



Royal College
of Nursing

RCN
BULLETIN



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

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Students demand more financial support

Student members in England are continuing to campaign for more money to support them through their nursing degrees after the Government missed another opportunity to announce new funds in the spring statement.

Since the NHS bursary was axed in England, applications to nursing degree courses have fallen by 30%. We want at least £1bn a year to be reinvested into nursing higher education in England to attract more people to the profession and support current students through their degrees.

Visit rcn.org.uk/fundourfuture to join our campaign.

NHS pay deal year two

The second year of the NHS pay deal for England will begin on 1 April 2019.

We want members to understand what implementation of the second year of the deal means for them. Acknowledging the complexity of the deal and our miscommunication about the deal last year, we want to encourage you to use the "pay journey tool" produced by NHS Employers. This shows how the basic pay of individual staff will change during transition to the new Agenda for Change pay structure. Go to tinyurl.com/nhs-england-pay-journey-tool

1 April also marks the start of year two of the NHS pay deals in Scotland and Wales. For the latest information about NHS pay in Scotland, go to tinyurl.com/nhs-scotland-pay. Members working for the NHS in Wales should go to tinyurl.com/nhs-wales-pay

Powerful personal stories reveal impact of poor pay

Members in Northern Ireland have been sharing their stories of how pay restraint is affecting them.

The pay gap between nursing staff there and the rest of the UK continues to grow, after the recent pay award imposed by the Department of Health fell short of the expected 3% minimum increase.

A significant number of nurses have received just 1.5% and many have been denied the incremental pay progression they're entitled to.

One member said: "I feel sick, deflated, demoralised and lost. I can't bear how undervalued I feel, knowing how hard nurses work and how utterly important our role is. Once again we are bottom of the pile."

We're continuing to talk to members in advance of a potential ballot on industrial action over pay. Find out more and share your anonymous story at rcn.org.uk/northern-ireland-pay

Glove Awareness Week



Gloving it

Glove Awareness Week is a chance to find out more about skin health and appropriate glove use. Hand dermatitis, which can be caused by using gloves too much or too little, can be painful and may mean you need to move out of clinical areas because of the risk of infection.

RCN leaflets and posters as well as guidance for health care staff on glove use and preventing hand dermatitis are available at rcn.org.uk/glove-aware

Scotland staffing law edges closer

Members in Scotland are asked to contact their MSPs about how important it is that a law on staffing for safe and effective care makes a real difference to nursing teams.

Legislation moved closer after the Health and Care (Staffing) (Scotland) Bill passed through the second stage of the parliamentary process.

More than 130 important amendments were tabled, many inspired by RCN Scotland's *Ask for More* campaign, which highlights the impact of nursing shortages.

The bill now moves to stage three where final amendments are considered and MSPs decide whether it should become law.

Use the automated tool on the *Ask for More* webpage to urge your MSP to support the proposed law. Visit tinyurl.com/ask-campaign

Wales seeks extension of legislation

The Welsh Government must extend the Nurse Staffing levels (Wales) Act 2016 to other areas. The duties of calculating and maintaining nurse staffing levels should apply everywhere where nurses work and the next phase should include children's nursing, mental health, and the community.

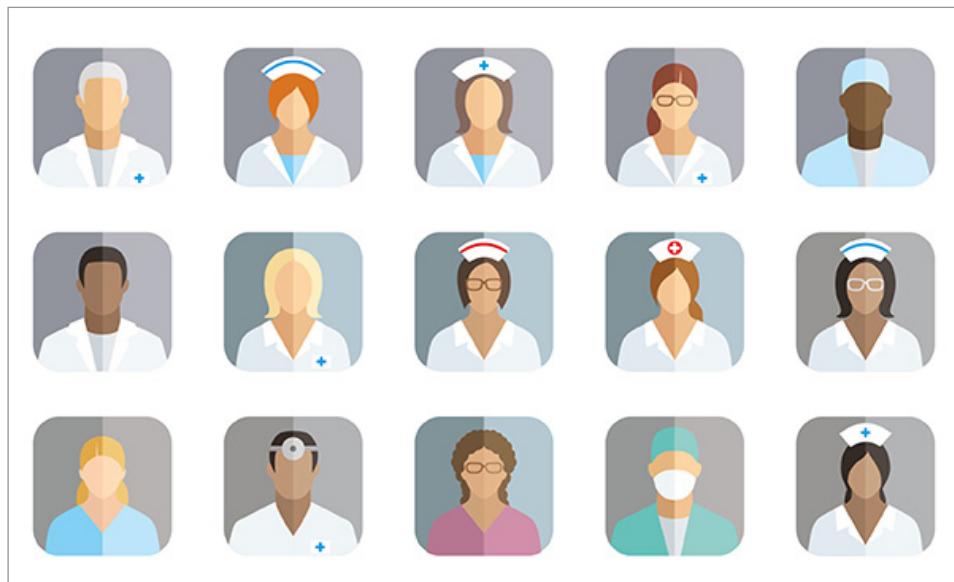
That's what RCN Wales is calling for now as we review how the existing law is being implemented and what impact it's having on certain hospital wards.

Further research is needed to develop workforce planning tools to use in different care settings. We urge the Welsh Government to invest in these with a clear timeline and to make sure the workforce strategy currently being developed supports extension of the act.

