

ADVICE

How to give evidence at an inquest

CAREER

Could tech transform your role?

ACTION

Fair pay for nursing campaign launches

WELLBEING

Managing the menopause

VACCINE QUEEN

RESEARCH MATRON AILEEN IS LEADING THE RACE TOWARDS COVID-19 IMMUNITY



Royal College
of Nursing

2020 | International Year
of the Nurse and Midwife

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i This issue of *RCN Bulletin* went to press on 28 August. For the latest information from the RCN, visit rcn.org.uk

Story to tell?

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

You can catch up on all the latest from *RCN Bulletin* online at rcn.org.uk/bulletin

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Email: bulletin@rcn.org.uk

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A moment with Donna

Throughout the pandemic, the country has witnessed the most impressive demonstration of nursing, seeing it as a highly skilled profession deserving of fair pay. Without nursing and care staff, we would not be where we are today.

And yet today, we find ourselves fighting to get that fair pay. Fighting to get financial recognition for the complexity of skill, responsibility and experience demonstrated every day by nursing support workers, nursing associates, registered nurses and all members of the profession.

The COVID-19 crisis has given the government a historic opportunity to right some wrongs on how nursing is valued. For many years, our pay hasn't reflected our worth. Now is the time to take stock. Warm words won't pay the bills.

That's why we're demanding a straightforward pay rise that

members really feel in their pockets. For NHS nursing staff, that's a fully funded 12.5% pay increase for all those covered by Agenda for Change, as part of a one-year deal that applies equally to all bands.

This is just the start. We want our Fair Pay for Nursing campaign (see pages 4 and 5) to raise the bar for nursing pay, benefiting staff both in the NHS and those working for independent employers.

It may seem ambitious, but we're right to be ambitious. When 36% of you say you're thinking of leaving the profession, mainly because of pay, we must act. A meaningful pay rise is urgently needed to ensure we can retain and recruit the nursing staff we need now and in the future.

Dame Donna Kinnair
RCN Chief Executive & General Secretary

Book now to get your voice heard



A thought-provoking line-up of online events and debates kicks off on 9 September. Held in place of RCN Congress, which was due to happen in June, the interactive programme will enable you to share your views on key nursing issues, helping to shape the RCN's work into 2021. Topics up for debate include politics in nursing, unpredictable shifts and the profile of care home nursing. Events consider human rights in end of life care, investing in yourself as a leader and the impact of economic inequality on public health outcomes. Book your place at rcn.org.uk/rcn2020

Online library support expands

Our online library services have proved more popular than ever during the pandemic, with 13% more members using our eLibrary than this time last year.

If you've not yet explored our 25,000 eBooks, 2,000 eJournals, video tutorials and nursing databases, what are you waiting for? They're available 24/7 with our library team on hand to help via email, phone and webchat. We also now provide 1:1 online training and run digital drop-in sessions every Wednesday from 2-4pm.

Find out more, as well as how to request books and articles by post, at rcn.org.uk/library/support

RCN presidential elections paused

As *RCN Bulletin* went to press, elections for the next RCN President and Deputy President remained paused after two candidates were disqualified following complaints that they had breached election rules. Frequently asked questions have been published, which aim to provide answers in relation to the pause, and members are being sent email updates. Visit rcn.org.uk/election-faqs

DATES FOR YOUR DIARY

3 September – 1 October
Take time out: creative wellbeing sessions
rcn.org.uk/whatson

9 September – 10 November
#RCN2020 debates and events
rcn.org.uk/rcn2020

13 September
World Sepsis Day
rcn.org.uk/sepsis

10 October
World Mental Health Day
rcn.org.uk/mental-health

28 October
Online workshop for care home staff
rcn.org.uk/carehome-event

25 November
The annual Stephen Hawking lecture about MND
rcn.org.uk/mnd-lecture

TOP FIVE

Recently released resources

- 1. Your essential guide to NMC revalidation.** Including how your organisation can help, the role of your annual appraisal, RCN support available, and a checklist of requirements: rcn.org.uk/publications (code 009 321)
- 2. Remote consultations guidance under COVID-19 restrictions.** Best practice advice for nursing staff seeing and/or treating patients via phone or video: rcn.org.uk/publications (code 009 256)
- 3. End of life care online advice.** Including sections on advance care planning, bereavement, DNACPR and verification of death: rcn.org.uk/clinical-topics/end-of-life-care
- 4. Skin health online advice.** Guidance on maintaining hand hygiene while caring for your skin: rcn.org.uk/skin-health
- 5. Uniform and workwear guidance.** Advice on selecting, wearing and decontaminating uniforms during the COVID-19 pandemic: rcn.org.uk/publications (code 009 245)

Career plan need a cash boost?

Apply now for educational grants of up to £5,000 from the RCN Foundation to fund your professional development next year. Visit tinyurl.com/rcnf-grants for more information and apply by 16 October.

CONSULTATION

How can we help you learn and develop?

We're keen to hear what sort of education, learning and development opportunities you'd like the RCN Group to offer so we can support your lifelong learning as you progress through the profession. We've launched a consultation so you can have your say on what would most benefit you. Take a look at our strategy and feedback your thoughts before 30 September at rcn.org.uk/elds

Bill-busting deals!



It's easy to save with RCNXtra

Did you know all members have access to top offers on food, groceries and utilities? Register now at rcn.org.uk/xtra to start saving.

Xtra benefits. Xtra easy.

Demanding fair pay for nursing now

We've launched a campaign to pressure the government into paying nursing staff what they're worth. Find out what's happening and how you can get involved

What do we want?

We want nursing professionals to be valued for their high level of knowledge, expertise and skills with pay that reflects the complexity of their roles and the impact of their work. This means campaigning for an early and significant pay rise for NHS staff and influencing independent health and social care employers, so they recognise and reward nursing staff properly.

What pay rise are we pushing for?

We want to secure a fully funded 12.5% pay increase for all NHS nursing staff covered by Agenda for Change, as part of a one-year deal that applies equally to all bands.

How did we arrive at that figure?

We engaged extensively, asking all members to respond to a survey about how they want the profession to be valued. We asked about your pay expectations and what you want for the future of nursing. Your responses directly informed our position on pay, which we then engaged our elected and appointed members on through RCN boards and committees that represent you. We also considered the economic, labour market and political context, recognising that the salaries of too many nursing professionals have not kept pace with increases to their living costs over the past decade.

