



Royal College
of Nursing

CAREER

How to lead
when you're
new to nursing

CLINICAL

Motor neurone
disease explained

ADVICE

Staying safe
as a lone
worker

RCN
BULLETIN

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JOIN OUR FIGHT

WE'RE CONTINUING TO CAMPAIGN
FOR RECOGNITION OF YOUR VITAL WORK



Royal College
of Nursing

It's time
to pay
nursing
staff fairly



ROYAL COLLEGE OF NURSING

This issue of *RCN Bulletin* went to press on 26 August. Find the latest information from the RCN: rcn.org.uk

Pat Cullen

A moment with Pat

Colleagues, this feels like a really crucial time for nursing. After 18 months working under the most intense pressure, we're being forced to fight for fair pay.

The meagre NHS pay awards aren't enough to stop exhausted nursing staff leaving the profession. Though we've stressed that better pay will lead to more nurses and safer staffing levels, ministers have refused to listen. By ignoring the voice of nursing, they have ignored the needs of patients.

Our pay consultations are at different stages, dependent on where you live in the UK (p6), but what's really important is that you respond when we contact you. This is your chance to have your say – not only for yourself, but for your profession and the safety of your patients.

I can't stress this enough. We must hear from you. Our next steps – be that considering industrial action or otherwise – will be decided by you. Apathy tells us nothing. And while the RCN position is that the pay awards are unacceptable – they fall far short of the 12.5% we want – this

is your individual choice. If we're to take on this fight, we must take it on together. This isn't over yet.

So members, get involved, and let us help you get the most out of your professional union. There is so much we can offer you, from expert advice on staying safe when working alone (p8) to clinical guidance on recognising the signs of motor neurone disease (p10).

The most important thing is that you look after yourselves. Though self-care is often compromised when you're so passionate about caring for others, it is crucial as we continue to face the challenges ahead. For some members, running helps manage the pressures of work (p12), for others, it's dedicated mental health support from colleagues (p14).

Wherever you work, and whatever your role, know that you are valued. If not by our governments, then by the patients whose lives you touch every day.

Pat Cullen
RCN General Secretary
& Chief Executive

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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

Catch up on all the latest from *RCN Bulletin* online: rcn.org.uk/bulletin

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Want to shape our response to global nursing issues?

Why not join our International Committee? Its members provide expert advice to senior RCN staff and elected members on issues affecting nursing around the world. The committee gives an international dimension to our strategic priorities and shares knowledge of developments outside the UK. Applications are open now and close on 1 October. Find out more: rcn.org.uk/current-elections

Voice of nursing

Keep up with nursing news and professional issues on the go with the Nursing Matters podcast. From debating sexism in nursing to presenting new research on long COVID, the podcast covers all the key issues with expert guests. Hosted by the RCN Professional Nursing Committee, you'll get to know your elected members too. Available on Spotify, Apple Podcasts, Acast and other platforms: rcn.org.uk/nursingmatters



TOP FIVE

New resources

1. **Diabetes essentials.** Develop your knowledge of diabetes to provide safe, competent and compassionate care: rcn.org.uk/diabetes-essentials
2. **Bladder and bowel learning resource.** Read up on the essentials of care to promote continence and manage incontinence for people with bladder and bowel problems: rcn.org.uk/bladder-and-bowel-resource
3. **Safeguarding children and young people.** Learn how to spot the signs of abuse and raise concerns about child protection: rcn.org.uk/publications (code 009 507)
4. **Migrant health.** Find useful resources to help you support people who have migrated to the UK: rcn.org.uk/migrant-health
5. **Just about to graduate.** See our helpful guide for nursing students starting their career, including getting on the NMC register, preceptorship and revalidation: rcn.org.uk/publications (code 009 800)

Did you know?