Visit tinyurl.com/wales-safe-staffing to find out more.

Act now to help halt workforce crisis

Members in England have 'clear opportunity' to make leaders accountable for staffing



When the *NHS Long Term Plan* was published earlier this year, the RCN welcomed its ambitious direction. But we said that to deliver the plan, there must be clear accountability for making sure there are enough staff to meet the population's needs.

NHS England and NHS Improvement are now seeking views on changes to legislation that they say will help deliver the plan. So we have a clear opportunity to demand changes to their proposals that will help tackle the workforce crisis.

The RCN thinks the health secretary should be accountable to parliament for an adequate supply of health and care staff. But other national, regional and local bodies should have duties and responsibilities too.

Clinical commissioning groups, for example, should have a legal obligation to understand local needs and plan the workforce accordingly. And health and care providers should hold corporate accountability for workforce decisions,

which must be based on evidence and the professional judgement of senior nurses.

Patricia Marquis, RCN England Director, said: "We have a window of opportunity to make a difference here, to make those in power realise that no improvements can be made without addressing the severe shortages of nursing staff."

She urged members to act. "We must speak loudly now to get our voices heard."

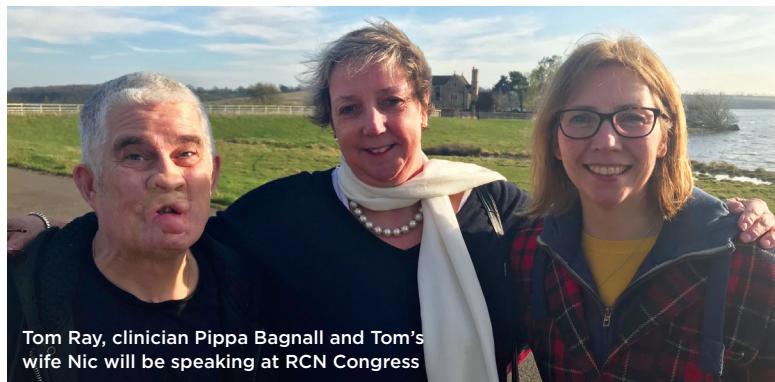
On the RCN website, we've created a letter that sets out our main priorities and which you can send to the consultation team.

The letter outlines the extent of the current crisis – almost 40,000 nursing posts in England are vacant – and says the crisis will deepen unless key leaders are made accountable and responsible.

Using the automated tool we've created, it takes only one minute to send the letter and respond to the consultation. Visit rcn.action.org.uk/NHS-consultation

4 GOOD NEWS

Sepsis survivor to share his remarkable story with members



Tom Ray, clinician Pippa Bagnall and Tom's wife Nic will be speaking at RCN Congress

Tom Ray, who lost limbs to sepsis, seeks to raise awareness of the potentially deadly infection

The powerful and moving story of one man's battle with sepsis will feature alongside the main debates as one of the highlights of this year's RCN Congress, to be held in Liverpool from 19 to 23 May.

Keynote speaker Tom Ray will describe the devastating impact the infection had on him and his family.

Sepsis struck with no warning and after five months in a coma, Tom woke as a quadruple amputee who also required facial reconstruction. Tom and his wife and carer, Nic, will describe their remarkable journey and their work to raise awareness of the potentially catastrophic effects of sepsis.

Elsewhere at Congress, London Fire Commissioner Dany Cotton will talk about the trauma experienced by fire officers

who attended the Grenfell fire, including the stigma that often surrounds asking for help. On a similar theme, an event arranged by the RCN Mental Health Forum will examine emotional self-care for nursing staff.

A panel discussion hosted by the RCN Professional Nursing Committee will ask whether the College can be effective as both a professional body and a trade union. And an event focusing on the RCN safe staffing campaign will hear how members across the UK have been mobilised to achieve the campaign's goals.

Tai chi tasters, nurse leadership skills and the health risks of psychoactive drugs are among the mix of seminars, talks and interactive sessions that make up the fringe programme. Attendance can count towards revalidation, as well as offering personal and professional development opportunities.

RCN CONGRESS
Liverpool
19-23 May

Explore the full fringe programme at rcn.org.uk/congress

Salary exemption extended

Internationally recruited nurses will be exempt from minimum salary rules until January 2021, the Government has said. It means nurses working in the UK with a Tier 2 visa need to earn at least £20,800 a year, rather than £30,000. Acting RCN Chief Executive Dame Donna Kinnair said: "For as long as the UK fails to train enough of our own nurses, it is vital we remain open and welcoming to our international colleagues."

GP nurses now covered by free indemnity scheme

From 1 April, a new state-backed indemnity scheme will automatically provide cover to nursing staff working in NHS GP services in England. They won't need to register or make payments and those working in out-of-hours services, walk-in centres and prison primary care services will be covered too. As the scheme is only for clinical negligence liability, the RCN will continue to provide indemnity cover for members' non-NHS, self-employed, voluntary and Good Samaritan work, as well as providing other workplace legal support. Visit tinyurl.com/GP-nursing-indemnity



The big picture



RCN President Anne Marie Rafferty captivates the audience at the recent RCN reps conference in Leeds. "I believe this is a totemic moment in the history of the RCN," she said, referring to the UK-wide campaign for safe nurse staffing legislation. Visit rcn.org.uk/activate to read more.