Who decides the RCN stance on pay?

RCN members elected to your Trade Union Committee and Council. These are nursing professionals, just like you, who

have been elected by RCN members to make sure the direction, strategy and process for pay discussions are led and overseen by nursing staff.

What are the key campaign messages?

The Fair Pay for Nursing campaign is about recognising the complexity of skill, responsibility and expertise demonstrated every day by nursing support workers, nursing associates, registered nurses and all members of the profession. It is about making sure that a safety critical profession can reach safe staffing levels and fill tens of thousands of unfilled nursing jobs. Ultimately, it is about providing safe and effective care for all people of the UK.

How will we fight for fair pay?

There is a high level of public support for nursing staff. The government has a historic opportunity to show it values nursing, so we need to get out there and spread the word about why fair pay is so important to us. There will be a range of ways for you to take action within your workplace and community as the campaign develops. In the meantime, make sure you take the actions in the box on the page opposite.

How do NHS pay rises get decided?

Pay for staff within Agenda for Change is usually determined through the NHS Pay Review Body (PRB), which is given a formal remit and makes recommendations to UK governments after taking evidence from trade unions, employers and governments.

SOAPBOX

'Together we can achieve fair pay for nursing'

Our pay demand reflects the knowledge, skills and responsibilities of the complex job we do. RCN members have told us they expect things to change, and we will fight for that change. The RCN is its members and together we can achieve fair pay for nursing.

Funding our health and care system is a political choice. Nursing is the largest health and care workforce in the UK. It has been underfunded, understaffed and undervalued. The government should make the right choice now.



Graham Revie
Chair of
the RCN
Trade Union
Committee

R PAY FOR
URSES
OULD NOT BE
H A BIG ASK.

#FairPayForNursing
rcn.org.uk/fairpay

Ultimately, UK governments decide what pay rise to award and when after the PRB has made its recommendations.

Could pay discussions bypass the PRB process?

Yes, if UK governments agree. Though in 2018 – the last time NHS pay was negotiated as part of a three-year deal – the PRB continued to have a role alongside negotiations, taking evidence and issuing annual reports as part of its monitoring and evaluation of the implementation and impact of the pay agreements.

What happens next?

We expect UK governments to confirm which route they'll use to set NHS pay this autumn and anticipate that for England this will be through the PRB mechanism. Until then, we'll continue to collate evidence to submit to the PRB or participate in negotiations as well as campaign hard to force the government to listen.

What if I work outside the NHS?

We're developing a new strategy for the independent health and social care sector, with improving members' pay and conditions a key part of this work. As a professional union, our vision is that all nursing staff are awarded the optimum pay, terms and conditions of employment. How the governments respond to our NHS pay demands will indicate what they believe nursing colleagues working in the independent sector deserve.

What can I do?

1. Find out more about our pay campaign and what it seeks to achieve: rcn.org.uk/fairpay
2. Spread the word about it on social media using #FairPayForNursing, sharing your thoughts on why nursing staff deserve a fair pay rise.
3. Become an RCN e-campaigner and receive emails with simple actions to influence the public and politicians on nursing pay: rcn.org.uk/ecampaigner
4. Speak to family, friends, patients and colleagues about why you believe nursing staff deserve an early and significant pay rise.
5. Encourage your colleagues to join the RCN and increase the voice of the largest nursing professional trade union: rcn.org.uk/join
6. Make sure your membership details are up to date so we can contact you about upcoming events and campaign activity: rcn.org.uk/myrcn

IN MY OWN WORDS

'It finally feels like an open conversation about race has started'

Racism isn't always about spewing racial and derogatory words. It can be subtle yet painstakingly obvious stereotyping, misconceptions, prejudice and microaggressions. It is living and breathing in systems that are designed for and expect you to fail.

As a nurse in the NHS, I've experienced all of this regularly and don't doubt it's similar for my black nursing colleagues. Worrying that people might not want you looking after their children because of the colour of your skin, or seeing no-one who looks like you in senior positions and wondering whether your professional goals will be attainable. These are just some examples of how our lives are affected.

It's always felt like a bit of a losing battle and so you tell yourself "it is what it is" and just learn to get on with it and accept being treated differently to your white colleagues.

But with recent events, for the first time in my career I feel like racism is really being spoken about openly and that people of all races are getting involved in the discussion. I've never seen anything like this before and it really gives me hope.

Especially within health care, it's so important. We are such a diverse workforce – one of the things I love about the NHS – and as health care professionals we serve such a diverse community, so there's no room for us to be complacent.



Nicola,
paediatric nurse

READ MORE ONLINE
rcn.org.uk/bulletin

88%

of respondents to our recent member survey said they're passionate about the nursing profession

THE VIEW FROM HERE

'Transparent masks are needed urgently'

My experience of nursing during the pandemic has been different to most of my colleagues.

Being profoundly deaf and wearing bilateral hearing aids, it quickly became apparent that I wasn't going to be able to communicate, as masks obliterated any chance of lip-reading, on which I rely.

I was redeployed into a non-patient-facing role and although I have met new people and gained different skills, I did miss out on learning opportunities and had to give up the role I've worked in for many years.

As life gradually starts returning to some kind of normal, life for the deaf/hearing impaired community is going to get more difficult and restrictive. I watch with growing panic as mandatory face coverings are worn more frequently; all staff and patients have to wear them in our hospitals. How will I hear? What work will I be able to do?

I understand the need for PPE but there has been little attempt to mitigate the effect this blanket implementation will have on deaf/hearing impaired people. There are no alternative masks available freely to facilitate lip-reading and communication.

Clear/transparent masks are needed urgently. While exclusion from the workplace is acceptable as an immediate response to the pandemic, it's not a long-term solution. I would like to ask everyone to have understanding and patience with people who are deaf/hearing impaired at this difficult time. Try and facilitate communication in any way possible – it will help enormously.