You can use your nursing expertise to influence national clinical guidance and improve patient care. Share your valuable knowledge with NICE, NHS England, HEIW and others. Get involved by sending details of your clinical specialties to ClinicalConsultations@rcn.org.uk or contribute to current consultations: rcn.org.uk/get-involved/consultations

STAY WELL THIS WINTER

Our #WinterWellbeing campaign is launching soon to help you keep healthy this winter. It's more important than ever that you stay well by being physically active, eating healthily and getting enough rest. We're also encouraging you to have your annual flu vaccine, as well as any COVID-19 vaccines you're eligible for, to help protect yourself and your patients. We'll be publishing advice on this, plus guidance on how to prevent the spread of norovirus. Find out more: rcn.org.uk/winterwellbeing



Magazines makeover

Have you visited the new RCN Magazines website yet? We've given it a complete makeover, so it's easier to use and better-looking than ever. You'll find all your favourite RCN *Bulletin* features as well as extended articles and bonus content. There's plenty for students and nursing support workers too. Explore the new site: rcn.org.uk/magazines

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REPRESENTING YOU

New RCN President Dr Denise Chaffer,
pictured by Rob Anderman

'Kindness is key'

People sometimes think kindness is a soft word but actually it's one of the most important things for nursing staff. We have to be kind, and highly skilled, not either or. This also means being kind to each other.

It's been a difficult time for all of us over the last 18 months but the way the value of all aspects of nursing has shone through has been truly inspiring. Nursing has responded to the pandemic and come to the fore in a lot of positive ways, and I can see opportunities to build on that and take the profession forward.

As RCN President, I want to make sure I give a voice to all areas of nursing – and for all to feel supported and valued in their roles.

We have seen an increasing interest in nursing, but we must retain the

nurses we have and further develop the evidence on what we need to do to keep them nursing.

Whilst the immediate priority is on safe staffing and fair pay, it is also important to focus on inclusion, equality and diversity, staff support, fair disciplinary and promotion processes for all, and addressing incidents of abuse and assaults on nursing staff.

I feel extremely humbled to have been elected as RCN President. It means I have been given the opportunity to help create the environment for others to be leaders and to thrive and follow. It's important I honour the confidence people have in me to do this but my success going forward will depend on the support of others.

Dr Denise Chaffer, RCN President

'It's our magazine'

I've always been an avid *RCN Bulletin* reader but I felt that Northern Ireland was very underrepresented. When I saw the opportunity to be a part of shaping the future of the magazine on the readers' panel, I thought it was a good chance to help make the magazine more inclusive and representative.

When the panel first met last year, the magazine was pretty disjointed. The changes since then have been astounding. It now feels like everyone's included and the topics are relevant to everyone, no matter where you are. The fact that the magazine and website mirror each other now and we've got the clear content categories and colour coding also makes it easier to navigate.

I think all of us on the panel feel really grateful to have been involved in the process. It's been very rewarding.

It's so important for members to get involved with the RCN. Having a fresh look at something always improves it and makes it more relevant to us all. It's an ever-evolving organisation and you can have an impact.

Jean, paediatric emergency nurse



Want to join our readers' panel?
Email bulletin@rcn.org.uk

ADVICE THAT CHANGED MY LIFE

'Mother knows best'


Good advice can come from unexpected places. I remember when Mrs P – the mother of a young man referred to my team – watched me asking what I thought were very pertinent questions of the day centre team about him. "Young man," she said, "If you want to know about him, ask me – I'm his mother." Bullseye. She cured me of that blind spot forever. I've since worked with a lot of families to provide respite care and had good feedback – all down to her. I'll never forget my embarrassment.

Phil, nurse manager

RECOGNISING NSWS

As we get ready to celebrate RCN Nursing Support Workers' Day on 23 November, I can't help but think showcasing our complex and demanding roles also highlights the importance of fair pay for nursing. We deserve to have our skills, responsibility and experience recognised not only on a celebration day but in our pay packets too. To recruit and retain highly skilled nursing staff we must be paid fairly. Change is needed now.

Kevin, Chair, RCN Nursing Support Workers Committee

 Find out more about RCN Nursing Support Workers' Day: rcn.org.uk/nursingsupportworkersday

THE VIEW FROM HERE

'Racism is a wound we need to come together to heal'

Racism feels like a raw wound that is obvious to some but barely visible to others who are only able to see, at best, the scars of the past. Those who are willing to empathise, to recognise the wounds, are the people who could be the key to bridging the divide in the lived experience between us.