PATIENT PERSPECTIVE



Katherine says nursing staff had a powerful impact in reassuring her ahead of major surgery

When I first heard about surgery school, I thought it sounded like a good idea for someone like me who'd never had any type of procedure, let alone major abdominal surgery for bowel cancer. I went with an open mind, thinking it would be helpful, but it completely surpassed my expectations and provided so much reassurance.

The fact it focused specifically on cancer and was nurse-led was brilliant. The nurses were so approachable and during the break more came along so everyone had a chance to ask questions if they wanted to. It was lovely to see Claire, my own wonderful cancer nurse specialist, there too. I was quite nervous about having a catheter inserted and I asked if it would be painful. I was told that in this

case it would be done under general anaesthetic so I wouldn't feel it. It was only a small worry compared with the actual surgery but after surgery school, it was one less thing to worry about.

On the day of my surgery, I felt like I knew exactly what to expect. The most helpful thing I remember was being told not to be stoical. They said we must tell someone if we were in pain because people recover more quickly when pain is controlled. If I hadn't heard that advice, I might have been tempted to think the pain was just to be expected.

Read more about surgery school on page 10.

April is Bowel Cancer Awareness Month. Bowel cancer is the fourth most common cancer in the UK and almost 42,000 people are diagnosed with it every year. Find out more at bowelcanceruk.org.uk

MEET THE MEMBER



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

Name: Jackie Davies

Role: RCN steward

Sum up what you do in a sentence

I support nursing staff who find themselves in difficult work situations.

Describe your job in three words

Saving nurses' jobs.

What item can't you do without at work?

Tissues. People cry a lot as they're often in very stressful situations when they come to see me.

What's the best bit about your job?

Knowing you're making a difference. I like knowing that I'm still caring for people, except now they are RCN members instead of patients.

What helps get you through a difficult day at work?

My supportive colleagues.

How do you unwind?

Getting fresh air and exercise. I particularly like walking the coastal path in Pembrokeshire in Wales.

If you could have a superpower what would it be?

Predicting the future. Being able to see ahead would help me to make better choices.

rcn.org.uk/myrcn



THE VIEW FROM HERE



Anthony Clarkson

Director of Organ Donation and Transplantation at NHSBT

The death of a child is devastating and has an impact on us as nursing staff. Yet time and time again we hear from families that organ donation is one thing which can offer comfort and hope at what is an otherwise tragic time.

Our first paediatric and neonatal organ donation strategic plan was launched in March. It was created to identify and share best practice in support of organ donation. Its focus is on the shortage of paediatric organ donors in the UK and the tragedy of children dying because of the lack of organs. The plan's ambition is simple: to ensure that no opportunity for organ donation is missed.

While new opt-out legislation in England will hopefully have a positive impact on adult donation, the system will not apply to children. Making organ donation a routine part of end-of-life care remains vital. We're asking nursing staff working with a child on an end-of-life pathway to contact their organ donation specialist nurse team who will work collaboratively with you, and where appropriate, help offer that option to the family.

I recently met Max Johnson, a boy who was saved by a heart donated by nine-year-old Kiera Ball. Seeing him full of life and Kiera's family so proud of their little girl's gift, was the ultimate validation of paediatric donation.

tiny.cc/neonataldonation



What you've been saying

Cadet scheme is a great opportunity

I was pleased to see the article about a new nursing cadet scheme (*RCN Bulletin*, March issue, page 2). I started as a cadet nurse in Glanrhod Hospital, Bridgend in 1975, aged 16.

I worked in the social centre and rehabilitation because I wasn't allowed in patient areas until I was 18. I loved this part of my career and it certainly mapped out my nursing path in mental health.

I think this scheme is a great opportunity to secure future nurses for Wales and the wider NHS. I look forward to seeing the results in the next few years.

✉ Andrea Higgins by email

Students forced to fork out

Regarding the decline in student nurse applications (*RCN Bulletin*, March issue, page 3), a lot has changed since I trained.

It's not easy for student nurses nowadays. My daughter has had to fork out £400 to get to one placement (up at 4am and home at 10.30pm) and £500 to travel to her current placement, never mind the cost of required literature. Claiming back some of her travel expenses is an arduous exercise with other people losing all her evidence. Not great.

✉ Clare Brown by email

No-one can dull my sparkle

We'll be having a lunch and learn event on Nurses' Day at work. I'm proud to be a nurse and want to celebrate with my fantastic professional colleagues who give 100% to the job. We may not be able to always change things as quickly as we would like but it doesn't mean we can't celebrate the excellent work we do and care that we provide. No-one is dulling my sparkle. I've ordered my party pack.

✉ Susan Kendall on Facebook

QUOTE OF THE MONTH

“ This is good news for patients as well as nursing staff who we know have, on occasion, had to purchase sanitary products for their patients, often out of their own pockets.

RCN Associate Director of Nursing Stephanie Aiken on the announcement that free sanitary products will be provided in hospitals in England.