Joanne,
hospital matron

i The RCN's Peer Support Service is a network for members who have lived experience of illness or disability. Find out more at rcn.org.uk/peer-support



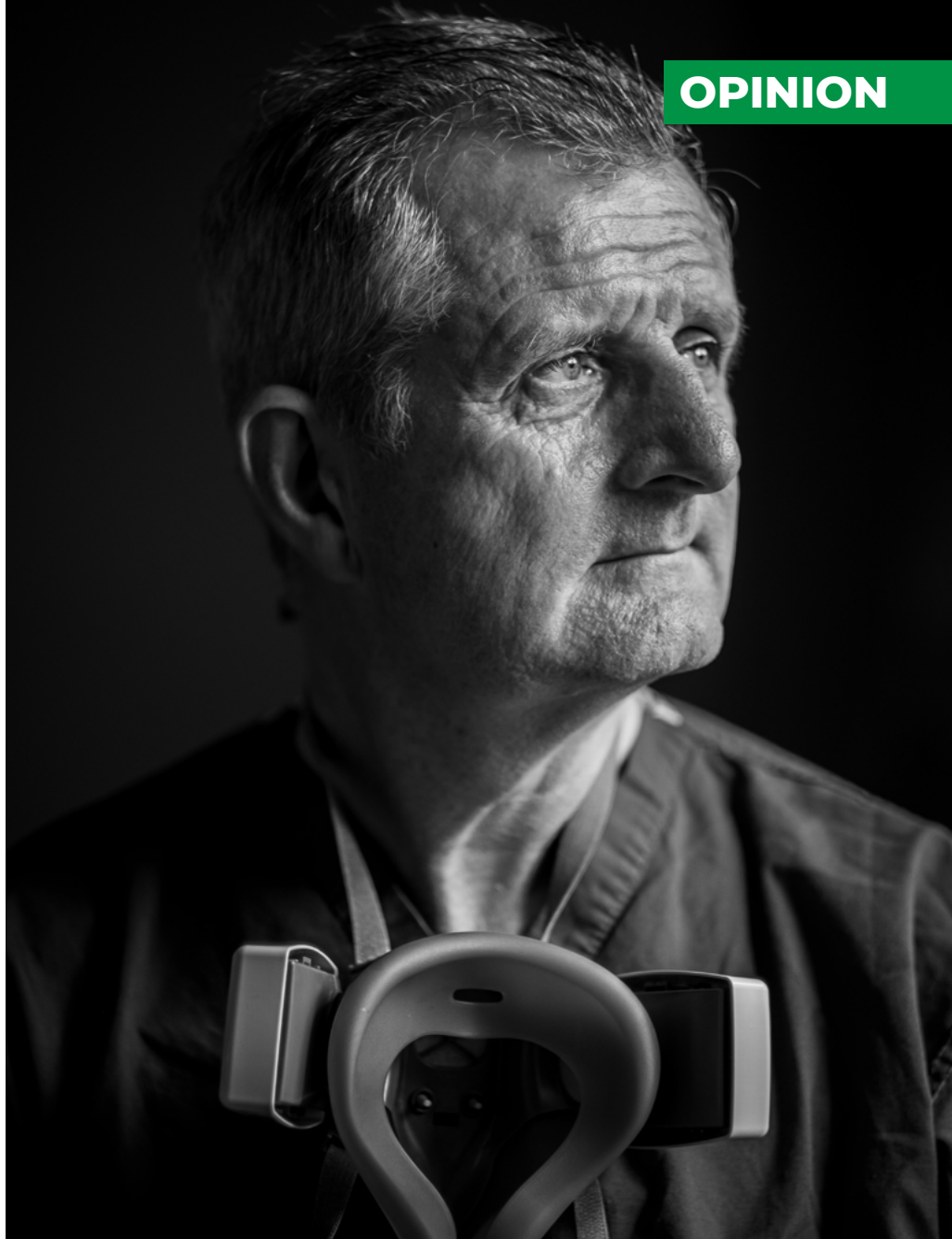
Want to share your thoughts and photos or credit your colleagues? Email bulletin@rcn.org.uk

ADVICE THAT CHANGED MY LIFE

‘You just need to be nice’

What a crazy piece of advice, I first thought. But actually, those words have really been pivotal in shaping my nursing practice. I had been busy learning my trade: the drugs, the dressings, the diseases. But I was struggling; how could I learn to relate to people from all walks of life and look after them regardless of how I was feeling about them? My clinical supervisor told me to leave my judgements at home, come to work and treat everyone in the best way that I possibly could. “Just be nice,” she said, “regardless”.

Marion, cancer nurse and exercise specialist



SHARING A SNAPSHOT

Inspired by her colleagues’ bravery and resilience, ICU nurse Emily has taken a series of images of them without their PPE. Here, she captures Kevin, a retired nurse who returned to the profession at the height of the pandemic. For more inspirational images, visit rcn.org.uk/beneaththeface

SHOUT OUT!

I’m so proud of the work of colleagues from across NHS Lothian who’ve been working tirelessly testing staff for COVID-19 in various NHS settings, from community care homes to prison services. Shifts have been incredibly long in constant PPE with lots of travel and unfamiliar settings. In the face of a lot of understandable anxiety from staff, the team has done its utmost to present a calm testing environment and make the process as painless as possible.

Carol, COVID-19 testing coordinator

THE BIG DEBATE

In our Building a Better Future survey 73% of you said improved pay would make you feel more valued. Is pay the biggest issue for you?

Augustina says: “For me, being a nurse is a vocation; the amount I’m paid is secondary. Human life is priceless and nursing has given me the opportunity to change people’s lives. Seeing patients improve and giving them support when they need it most is so rewarding. Rather than pay, the real difference would come from having more staff so that my colleagues and I can give patients the best care. I’d also like to see equal opportunities and a defined career pathway for BAME staff.”



David says: “I have a job I love and I’ve always seen it as my vocation. However, the past months have made me think: is this worth it? Now, we’ve got one eye over our shoulder for another round of COVID-19 and seasonal influenza. The government says it appreciates us, but we’ve endured some of the worst real-time pay cuts among public sector workers. I didn’t come into nursing for money, but I’m seriously considering an alternative career with better pay and conditions.”

The race for COVID-19 immunity



Aileen Burn

Nursing staff are not only caring for the nation during the pandemic, they're also a vital part of the COVID-19 vaccine trials. We meet research matron Aileen and vaccine recipient Zoe

As the COVID-19 pandemic intensified, research facilities across the world turned their talents to finding a vaccine. One of the groups making steady progress is led by scientists at the University of Oxford.

The Oxford COVID-19 vaccine trials have drawn in nursing staff at sites around the UK – both to deliver phases of research and as participants receiving the new vaccine. It's important to trial the vaccine on people most likely to have high exposure to the virus, so nursing staff and other health care workers make perfect volunteers.