It often feels like black people are talking to each other about the pain and injustices we feel on a daily basis, while white people are talking to other white people about the issues as they see them. The gaps in our individual knowledge and understanding are leaving us vulnerable to the ongoing causes of those deep fissures.

We can't change the past. But moving forwards is incumbent on us fully understanding the roots of racism and its effects on all of us. Willing people need the tools to work together, to change the systems that feed racist mentalities, which could otherwise continue to flourish.

Penny, community sexual health nurse

 Read more from Penny: rcn.org.uk/racism-is-a-wound



Elizabeth Russell,
pictured by Warren Page

OPINION



SHARING A SNAPSHOT

Members and the public gathered by the Edith Cavell memorial in Norwich for a candlelit vigil supporting our Fair Pay for Nursing campaign recently, as part of our Summer of Action. Find out more: rcn.org.uk/summer-of-action

Join our fight

We're campaigning for a 12.5% pay increase for all NHS nursing staff. Find out what's happening in each part of the UK and what members think about it

ENGLAND: 'We deserve more'

The UK government announced a 3% pay award for NHS staff in England on 21 July. I remember hearing the news. I felt so dejected, unappreciated and angry. We campaigned hard for more – to keep people in the profession and our patients safe – but ministers didn't listen.

A crisis is imminent. I see it at work. People are leaving nursing or they're retiring early. We're doing our best to maintain standards of care, but we're so short staffed. It's breaking those of us who are left.

We have to make a stand and fight for more than 3%. If we don't, the government will think we're OK with this pitiful pay rise and move on. We deserve more than this.

You can have your say by voting in the RCN consultation. It's really easy. If you work for the NHS on Agenda for Change terms and conditions, and that's on your member record, you'll have had an email asking you to vote. This is your chance to get your voice heard. Loving what we do as nurses isn't enough to pay the bills.

Kafeelat, community matron



Do you work for the NHS in England or Wales?

If so, you should have received an email, or letter if you don't have an email address, from Civica Election Services (Civica). These contain a unique link or code to login to the Civica platform and vote on whether you think the 3% NHS pay award is acceptable or unacceptable.

You're eligible to vote if you're directly employed by the NHS on Agenda for Change terms and conditions in England or Wales. If you haven't received an email

or letter, check your junk and spam folders as well as your member details at MyRCN: rcn.org.uk/myrcn. Alternatively, call us on 0345 772 6100 (select option one) or email membership@rcn.org.uk

Student members have been emailed instructions on what to do if they're working for the NHS while studying.

The deadline to vote is noon on 13 September. The outcome of the consultations will direct our next steps.

Don't work for the NHS?

We're fighting for your fair pay too. We've recently completed consultations for members working on Jersey and for Marie Curie and continue to work with independent employers to improve terms and conditions. We believe nursing staff working for other public sector employers and independent employers should be paid at least the same as their counterparts in the NHS. We anticipate that improvements in NHS pay will have a positive effect on pay in other sectors.



We've launched an app to help you access information, actions and news about our pay campaign. Get it now: campaigns.rcn.org.uk/Get-RCN-apps

ACTION

WALES: 'I voted straight away'

The Welsh government said they'd award NHS staff a 3% pay rise shortly after the announcement for England.

It wasn't unexpected but it is shocking. We've spent the last year working in potentially lethal conditions and that's all they think we're worth. It's a slap in the face. I could get paid more working in a supermarket with less

duties, less stress and less repercussions for my mental health.

With inflation expected to rise to 3.7% by the end of this year, 3% is actually a pay cut.

I voted within 30 minutes of the RCN consultation being launched on 12 August. It couldn't be simpler. The codes get filled

in automatically when you click on the link in the email, then you just select whether you think the pay award is acceptable or unacceptable.

We're being systematically run down as a profession and must change the mindset that "this is just how it is". Please spread the word and vote.