FOUR THINGS TO DO IN APRIL

1. Visit the new *Aspects of Age* exhibition at the RCN Library and Heritage Centre: rcn.org.uk/events
2. Look after your hands as part of Glove Awareness Week from 29 April-3 May: rcn.org.uk/glove-aware
3. Get ideas for how you can celebrate Nurses' Day on 12 May: rcn.org.uk/nursesday
4. Book your free place at RCN Congress to join the debates and learn something new: rcn.org.uk/congress

GOT SOMETHING TO SAY?

The RCN Magazines 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



What innovations have changed your role and how you practice?

Rapid tests for HIV can now provide a result in one minute. This has allowed clinics to be delivered in the community to reach people who may be at risk of HIV. It means clinics are nurse-led with nurses performing tests and giving results in around 15 minutes. **Jason Warriner**

I'm retired now, but one product that revolutionised wound care was medical glue, particularly for treating children. It made wound closure so easy and simple, not to mention painless. Suturing became a much less popular option. **Anne Shaw**

Leg ulcers used to be treated with a primary dressing with little interest taken into the underlying factors affecting healing. This led to months of treatment. I was one of a team of nurses trained in the Charing Cross

four layer bandaging system. The results were outstanding. Patients saw continuous improvement in their ulcers with some healing within 12 weeks. **Caroline Salmon**

Perhaps the greatest innovation for many of us in community nursing has been mobile technology. It allows us to complete electronic records in the patient's home, and supports our safety through lone worker devices. These can record critical conversations to be used as evidence and can be used to alert your employer that you're in trouble and need help. **Neil Thompson**

The introduction of portable programmable infusion devices with delivery data for intravenous patient-controlled analgesia was a hallmark moment. Prior to this we used antiquated mechanical devices that delivered inaccurate doses. **Felicia Cox**

MESSAGE TO MEMBERS



Dame Donna Kinnair
Acting RCN Chief Executive

It's a couple of months now since the first nursing associates joined the Nursing and Midwifery Council (NMC) register. They're a valuable addition to the clinical workforce in England, bridging the gap between unregulated health care assistants and registered nurses. But with almost 40,000 nurse vacancies in England, it's vital they're not used as substitutes or asked to act outside the remit of their role.

Their aim is to deliver and monitor care which has been planned and evaluated by a registered nurse. They shouldn't be used to replace registered nurses or be made to carry out duties beyond their skillset. That would be unfair and could threaten patient safety.

It's important employers act now to establish robust plans for integrating nursing associates into the workforce. They must review their policies and procedures so all staff understand the new role. The NMC also needs to provide further clarity on the scope of practice for nursing associates, and set boundaries. It must never be the case that accountability for delegated tasks is unclear. The RCN is here to support you, and employers, to get this right. We've recently launched new webpages with links to useful information and guidance on job descriptions and preceptorship. We're also pushing to make sure the role is properly evaluated so we understand the impact it has on quality, safety and patient experience.



Yet there are still myths that need to be quashed about a nurse not being a "proper nurse" until they've experienced work in acute care.

To anyone looking for the opportunity to do something that's a bit different, think on their feet, build lasting relationships and make huge changes to the quality of life of older people, I say come and spend time with us. Nursing homes are rewarding, vibrant places where all our residents and staff matter a great deal.

'Nursing homes are rewarding and vibrant places to work'

Sarah O'Connor wants to smash the myths about caring for older people

I started my career as a care assistant in a local nursing home before becoming a registered adult nurse. More than 20 years later, after working in stroke, neuro care, community services and occupational health, I have returned to working in a nursing home as a deputy manager.

I see many changes, all of which have been positive for residents and staff. Nursing homes are no longer places for nurses to see out their final years of practice but are progressive environments where nursing staff can gain wide knowledge and skills.

The autonomy needed to work in a nursing home is tremendous, requiring great investment in training and development.

tinyurl.com/rcn-associate



'Too many obstacles'

The UK is crippled by nurse shortages. But nurses who've trained overseas find it hard to register here. Kim Scott explores the issues as the RCN continues to work towards a solution

Natasha, a British national (pictured), moved to South Africa in her teens and trained as a nurse there. Returning to the UK, she tried to join the Nursing and Midwifery Council (NMC) register.

"It's the most frustrating thing I've ever done," she says. "You ring for advice and they say you must email. You email and they take five days to respond. The delays go on and on."

It took Natasha two years to register. But other overseas nurses don't make it that far. Sabina was a nurse in Brazil for 17 years and a ward sister before moving to the UK. Despite studying for the English language test when she arrived, she failed three times.

"I decided to continue practising as a health care assistant," she says. "Then my trust offered to help internationally recruited nurses train for the test. I did more studying but failed again, as did all but one of the other nurses."

After speaking with Sabina, I was interested to learn more about why her language skills were judged insufficient. I investigated the International English Language Testing System (IELTS) – one of the tests accepted by the NMC which meets the standard set by other health care regulators. I downloaded a sample reading test. It was about introducing non-native varieties of dung beetle to Australia. As a native English speaker and journalist, I found it tough.

But this is a challenging area for the NMC. There is no clear evidence on what good English testing looks like. Therefore, reforming the test, from a patient

safety perspective, is difficult – and many overseas nurses may continue to struggle.

"The test is not contextual," says Sabina. "If they tested you in a hospital environment, in the context of what you do, it would be better."

After listening to the views of stakeholders, including those expressed during RCN-hosted workshops last year, the NMC revised the pass mark for the written part of the IELTS test. It now also accepts a pass in the Occupational English Test, designed for people working in health care.