At Newcastle-upon-Tyne Hospitals NHS Foundation Trust, staff are currently

delivering phase three of the vaccine trials. In July, the Oxford COVID-19 vaccine team released promising results from phases one and two, showing that there are no safety concerns and that it promoted a strong immune response.

Phase three will aim to find out whether one or two doses of the vaccine is needed to protect from COVID-19, and whether the doses should differ for older adults.

High volume, fast pace

Aileen Burn is a research matron at Newcastle Hospitals. She coordinates skilled teams, specialist equipment and

The vaccine volunteer

Zoe Butcher is an anaesthetic nurse at Darlington Memorial Hospital. When she received an email inviting nursing staff to enrol on the COVID-19 vaccine trial, she decided to join the ground-breaking study

“For life to return to normal or even for us to live with this virus and give vulnerable people more protection, this is a vital study to be a part of,” Zoe says.

After signing up online, Zoe was invited to Newcastle’s RVI. Here, she learned what the vaccine was made of and how it works. Research nurses took Zoe’s blood pressure and other measurements, before conducting an

antibody test. “There wasn’t a question I had that they couldn’t answer,” she says. “They were very knowledgeable.”

Zoe’s test came back negative and she was invited to receive the vaccine. “They explained that I could withdraw at any point, but I felt comfortable,” she says. “It was very well organised.”

She is now being observed by the trial team, who check in regularly via

email to see if she’s experiencing symptoms. She is also conducting weekly self-swab tests for 16 weeks.

“I hope they get the information they need, can test it further and give the public confidence in the vaccine,” Zoe says. “This time has been really challenging for everybody in the health care profession, so I just want to do any little I can to help.”

meticulous process to deliver safe and successful research trials. The COVID-19 vaccine research has unique challenges. “Normally, you would have a lot more time to work it through, weeks or months,” Aileen explains. “The timescale for this is very short.”

Emails were sent out via NHS trusts around the north east asking for volunteers. Those who were eligible were invited to an appointment at the Royal Victoria Infirmary (RVI) in Newcastle. Here, the trial was explained, then participants were tested for COVID-19 antibodies. Those who had none were invited back to receive the vaccine.

As well as the fast pace, Aileen and her team had to administer the vaccine to large numbers of people. “We were overwhelmed with interest,” she says.

Numerous nursing roles are involved – from clinical trials associates, to band 5 nurses who have just begun working in research, band 6 nurses in senior research posts, team leads and sisters. Aileen’s team members have extended their hours and got used to wearing full PPE: “As nurses we’re skilled at being flexible, but people have really risen to the challenge.”

The chance to help bring the pandemic to an end drives Aileen. “You turn on the news and think: wouldn’t it be great if we could get a vaccine that would stop it?” she says. “It’s an honour to be part of that.”

Now, the Newcastle team is continuing to recruit participants and following

up with those who’ve already received the vaccine, checking whether they’ve experienced symptoms and conducting periodic tests at the RVI.

“I’m honoured to matron the unit,” Aileen says. “The team has really stepped up and wants to deliver a good service to ensure we put participants at the heart of everything we do – that’s health care at its very best.”

How does the vaccine work?

The Oxford COVID-19 vaccine team had already developed vaccine technology – the ChAdOx1 vaccine – which was used against flu, Zika virus and another type of coronavirus. It uses an adenovirus that usually causes the common cold in chimpanzees, which has been genetically altered so it cannot grow in humans.

When COVID-19 arrived, the team began to adapt this vaccine. The new vaccine contains the genetic sequence of the distinctive spikes found on COVID-19’s surface. When the vaccine enters cells inside the body, it reproduces these spikes. These cause the immune system to react, preparing the body to attack COVID-19 if you later become infected with the virus.

10,560
people in the UK will be recruited to phase two and three of the Oxford vaccine trials



Wouldn’t it be great if we could get a vaccine that would stop it?

Inquests: what to expect

Many members will be asked to give evidence at an inquest during their nursing career. We explain the process and how the RCN is here to support you

In England, Northern Ireland and Wales, coroner's inquests take place when someone dies of unnatural, unknown or violent causes, or in custody or state detention. In Scotland, the equivalent process is a fatal accident inquiry (FAI) held in front of a sheriff. Although it can be daunting, it's common for nursing staff to be called to give evidence at inquests and FAIs.

The job of the coroner or sheriff is to determine how, where and when the person died. It's not their job to assign blame and they don't have the ability to sanction people, although they can make recommendations if they think further investigations should take place.

You shouldn't feel scared. They're looking to you for assistance and may also need your professional advice.

Why will I be asked to give evidence?

You could be called as a witness if you were on shift when the person died. If you were directly involved in their care, you may be an "interested person". If it's the latter, there's a possibility that you may be criticised for the care you've provided, although this isn't always

the case. Either way, you'll be given support and legal representation by your employer or the RCN.

How will I find out and what should I do?

You'll usually find out through your employer and you should contact RCN Direct as soon as you do. Often, you'll be supported by your employer, but it's still a good idea to talk to our advisers so we can see what extra support you might need.

What happens next and how should I prepare?

You may just be asked to write an informal statement. If you're called as a formal witness or an "interested person", you'll need to provide a more formal statement and you may need to answer questions from the coroner or in front of the sheriff when the hearing takes place.

Try to think about any involvement you may have had with the patient and if there are any important notes or records that may be relevant. Focus on the facts and if there are things you don't have knowledge about or don't remember, just say so.

COVID-19: supporting members' families

Some inquests may look at the circumstances surrounding the death of health care workers who had COVID-19. The RCN wants to help the families of members who have died and we're looking at how we can offer support during this difficult time, including providing legal support during inquests. If members' families would like more information, they can contact RCN Direct on 0345 772 6100.

What happens if I'm not given support by my employer?

If you're a witness, you may be referred to the RCN's statement checking team. If you're an "interested person", you'll be referred to the RCN's legal team and they'll arrange for you to meet with a barrister. Your barrister will accompany you to the hearing and speak to you beforehand to go through your statement and the evidence available.

What will happen at an inquest hearing?

Inquests and FAIs can be difficult because the person's family is usually present in the courtroom. However, try to remember that you're there to help the coroner or sheriff find the facts. You can take someone with you for support if you want to.

At the end, the coroner or sheriff will read out the cause of death. Sometimes a finding may, in explaining the cause of death, make it clear that something was missed or wasn't done properly. This could lead the NMC or police to take further action. If that happens, and it involves you, the RCN will offer you legal support. Visit rcn.org.uk/get-help to find out more.

