or meet a person diagnosed with the disease.

To educate nurses on demystifying the language used about cancer, the RCN Cancer and Breast Care Forum will be hosting a fringe session at RCN Congress on 16 May. www.rcn.org.uk/congress

WHAT I'M THINKING



Ellen Pool
Staff midwife

On completion of my midwifery degree, I was honoured to receive Edinburgh Napier University's Simon Pullin Award for excellence in the development of person-centred, compassionate caring skills.

As part of my application, I wrote a reflective piece based on an experience I had on placement in a maternity hospital. During a very busy shift I was seeing a woman being assessed in the triage department for her high blood pressure. Although I attended to the clinical tasks, I had initially failed to take account of her vulnerable situation as a new mother trying to take care of her baby in an unfamiliar environment.

I was more focused on completing tasks than thinking holistically and considering her practical and emotional needs. I believe if I had made time to talk to her about what she felt she needed, then her distress could have been prevented. I also thought about the importance of my non-verbal communication. My body language may have reflected that I was very busy, which could have made her feel that her needs were relatively insignificant and therefore reluctant to ask for help.

I understand now that it doesn't take a great effort to demonstrate compassion and it's often the small gestures that can make a big difference to a person's experience of care. I recognise the impact that a demanding workload can have on my care and I will be more aware of this when faced with similar situations in future.

www.rcn.org.uk/forums



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

Looked-after Children's Networking Event 2017

A chance to influence

6 June
RCN headquarters
20 Cavendish Square
London W1G 0RN

Get up to speed with all the latest news and topical issues affecting children and young people in care. This conference will appeal to nurses and health care assistants working with looked-after children and those in care. It will address issues such as substance misuse among looked-after children, and will provide an update on the findings and impact of the Care Leavers' Association 2016 health project. As well as the main programme, the conference will also include posters and stalls showcasing examples of good practice.

The event will cover three main areas: adolescent health, mental health and care leavers.

Fiona Smith, RCN Professional Lead for Children and Young People, said: "This conference gives attendees a chance to influence the Government's agenda for looked-after children and those in care, as well as care leavers, particularly in respect of the integration of services and the implementation of statutory guidance."

Delegates who attend the conference can also accrue up to 7.5 hours of continuing professional development time that will count towards revalidation.

To book, email renevents@rcn.org.uk or call 0207 6473587. www.rcn.org.uk/LAC17



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For Text Phone first dial 18001. Mon-Fri 8am-8pm, Sat 9am-5pm, Sun 10am-4pm. Bank Holidays 9am-5pm.

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