But it's the perceived red tape and inflexibility that many overseas nurses complain about, and the regulator is keen to capture their experiences as it reviews the registration process for those trained outside the European Economic Area.

"The process needs to be smoother," says Christian Beaumont, RCN International Adviser. "The NMC has already taken steps but with tens of thousands of nurse vacancies, it can't remain the case that qualified international nurses come here and are inhibited from practising. The system must be rigorous but members tell us there are too many obstacles."

One challenge is the Objective Structured Clinical Examination. The pass rate for this notoriously difficult practical test varies widely between employers and is linked to their preparation of candidates. "I'd never failed a nursing test before," says Natasha. "It's right that safety is paramount but there was no



Picture by Tim George

moderation, simply an assessment of whether I ticked a box. At £992 to take, it was a hard way to learn what was required."

Changes made recently by the NMC meant Natasha was only required to retake the sections she failed. Fortunately, her employer paid the £496 cost of the retake.

Natasha's now a registered nurse in an anticoagulant clinic. "I love my job but could so easily have given up," she says. "Safety comes first, but the NMC must be more practical."

As *RCN Bulletin* went to press, the NMC announced it would reduce its practical test fees by 20% from 1 April.

Are you an overseas nurse struggling to register with the NMC?

If so, the RCN wants to hear from you. We're planning more workshops with the NMC so members' experiences can be heard. The NMC also plans to consider how employers can better support international recruits to settle in the UK. Email international@rcn.org.uk to get involved.

NURSES' DAY

Five steps to planning your perfect party on 12 May

1

Order a digital party pack

Get bunting, cake toppers, popcorn holders and selfie props to help you celebrate the big day in style.

Download and print the free branded materials to jazz up your staff room. Visit rcn.org.uk/nursesday

2

Pick a place

Choose somewhere safe, visible and accessible to your workmates. But don't forget to ask permission. Canteen parties could work if your boss agrees and could give colleagues and patients a chance to join in too.

3

Promote your party

Download our Nurses' Day poster to put up in your workplace. Staff newsletters could also be a great way to spread the word.

4

Turn up the tunes

Music is a must. Follow our free Spotify playlist full of the biggest party hits. We'll be adding more songs as we get closer to the day itself. Visit tinyurl.com/nurses-day-tunes

5

Sort some snacks

A party's not a party without cake. Invite your colleagues to take part in a bake off for the occasion or ask them to bring in some healthy snacks. Again, don't forget to ask permission to bring in food and drink for your party.



rcn.org.uk/nursesday



Surgery school speeds recovery

A programme led by nursing staff is empowering patients to prepare emotionally and physically for cancer surgery and life beyond



Surgery can be a frightening prospect, especially if it follows a cancer diagnosis. But nursing staff at St George's Hospital in London have found a way to support and empower patients having an operation to influence their own recovery.

Everyone undergoing cancer-related surgery at St George's is invited to a *Get Set 4 Surgery* session, also known as surgery school. The pilot programme, funded by Macmillan Cancer Support and spearheaded by nursing staff, helps people to prepare for surgery practically, physically and emotionally. It also readies them, as far as possible, for the challenges they may face afterwards.

"Many people who find themselves in this position feel disempowered," explains RCN member Katie Bluer

(pictured above, right), project lead for the programme.

"They feel like it's all happening to them and they have little control. Often when a person is diagnosed with cancer, a lot of things happen quickly – referrals and tests – and then, if surgery is part of their treatment plan, they're given a surgery date and go home. There's a sense of just waiting for surgery. This can be the time when patients can feel most anxious and with surgery school we're able to support them and give them the information they need."

She adds: "This is an umbrella to weather that storm and help people get through that situation."

Surgery school is based on the principles of pre-habilitation and is delivered separately from

pre-operative assessment in a group setting. Those attending can bring a family member or friend to support them if they choose.

Knowing what to expect

Since the surgery school pilot began in March 2018, more than 300 patients and 150 friends and family members have attended. The two-and-a-half hour session offers patients the chance to learn more about their hospital stay and how to improve their health prior to surgery.

It covers topics such as the benefits of good nutrition, increasing activity, smoking cessation and managing anxiety.

The group is also told about pain management and shown simple breathing activities. Participants

“

Patients feel more confident in knowing what to do for themselves

St George's Hospital is part of St George's University Hospitals NHS Foundation Trust.

*Words by Zara Davies.
Pictures by Gareth Harmer.*

Are you part of an innovative nursing team?

Share your story and your work could feature in the Nurses' Day special issue of *RCN Bulletin*. Email bulletin@rcn.org.uk

have the chance to ask questions during the session or, if they want more privacy, in the break.

The project has brought together members of different teams including nursing staff, surgeons, anaesthetists, physiotherapists and dieticians, as well as staff from St George's specialist cancer psychological support service. Each section of the session is delivered by the relevant health care professional.

Pre-habilitation is not a new concept. Its main aim is to reduce the risk of complications and improve patient outcomes by preparing people physically for major surgery – in other words, getting them as fit as possible beforehand.

At St George's, however, because the programme is cancer-specific, the session gives equal weight to preparing people emotionally, both for surgery and the longer-term challenges of their illness. The session also explores the positive, often small, changes people can make to improve their health and mental wellbeing – before surgery, during their immediate recovery and later on.