How to fight flu together

RCN public health adviser Helen Donovan answers your questions

Issues
accessing the flu
jab in your frontline
care role?

Call RCN Direct for
advice on 0345
772 6100

What's happening with the flu vaccine?

With COVID-19 in circulation alongside influenza, this year's flu programme is bigger than ever. It's important to get the vaccine as soon as you can – the earlier the better. Find out from your employer how and where to get yours.

What's the significance of the flu vaccine while we're still dealing with the pandemic?

We don't yet know what the impact of co-circulating infections – COVID-19 and influenza – will be. However, with the onset of winter and being inside more, it's likely that there will be greater opportunity for the viruses to spread at a time when staff and health services are under extra pressure. It's also possible to get both flu and COVID-19.

Who should get the vaccine and why?

We recommend that all members who deliver direct patient care – including students on placement – are vaccinated to reduce the risk of contracting flu and spreading infection. Health care workers have a responsibility to protect their patients. For nurses, this is enshrined in the NMC code.

The flu programme is being expanded this year to include everyone over the age of 50 as well as at risk groups. The vaccine is recommended for:

- those at particular risk of severe infection – older people, those who are immunosuppressed and those with other underlying health conditions
- all children aged two and three years, and those in school up to year seven
- those at most risk of transmitting infection, such as all health and social care workers with direct patient or client contact, and carers.

How effective is it?

It varies each year but on average it prevents around 60% of influenza disease. Although it may not stop all infection, there is good evidence it helps prevent transmissions as well as severe illness and hospital admission. By having the vaccine, nursing staff and students will help to stop the spread of flu and protect their friends and family.

How can I help promote the flu vaccine?

Check out and share the RCN's [#BeatTheFlu](#) online information where you'll find resources and country-specific guidance. We encourage all members of the RCN and workplace representatives to promote the vaccine and believe employers should take a proactive approach, ensuring the vaccine is easily accessible to health care staff. Visit tinyurl.com/rcn-flu-vaccine-advice



Helen Donovan

Vaccinating en masse?

With preparation for this year's flu season made more complicated by the pandemic, we've produced guidance and practical tips on developing, planning and delivering large-scale vaccination programmes. Visit rcn.org.uk/immunise-covid19

Managing menopause

Research shows almost half of women going through the menopause have difficulties coping with work. But employers can do more to help

Lack of sleep, having up to 30 hot flushes a day, experiencing brain fog and impaired memory are just a few of the debilitating symptoms experienced by some women as they go through the menopause. "It can have a huge impact," says RCN fellow Debby Holloway, a menopause expert and member of the RCN Women's Health Forum. "You can find yourself thinking you're not working very well, even facing performance issues at work."

Accurate information is vital and providing it is a key role for the RCN, says Debby, who has helped update our guidance for representatives on how to support members going through the menopause at work. "We're a member-led organisation and nursing

is a predominantly female profession," she says. "Whenever our forum has done presentations about the menopause, we get so many questions from nurses about their own circumstances. It shows there's a real need for good quality information and resources."

While employers are paying more attention to the effects of the menopause, its impact needs to be continually highlighted, she says. "If someone's performance suddenly deteriorates and they're more forgetful or perhaps not as productive as they used to be, managers need to ask if it could be the menopause, rather than immediately thinking it's a disciplinary issue," says Debby.

i Need support to make adjustments in your workplace? Call RCN Direct for advice on 0345 772 6100

Stock image

Almost
half
of women
say the menopause
makes it difficult to cope
with work*

Challenging ignorance

Countering misconceptions about the menopause is high on the agenda for Penny Mannings, who is the RCN national lead steward for NHS Blood and Transplant and who has been working with other union colleagues to radically change attitudes in the organisation. “The initial challenge was ignorance,” she says. “I’ve had someone say, ‘some women have the menopause but most don’t’, which obviously makes no sense at all.”

As many staff in her organisation are older women, she believes it’s vital that the issue is addressed by employers, who can do a great deal to help their staff. “Managers need to recognise it’s a normal thing,” says Penny. “Everyone experiences it differently too. Just because someone isn’t having hot flushes, it doesn’t mean they’re not suffering in other ways.”

Working with colleagues, she has been instrumental in drafting a standalone workplace menopause policy, which



Penny Mannings

“

We’ve been able to make menopause a word people aren’t afraid to use

she hopes will be formally launched later this year. “It’s at the early stages,” says Penny, who is also an RCN safety and learning rep. “We don’t want it to be too weighty or complex. Much of it is signposting people to useful resources.”

In practical terms, achievements include new alternative uniforms which aren’t as thick. Shifting the culture has also been fundamental to change, Penny believes. “We’ve been able to make menopause a word people aren’t afraid to use,” she says. “It was a real challenge initially for some managers, but it’s amazing how the culture has moved. Clinically it’s something that will happen to every woman and it isn’t something to feel ashamed about.”

Useful resources

RCN clinical advice on menopause:
rcn.org.uk/menopause

The Menopause and Work – Guidance for RCN Representatives:
rcn.org.uk/publications
(code 009 327)

Menopause facts

- The average age for menopause is 51 in the UK, with an age range of 39-59 years.
- Around one to 10% of women experience an early menopause or premature ovarian insufficiency (POI), with the same symptoms as the menopause.
- People who are non-binary, transgender and intersex may also experience menopausal symptoms.
- *A University of Nottingham study in 2010 found that almost half of women surveyed found it somewhat or fairly difficult to cope with work.
- Symptoms include hot flushes, night sweats, difficulty sleeping, a reduced libido, vaginal dryness, headaches, mood changes, palpitations, joint stiffness and problems with memory and concentration.
- According to the NHS website, symptoms can last for around four years after a woman’s last period.

How can employers help?

Employers can take a variety of actions to help their staff. Practical steps include:

- avoiding nylon or close-fitting uniforms to help counter daytime sweats and hot flushes, providing staff with alternative options
- supplying fans at workstations, adjusting air conditioning and improving ventilation where possible
- allowing for flexible working, including temporarily adjusting shift patterns to help women struggling with disturbed sleep
- ensuring easy access to cold drinking water
- allowing for more frequent toilet breaks
- encouraging employees to discuss their concerns with managers or occupational health
- providing access to counselling and psychological support
- enabling networking with colleagues facing similar issues
- providing sickness absence policies that account for and don’t penalise menopause-related absence
- ensuring that attitudes are empathetic and understanding, rather than insensitive or jokey.