Jeremy, mental health nurse

NORTHERN IRELAND: 'We're in limbo'

The Northern Ireland Executive hasn't announced a pay award for HSC staff yet. Though the health minister says he wants it to be 3%, he needs to get the executive to agree to finding £52m to fund it. We won't find out until October whether that's been agreed and what we'll get.

It leaves us in limbo and with pay disparity with the rest of the UK again. It's disheartening. I put so much of myself into my job, I feel pretty worthless right now.

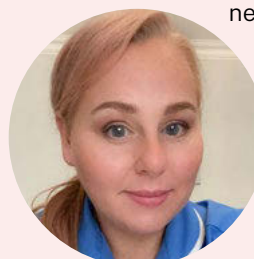
I can't help thinking that we're not being taken seriously. Ministers won't listen to our warnings about the exodus of nursing staff and yet people are leaving in droves – 182 nurses resigned from the Belfast Trust in the first half of this year.

Don't get me wrong, nursing is the best career in the world, but we're being failed.

Yes, we're in a caring profession, but we're

also highly skilled. It's OK to say we're not paid enough. I think members in Northern Ireland would consider taking industrial action again. We've shown before that it can be achieved successfully with no detriment to our patients. It's a tough call and everyone

needs to make their own decision but I'm optimistic about what we can achieve together if we stand firm.



Catherine, surgical vascular nurse

SCOTLAND: 'We're considering next steps'

The Scottish government offered NHS staff an average 4% pay rise back in March. We consulted members and 68% of those who responded rejected the offer. Unions weren't unanimous in their stance and the government decided to impose it anyway. We've since lodged a trade dispute with the Scottish government and NHS Scotland employers.

We were left with no choice. Nursing pay hasn't kept pace with the cost of living and the offer fell far short of our demands for a 12.5% pay rise. Every patient needs and deserves the best quality of care possible, but nurses are exhausted and worrying numbers are leaving.

The trade dispute is a formal expression of our frustration and concern for

patient safety. The time to value nursing as a safety critical profession is now.

We've met with the cabinet secretary and I argued that point, but he brushed us off and hasn't stuck to his commitment to meet us again. We're now considering what next steps to take.



Julie, senior charge nurse and Chair of the RCN Scotland Board

GET THE LATEST
rcn.org.uk/fairpay

Lone worker safety

Community nursing staff face unique challenges – and dangers. New RCN guidance explains your rights and what to do if you feel unsafe while working in someone’s home

RCN Council member Fiona Devlin is passionate about the safety of nursing staff. She’s heard countless stories from colleagues about unsafe work settings – for some, that includes patients’ homes.

When nursing staff do home visits, that home becomes their work environment and it must be assessed and treated like any clinic, ward or surgery.

Now, Fiona has helped create specific guidance for lone workers. “This guidance clearly sets out the responsibilities of the employee, but equally of the employer,” she says.

Duty of care

All nursing staff have a duty of care to their patients, but they also have a duty of care to themselves.

“Staff are entitled to a safe working environment. They’re entitled to work without being subjected to verbal or physical abuse. They have the right to air their feelings, state their vulnerabilities and fears, and know that the support mechanisms will be there,” says Fiona. “The duty of care to patients is equal to the duty of care to staff.”

i Read the full guidance:
[rcn.org.uk/
personal-safety](https://rcn.org.uk/personal-safety)

Words by
Becky Gilroy

Stock image

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[rcn.org.uk/
bulletin](https://rcn.org.uk/bulletin)



No nurse wants to refuse treatment or withdraw care, but they must know when a work environment becomes unsafe and how to raise their concerns effectively.

Recognising risks

The guidance doesn't just cover safety in dangerous and abusive scenarios, but also in infection prevention and control. Homes filled with clutter or with pest problems could both pose risks.

"Unless you work in the community, you don't fully understand what nurses are exposed to," says Fiona. "From the moment district nurses step out their car, they're risk-assessing. Even if they've been there before, the risk assessment changes each time."

Obviously COVID-19 has had an impact on infection prevention and control, and every patient-facing nurse has been vulnerable to catching the virus.