Katie says: "We take a holistic approach to let people take the lead in their own recovery, showing them what they can do and what support is available. We need to get them involved in their own care and empower them to take responsibility. Supporting people to take an active part in

their recovery, and not to feel helpless, is invaluable to their wellbeing," she adds.

Making people feel secure

Although the programme is measuring patient experience and behavioural changes from the patient's perspective, nursing staff have commented on a noticeable difference on the wards. Cancer nurse specialist Marion Beer (pictured opposite, left), who works on the project three days a week, has been told by many nursing colleagues that they can tell who's been to surgery school.

"We're finding patients are feeling more confident in knowing what to do for themselves and for their own recovery," she explains. "As soon as patients have been assessed as 'safe' by the ward nurse, they can be as independent in their recovery as possible. One nurse recently told me that on a morning shift they went into the bay and three patients were already out of bed and heading to the shower. They'd all been to surgery school and knew what to do."

Those patients were well aware of the benefits of getting up and moving around after their surgery – it reduces the risk of blood clots, muscle wastage and infection. But they were also taking control of their own recovery.

As well as teaching patients, surgery school, which has an open-door policy for staff, is giving clinicians a chance to enhance or refresh their cancer caring

I think hope is a really important thing people take away from this

skills. A lot of cancer nurse specialists often join the sessions if their patients are attending, to support them and to answer specific questions in the break.

Feedback has shown that the majority of patients attending surgery school have also reported feeling less anxious about their surgery. Marion thinks this is largely down to changing people's expectations of coming into hospital.

"Coming to surgery school ahead of their operation makes people feel more secure," she says. "It's an opportunity for patients to meet the people who will be involved in their care when they're in hospital and that makes them feel much happier, less anxious, and reassured."

Keeping patients at the centre

The idea for St George's surgery school was conceived when patients at a listening event said they'd like more information about surgery before coming into hospital. They also wanted to know what they could do to help themselves.

Katie says patients were involved throughout the development of the programme, and their feedback is used to adapt and improve the sessions. "If you keep patients at the centre, it simplifies it," she says. "With everything we've done, we've asked ourselves: 'Does this impact positively on patients?' and that has always been the driver."

For Marion, the positive impact is clear in the feedback she's received. "Some of it has been quite profound and it shows how surgery school is helping people cope. Cancer is still, for many patients, considered 'The Big C' but we're talking about recovery and looking to the future. I think hope is a really important thing people take away from this."



12 FEATURES

Recipe for success

With applications for this year's Mary Seacole Awards now open, previous winner Bertha Ochieng explains how her research into nutritional needs is benefiting black and minority ethnic families



Stock image

How much yam should a parent give a child?

When RCN member Bertha Ochieng (pictured right) researched the nutritional needs of young children in black and minority ethnic (BME) communities, she found the dishes prepared by many families gave rise to cultural issues that some nurses and health visitors were ill-equipped to address. Among them was the correct portion size for vegetables common in African-heritage cooking.

Bertha, Professor of Integrated Health and Social Care at De Montford University, funded her research by winning a prestigious Mary Seacole Leadership Award, which recognises the contribution of nurses to the health of BME groups.

"I explored the factors that either facilitate or hinder weight maintenance in black children before the age of five," she says. An aim of the research was to design a health promotion tool that could be used by health care practitioners.

Bertha focused on BME communities because they have disproportionately high rates of both obesity and underweight.

Influencing diet in childhood is hugely important because of the health problems that can develop in adult life when the principles of good early nutrition are neglected – problems such as diabetes, cardiovascular disease, cancer and arthritis.

Inhibiting factors

From focus groups, it became apparent that black families were knowledgeable about the need for children to maintain a healthy weight. But they described a number of inhibiting factors – among them unemployment and under-employment.

"Some families discussed the challenges about their migration status, which was at the forefront of their minds instead of encouraging healthy diet and weight in children," Bertha says.

Experiences of social discrimination affected families, too. They described the stress it caused and its impact on home life. And they felt the advice they were given about nutrition did not reflect their African-heritage foods.

When Bertha conducted focus groups with health visitors, some of them acknowledged their inadequate understanding of such foods and asked for training to improve intercultural competence.

"Some health visitors would say that parents ask, 'How much yam should I give my child?' and the health visitors were thinking 'I don't even know what a yam looks like'."

As part of the training now being developed as a result of her research, Bertha is working with a dietitian expert in African-heritage food to produce practical resources that can be used by health visitors and others.

"I'm also in the process of disseminating the findings of my research and will target policy-makers at local and national level, so that healthy diet information for children is tailored and can reflect cultural heritage and families' lived experiences."

“

Healthy diet information for children should be tailored and reflect cultural heritage

Words by Daniel Allen.
Picture below by Barney Newman



Apply now

The Mary Seacole Awards support projects that improve health outcomes for BME communities. Funded by Health Education England, they are awarded in association with the RCN and other unions, and supported by NHS England.