Let's get digital

Nursing staff have the knowledge to influence digital transformation in health care. The RCN eHealth Forum's new resource offers the career inspiration you need to get started



“Digital transformation isn’t just about putting your patient notes on a computer or making a video call,” says Annette Gilmore, Chair of the RCN eHealth Forum. “Digital transformation is about thinking differently.”

At RCN Congress in 2016, the eHealth Forum’s successful resolution “every nurse an e-nurse” highlighted the need for nursing staff everywhere to be involved in the digital transformation of health care. If new technologies and systems are going to be successful, they must meet the needs of nursing staff and be easy to use.

The forum and RCN eHealth lead Ross Scrivener have created a resource to encourage nursing staff from diverse backgrounds and specialties to embrace digital transformation.

Through video and audio interviews with nursing staff, the resource offers a section on digital roles, showing the breadth of jobs on offer, the directions a digital nursing career could take, and where to find education and training resources.

81%

of respondents to the eHealth Forum survey said data, information, knowledge and technology would make a positive contribution to nursing and midwifery

A second section covers digital innovations, with case studies of nursing staff who’ve used technology to streamline processes, use data more efficiently, or create new products to improve patient care.

Inspiration and advice

“It’s our business to help all nursing staff be digitally engaged, gain digital skills and be able to influence in their workplaces to create better experiences for themselves and better outcomes for patients,” Annette says.

The resource tackles obstacles identified by nursing staff in a survey conducted by the forum. “What came up as barriers was the inadequacy of IT systems in the workplace, understaffing, and a lack of confidence in digital skills,” Annette says.

The forum also learned that there was a lack of diversity, with digital roles still dominated by white men, and few clear career paths to get into digital leadership positions.

The resource provides career inspiration from nurses involved in the development of IT systems, digital champions who share knowledge with colleagues, staff who work with external developers to create apps and equipment, lecturers, researchers, and chief nursing information officers (CNIOs) who form digital strategy within health care organisations.

Meanwhile, the digital innovations showcased aim to get nursing staff thinking about what could be done in their own area of work. There’s virtual reality helping the people of Grenfell access health care, a digital



Digital careers at a glance

The resource provides an overview of what digital roles exist for nursing staff. They fall into four main categories and include jobs such as:

Support

- eHospital senior clinical nurse
- Digital nurse champion

Specialist

- Nursing information officer
- Clinical systems designer
- Digital passports development lead

Influencer

- Lecturer
- Digital fellow

Strategic

- Chief nursing information officer
- Programme director
- Clinical design director

To find more information on each of these, including videos of nursing staff working in them, visit rcn.org.uk/e-health-careers

“

It's our business to help all nursing staff be digitally engaged to create better experiences for themselves and better outcomes for patients

passport for people with learning disabilities, and examples of using data more efficiently to save staff precious time.

“A bit of equipment or a digital tool could help you and we want you to have the confidence to explore that,” Annette says. “We’re here as the eHealth Forum for you to come to for advice. You are experts in your area of practice, so you know what kind of equipment, computers and software is needed.”

The COVID-19 pandemic has forced many to find new ways of working that include technology, which could provide the momentum for long-term changes. “The pandemic has highlighted that we can work differently,” Annette says. “It has demystified digital technology and shown how useful and important it is. People hopefully understand that digital technologies are useful, effective and can be easy if you acquire skills and help with confidence. We all had to start in the same way and the forum is here to support you.”

i Access the resource at rcn.org.uk/e-health-careers and join the eHealth Forum at rcn.org.uk/forums

Digital passport for disabled care

Catriona Jamieson works at PAMIS, a charity based in Dundee which supports people with profound and multiple learning disabilities (PMLD). She says: “People living with PMLD are some of the most excluded people in our communities as they are often unable to communicate their thoughts and feelings.

“The digital passport is an e-book containing information specific to individuals, including their likes and dislikes, care needs, medical procedures and effective ways of communication. Made up of photos, videos and sounds, the passport can be used to educate health care professionals on how to meet needs that aren’t necessarily standard care. People using the digital passport are able to prepare for a visit, avoiding situations where someone is anxious and upset, making sure the right equipment, such as hoists, are available.”



Oluchukwu and Lesley-Anne

Visa changes for overseas staff

Latest figures show there are 84,000 nurses from outside the European Economic Area on the NMC register, an increase of nearly 17,000 in the past four years.

The new Health and Care Visa, which international nurses can apply for now, makes it cheaper, quicker and easier for health care professionals to work in the UK. Eligible applicants will also be exempt from paying the Immigration Health Surcharge (IHS), an unfair fee overseas nurses pay to use the NHS, which the RCN campaigned to get axed.

However, only those offered a job before entering the UK as a nurse or midwife are eligible to apply for the new visa. This means it won't be beneficial for many of the health and care staff who are not able to enter the UK via the Tier 2 (General) visa route. These staff will also not be automatically exempt from paying the IHS. We believe this is wrong and continue to lobby the UK government to change its policy.

Visit rcn.org.uk/immigration-advice

Warm welcome

The UK is reliant on nursing staff from overseas, but many find the transition to life here hard. We meet the RCN learning rep who's gone to extra lengths to help hundreds settle in

When Oluchukwu Ekee moved from Nigeria to work in a care home in Northern Ireland two years ago, she was full of uncertainty and apprehension about what lay ahead. Though she'd been working as a nurse in her home country for a decade, she had to undergo training to pass the Objective Structured Clinical Examination (OSCE) to attain her NMC registration while working as a care assistant and getting to grips with life in the UK.

The coaching she received was very skills-focused and Oluchukwu met the requirements to join the NMC register within eight months. But it was the more rounded preceptorship training delivered by RCN learning rep Lesley-Anne Hodgkiss that really made a difference to Oluchukwu's sense of belonging.

"It gave me a clearer understanding of what being a nurse in the UK actually means," Oluchukwu says. "International nurses face innumerable problems - unfavourable staff rotas, marginalisation, intimidation. Lesley-Anne put us in touch with people who could help address some of these issues."

Lesley-Anne works as a regional clinical trainer at Four Seasons Health Care and has delivered preceptorship training to more

than 200 nurses, the vast majority of them from overseas.

The programme she runs involves five days' dedicated training and covers policy, recordkeeping, an overview of the clinical areas and what to expect if the care home is inspected. Each nurse also works with the trainers to identify a bespoke portfolio of learning objectives to be achieved over the six-month preceptorship period.