The awards are open to registered nurses, midwives and health visitors in England, and the deadline for applications for the 2019 awards is 24 May. For more information and details of how to apply see tinyurl.com/rcn-seacole

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Older People's Forum steps back in time for exhibition on age

A new RCN Library exhibition explores how the care of older people has changed since the 19th century and how specialist nurses can lead the way in destigmatising old age



Care of older people in the UK has changed dramatically in the past two centuries. A new exhibition at the RCN Library and Heritage Centre in London explores nursing's role in this

Created with the help of the RCN Older People's Forum, *Aspects of Age* charts the shift from the days of Victorian workhouses to at-home care and future technologies.

"We've looked at the perceptions of older people's care over the years and tried to make the exhibition representative of the real diversity of older people today," says Dawne Garrett, RCN professional lead for the forum.

Life expectancy in England and Wales has nearly doubled since the 1840s and, with that, our ideas of what older age can look like have changed. Now, older people are just as likely to need sexual health advice or vaccinations for their next holiday

as they are dementia care or a flu jab.

"The exhibition is about recognising the possibilities of older age," says Dawne. "There's no such thing as a typical older person. Their opportunities are much wider than they have been, but alongside that, we must recognise that there still is stigma around older age."

This stigmatisation was widespread in the 19th century, when poorer elderly people were sent to squalid workhouses. Nursing care was often delivered by older female inmates.

As the public began to protest about workhouse conditions, care shifted to local authorities and hospitals.

In 1936, matron Eva Huggins and geriatrician Dr Marjory Warren began providing proper diagnoses for older people at West Middlesex County Hospital and discharging those who were fit to go home.

In following decades, specialist hospital units were designed for older people. Yet with more people living longer, other options were needed. Old people's homes already existed, but new legislation in the 1980s required each home to have a registered nurse or medical practitioner.

Making progress

"There are many people for whom age is irrelevant to their care, but there are some who have issues relating to ageing who require highly specialist, highly intensive nursing," says Dawne.

We now have care homes staffed by experienced care assistants, with district nurses calling in for more complex issues, and nursing homes with 24-hour support from a registered nurse. And there's an increasing effort to provide nursing care in people's homes.

"For people who require care at home, there is a need to ensure they have adequate professional supervision and understand the impact not just on the person but also on their wider family," says Dawne. "Nursing has a really important role in leading on this."

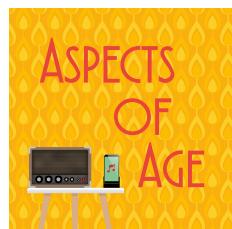
Nursing staff can also help tackle the stigma around ageing and enable all older people to live life to the full.

Dawne says: "We need wider ethical discussions around end-of-life care and a focus on giving people a good quality of life, not simply extra years of life."

“

We need to focus on giving people a good quality of life, not simply extra years of life

Words by Rachel Healy



Visit the exhibition at RCN headquarters in London from 11 April–20 September, then at RCN Scotland from October. Visit rcn.org.uk/events

IN THE SPOTLIGHT



Midwifery Forum

Who's the Chair?

Yvonne Bronsky became Chair of the forum at the start of 2019. She's a registered midwife who's worked in the field since 1984. She's passionate about maternity services and strengthening the voice of midwives within the RCN.

Recent highlights?

Forum member Dr Patricia Lindsay led a project looking at the role of health care support workers within maternity services. This will be published in the coming months.

"We've also been looking at maternal mental health – that's a specialist interest for me and I act as a representative of the RCN within the Maternal Mental Health Alliance," says Yvonne.

What's coming up?

There are ongoing collaborations with the Women's Health Forum around female genital mutilation and modern slavery.

NHS England's work on transforming perceptions of midwifery launched in January to improve understanding of the role and potential of midwives – the forum has been invited to be a partner in this.

They will also be involved in the Nursing and Midwifery Council's consultation on midwifery education standards, which launched in February.

Why join?

Yvonne says: "There's an abundance of opportunities and professional resources available to midwives within the RCN. Our professional lead Carmel Bagness ensures that the voices of all midwifery forum members help shape the work of the RCN."

"I believe 2019 will be the year for the Midwifery Forum to be heard – both within the RCN and as the voice of the RCN within the midwifery field."

Find out more about the Midwifery Forum at ren.org.uk/forums or head to its Twitter (@RCNMidwives) or Facebook page.

WHAT I'M THINKING



Penelope Clark

Learning Disability Nursing Forum member

Earlier this year, the Government launched a consultation on proposals to introduce mandatory learning disabilities and autism training for all nursing staff in England. This is great in principle, but unless it's structured appropriately with the right input it will fail from the start.

It takes years of training and commitment or personal experience to even begin to understand the needs of those with learning disabilities and/or autism. As well as being a learning disability nurse, my son has what is now called high functioning autism (previously recognised as Asperger's Syndrome). When he was at primary school, it was difficult for him to eat due to food sensitivities. I was advised to "line his food up on a plate" as that would make him eat. This advice came from a professional who had been on a two-day course on autism. I fear that stereotypical ideas like this will be picked up if the training is not absolutely spot on.

So how do we make it spot on? We need the right people involved from the start, such as parents of those with autism, people with autism and learning disability nurses with advanced experience. People with real experiences need to be at the heart of any talks to ensure the training will be consistent and effective.

The consultation ends on 12 April.

tinyurl.com/lid-consultation



significantly increase a patient's quality of life. This guidance should help clarify and encourage best practice across all areas of catheter care."