"Some of the objectives will be very practical, such as attending a venepuncture session and getting the competency signed off," says Lesley-Anne. "Others will be straightforward like completing an e-learning module."

But it's Lesley-Anne's learning rep role that provides participants with that little bit extra. Her first interaction with the nurses who undertake her preceptorship training will often be at an OSCE preparation day, where she will ensure that she has her "RCN box" full of promotional materials.

She says: "One of my first bits of advice is to join a union". The RCN box makes another appearance at the initial preceptorship training week, where it will include information

“

I'm passionate about nurses having the information to empower themselves

about training days, the local RCN branch and other things people might not be aware of, such as information about counselling and immigration advice.

“We might also get random questions about things like paying for a TV licence, which the nurses might not be aware of when coming to the UK. A lot of those questions come out at preceptorship week, once the nurses are no longer solely focused on exams and getting their PIN.”

For Oluchukwu, the signposting Lesley-Anne provided has been invaluable. “She will go above and beyond to find you the right person or information that will help,” Oluchukwu says. “When I see her name as a trainer there is a lift of joy in my heart. I know I’m going to understand all the details of that training.”

This summer Lesley-Anne won the RCN Learning Rep of the Year Award after being nominated by Oluchukwu and six other international nurses who she’s helped. “I’m passionate about nurses having the information to empower themselves,” Lesley-Anne says. “Nurses can sometimes fall into bad habits and get boxed in. Underneath it all I’m still a nurse, I want to see people cared for really well.”

We have **421** learning reps

Want to join them? Visit rcn.org.uk/get-involved/rcn-reps



Professor Claire Chatterton
Fellowship



Clare Manley
Student Ambassador of the Year Award



Denise McLaughlin
Award of Merit



Dr Peter Carter OBE
Fellowship



Professor Sonja McIlfratrick
Fellowship



Vicky Brotherton
Safety Rep of the Year Award

RCN Awards 2020

Each year the RCN Awards celebrate the hard work and dedication of outstanding members, and those individuals who have made a significant contribution to the nursing profession.

The RCN Fellowship and Honorary Fellowship recognise innovative individuals who have made an exceptional commitment to advancing the science and practice of nursing. This year’s recipients include former RCN Chief Executive & General Secretary Dr Peter Carter, who was one of the first nurses in the UK to be appointed chief executive of an NHS trust.

Four members were recognised with the RCN Award of Merit, the highest honour for voluntary service to the RCN, and a special Lifetime Achievement Award was presented to Baroness Audrey Emerton in recognition of the contribution she made to nursing over more than 20 years as a member of the House of Lords.

The Representative of the Year Awards cover the four categories of Learning Rep of the Year, Safety Rep of the Year, Steward of the Year and Student Ambassador of the Year.

For a full rundown of all the winners, head to rcn.org.uk/magazines

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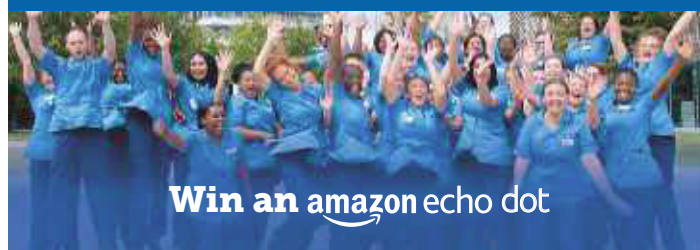
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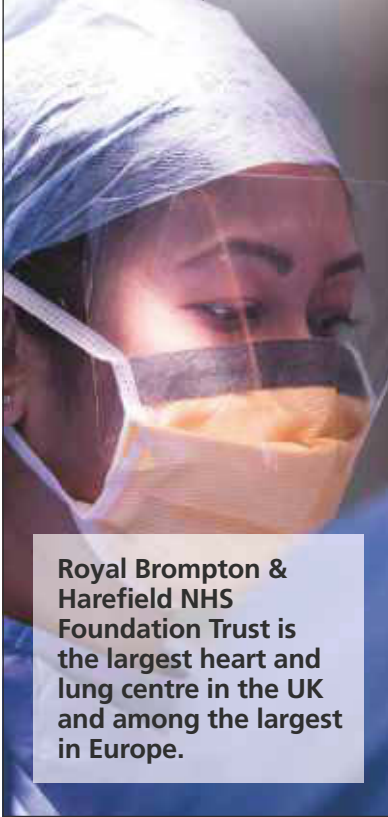
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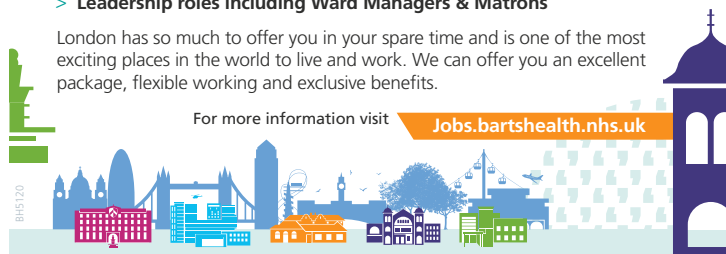
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If you require further information or wish to discuss this role please contact either Anna Munro, Geographical Lead Tel 07854 304095 or Rona Broom, Geographical Lead Tel 07872 418578.

Closing date: 23 September 2020.

To apply: <https://apply.jobs.scot.nhs.uk/vacancies.aspx>



Langholm Medical Partnership

Advanced Nurse Practitioner / Trainee ANP

We are a friendly 3 partner rural practice in Langholm, in the Scottish borderlands wishing to recruit a part-time trained ANP, Band 7, or trainee ANP to work alongside our current ANP and nursing team for 14 hours per week with optional extra relief hours. Experience in General Practice would be desired, but not essential.

The practice is forward thinking with multidisciplinary team on site and attached Community Nursing staff.

We use EMIS and Docman. List size 2700, with 900 rural patients.

You should hold a recognised Nurse Practitioner qualification with an MSc in Advanced Clinical Practice (Advanced Nurse Practitioner) or be committed to undertake training.