To download the guidance, visit ren.org.uk/publications (code 007 313).

New catheter care guidance encourages best practice

The RCN Continence Care Forum has published updated catheter care guidance. It provides further clarity on the competences involved in catheter care and reflects developments in this area of practice.

It acts as a national framework for catheter care, serving as both a practical guide, a competence benchmark, and a resource for the development of teaching practice and clinical procedures.

Sharon Holroyd, lead editor of the publication, says: "This updated guidance is relevant for all nursing staff. Continence is one of the fundamentals of nursing care and maintaining continence can

16 EVENTS

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

London

International mental health nursing research conference

12-13 September

RCN HQ
20 Cavendish Square
London W1G 0RN

An exciting and informative programme of talks, debates and presentations on transforming mental health care services awaits those attending this world-renowned conference.

Led by the RCN and Mental Health Nurse Academics UK, this event provides an opportunity to be at the forefront of the latest developments in the field of mental health. You will hear from expert speakers and have the chance to join in lively debates.

Catherine Gamble, RCN Mental Health Professional Lead, says: "If you're interested in how evidence-based nurse-led research is shaping the global mental health agenda and would like to share good practice and network with inspiring colleagues, then this conference is for you."

As well as accruing 14 hours' CPD towards revalidation by attending, there's still time for delegates to present their own piece of work by submitting an abstract. This means sharing knowledge on developments in academic and practice settings and reflecting and building on the work being presented.

② To find out more and to submit an abstract before 22 April, visit rcn.org.uk/MHNR19 or call 029 2054 6460 to book.



Lichfield

Challenging hospice discussions

26 April, 2-4pm

St Giles Hospice
Whittington
Lichfield WS14 9LH

This event looks at sexuality, relationships and death for those with a terminal illness.

Nursing Director at St Giles Hospice, Katie Taroni, will share how the hospice has expanded its service to help patients and their partners deal with intimacy issues, anxiety about the future and care planning.

Katie says: "Bringing these discussions into patient assessments as early as the initial diagnosis is shaping hospice care and breaking down barriers associated with end-of-life care. This workshop will help improve nurses' practice around these sensitive discussions."



The event is free for RCN members and counts towards CPD.

② Visit tinyurl.com/ren-lichfield-hospice-event or call 029 2054 6460 to book.

Milton Keynes

HCA conference

26 April, 9am-4pm

Postgraduate Lecture Hall
Milton Keynes University Hospital
Standing Way, Eaglestone
Milton Keynes MK6 5LD

This free event for health care assistants (HCAs) will help them understand their importance in the nursing team, demonstrating how they're integral to the everyday running of many care settings.

It promises to help delegates identify career options and potential learning and development opportunities with inspiring speakers and practical workshops.

The event is open to HCAs and those aspiring to become HCAs.

② Visit tinyurl.com/ren-mk-hca-event or call 029 2054 6460 to book.

Striking out on your own

Angela Stewart, Managing Director and Nurse Manager at NurtureCare, explains how she set up her company, and says nurses have the skills to be successful and caring entrepreneurs



I've often seen the need for additional community support and services for children and young people with complex health needs, particularly at the end of life.

I was nearing retirement when I visited a family who were really struggling. The child had been discharged from hospital but needed around-the-clock care. The family was still waiting for the care package they had been promised.

I kept pushing for the NHS to do more, and finally managed to get the family what they needed. But when I arrived at their home to tell them, I found out the child had died the day before.

Enough is enough, I said to myself. We had failed this family because there was a gap in services. I was determined to fill it.

For the next year, I worked part-time in the NHS and spent the rest of my time researching and setting up a service to give these families the specialist support they need.

After writing a business plan, I had to prove to social services and the local clinical commissioning group (CCG) that the service I proposed would work. I made sure all quality assurance was in place, engaged with families and recruited experienced nurses.

Enabling quicker discharge

NurtureCare was established in July 2013. We now care for almost 30 children and young adults 24-hours a day, 365 days a year. We work with the CCG and trusts to discharge children from hospital much earlier, saving up to £3,000 per night

and freeing up beds. At home we support children and their families to lead normal lives by providing the highest quality, joined-up care with the family's multidisciplinary team.

The organisation has grown rapidly over the past six years, and I now employ more than 100 staff. Recruitment has been one of my biggest challenges as it takes a lot of time and dedication to find the right specialist nurses and carers. To help elevate carers' knowledge and skills, I set up an academy to train carers to the highest level and supervise and monitor them.

Developing partnerships

Providing high-quality care is at the heart of our service. It's about developing partnerships in health care with families and commissioners to provide flexible care of the highest standard. We strive to promote independence, dignity and choice, while meeting our clients' physical, psychological, social and spiritual needs.

The NHS is always changing, and we need to think outside the box. There are many experienced nurses, like me, who need to share their skills and knowledge before retirement.

Nurses tend not to see themselves as entrepreneurs in their field, but there's so much we can do to support the NHS and vulnerable children and adults within the community.

“

The NHS is always changing, and we need to think outside the box

Picture provided by NurtureCare

Hear more from Angela

Angela will run a workshop on how to be a successful health care entrepreneur at the RCNi Nursing Careers and Jobs Fair in London on 26 April. Visit careersandjobsfair.com/london-west to book your free place.