Application forms from practice managers. Submit application and CV to:

Jackie Henderson / Aileen Cavers:

**Practice Manager, Health Centre, Langholm, Dumfriesshire. DG13 0JY
Tel: 013873 83100**

E-mail: jackie.henderson@nhs.net or aileen.cavers@nhs.net

Closing Date: 11th September 2020

Interviews during weeks beginning 5th and 12th October 2020



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We are currently looking for Community Staff Nurses to join our dynamic, friendly teams who are patient focused and thrive on providing quality care.

We are open to part time working whether that's 2 days per week, weekends only, mornings only - talk to us, we are open minded as long as you have excellent patient focus and are a competent community nurse then we maybe able to work around what you can commit to.....

Please specify in your supporting statement what days/hours you are able to work, please bear in mind that we are also recruiting to our "bank" of community nurses to be used on an as and when basis but we are especially keen on permanent employees who can care for patients who will be in their own homes in the Bromley area.

Bromley Healthcare are currently recruiting for Band 5 Community Nurses. The teams consist of District Nurses, Community Nurses, and Healthcare Assistants & Therapists. They are a busy & dynamic team who have patient care at the heart of all they do. Our work is crucial to the community as we aim to prevent hospital care for our patients.

The Community Nurse role is a highly skilled role which involves skills such as looking after patients who are end of life, wound care, Picc lines/intravenous medication and many more, these are skills that are very much key to being an excellent Community Nurse.

This is a challenging but ultimately rewarding position where you will be supported both within your teams and by regular reflection & professional training.

As a Community Nurse you will deal with a variety of patients in their own homes, the role will involve but is not limited to:

- Responsibility for contributing to the holistic assessment, planning, delivery and evaluation of patient care.
- Implementing, monitoring and maintaining our high standards of care.
- Re-assessing and re-evaluating programmes of care when needed.
- Supporting our in-house mentorship training scheme with placement students and staff.
- Being an active member of the team sharing best practice whenever possible.

You can work additional evening & weekend shifts if you wish.

Please note that Community Nursing roles are designated essential car users therefore applicants should have a current driving licence and access to a vehicle to be considered for this position.

Please send your details to: robert.phillips12@nhs.net or apply on our website : <http://www.bromleyhealthcare.org.uk>

Bromley Healthcare are always looking for experienced nursing & therapy professionals to join our bank of casual staff. We offer services in the following specialist areas: Community nursing, rehab services and paediatrics throughout the borough of Bromley and beyond.



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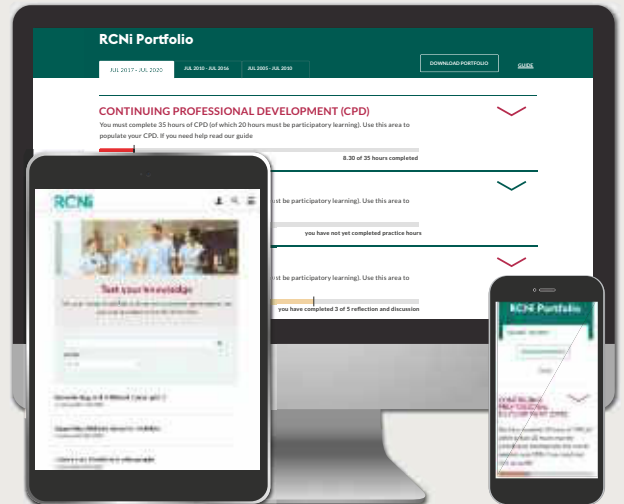
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SEP - 4th, 7th, 11th, 14th, 23rd, 28th

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SEP - 2nd, 9th, 16th, 23rd

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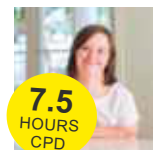
- ✓ Refresh in safe storage and disposal of medication
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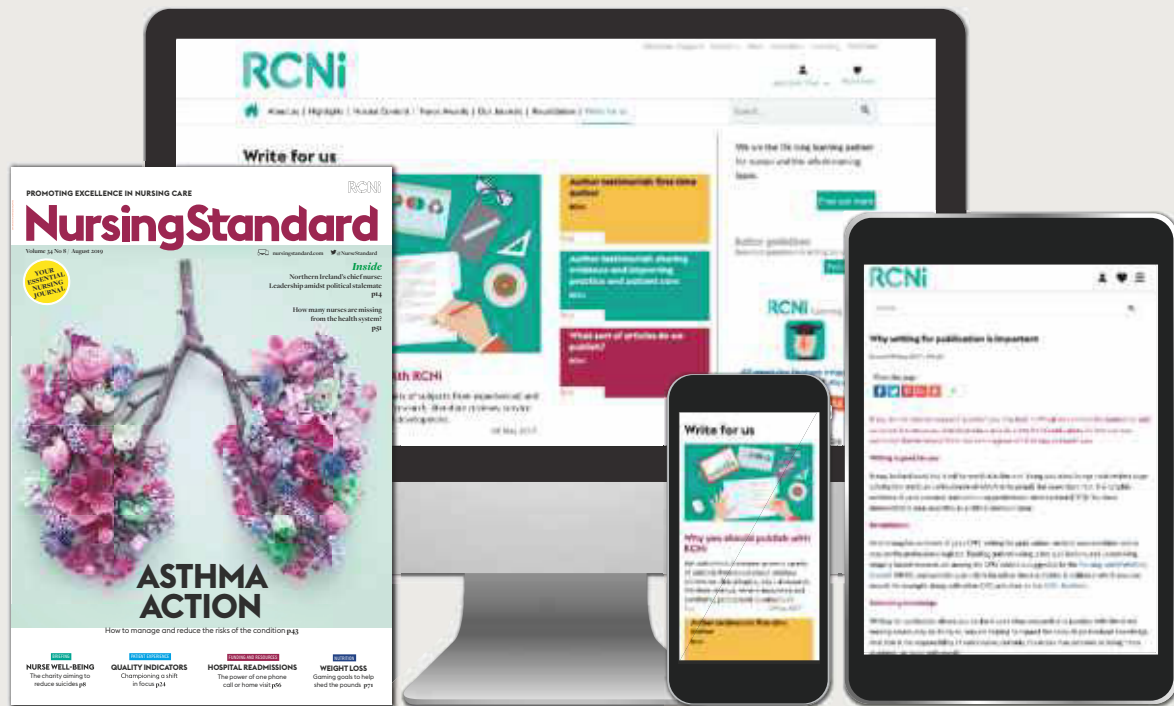
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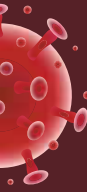
To discuss ideas for an article or series, email
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