Fiona Devlin

The guidance includes a COVID-specific section on how to respond to unsafe conditions, such as family members ignoring requests to socially distance and providing care in poorly ventilated homes.

Knowing your rights

Nursing staff should not have to tolerate any form of aggression or abuse, no matter what sector they work in. Fiona says: "In the community, for a long time, staff didn't have phones or lone worker devices, and the onus was on the individual to report serious incidences to the police."

The guide lists measures, known as controls, that employers should put in place to reduce risk. These can include:

- staff training
- ways to raise the alarm
- procedures for supervision
- policies on what constitutes unacceptable situations
- withdrawing care from patients who are violent and abusive.

Fiona adds that, now more than ever, nursing staff don't need more stress added to their jobs. "In Northern Ireland, where I live, we're finding staff retention very poor in our district nursing teams," she says.

"They have higher caseloads, especially with COVID-19, and the added pressure of other services closing. If we don't have the structures in place to protect and support our staff, they'll leave community nursing and patient care will suffer."

'We were very afraid'

Edna is a district nursing sister in Northern Ireland. She shares her experience of feeling threatened during a home visit – highlighting why the new guidance is so necessary

"A colleague and I had a referral put through for a daily dressing for a male patient. We were given very limited information other than there had been some 'issues' previously – but we weren't told what the issues were.

"We turned up at the address, which was very remote, and there was no phone signal. We were tasked with an assessment for a wound, which we carried out, but the patient made it very clear that he was in control – of us and of the situation – and that we would be working under threat.

"Without additional information on who we were dealing with, we couldn't carry out an adequate risk assessment beforehand. We were very afraid.

"When we next went to the property, we parked so the car was facing outwards to give us an easier escape route if we needed it. We removed all the sharp objects from our uniforms. We knew we had to keep him in front of us at all times and not to let him get between us and the door, because he used to come around behind us to frighten us.

"We raised our concerns, but they were not dealt with appropriately, so we cared for this patient over a number of weeks.

"I think the belief was that the district nurses were dealing with it, so nobody else had to deal with it as long as he was getting the care he needed within the trust. It was seen as acceptable for us to be afraid and threatened; we were considered collateral."

“

If we don't protect and support our staff, they'll leave community nursing

Motor neurone disease

Specialist nurse Jan explains the reality of this 'brutal disease' and how a new RCN resource could improve patient care

"I like complex patients," says nurse consultant Jan Clarke. "I like having to think and having to work to get the most out of a situation that's changing rapidly."

Jan, who works at the National Hospital for Neurology and Neurosurgery in London, specialises in motor neurone disease (MND), which she says some doctors describe as "the worst disease in medicine".

MND is fast-progressing and terminal, with no cure. A third of people diagnosed with it will die within a year – more than half within two years.

"It's characterised by increasing loss of function and loss of independence," Jan says. "You're increasingly reliant on carers, whether paid-for or family members, to support you in every activity of living."

"It's a brutal disease and one of considerable loss and grieving for what's been lost."

Jan, England's first MND nurse consultant and a member of the RCN Neuroscience Forum, is one of the expert contributors to a new RCN learning resource on MND. It was produced in partnership with the National Hospital for Neurology and Neurosurgery and the MND Association, with support from the forum.

Increase your knowledge

Working through the course, you can improve your awareness of red flags for diagnosis, symptom management and treatments. The resource also explores advanced planning and signposts to sources of further information.

Jan features in videos included within the resource, alongside patients describing the impact of the disease. One offers a very moving account of his reaction to being diagnosed. "I felt my whole world collapse," he says. "The very first thing that's ripped away from you is hope."

And yet for all that, Jan says she never experiences overwhelming sadness in her job, something she attributes to her patients and her team. "The people you meet are great," she says. "They make it easy for you in a way. And I work in a really strong team. We're good at talking to each other about how things are."

Of course, she says, there are days when she thinks "this disease is so brutal". But she believes that if you ask any MND nurse why they work in such a challenging field, you'll get the same response: because it's a great job.

i Read the full MND resource: rcn.org.uk/mnd-resource
 Register to attend our MND lecture on 17 November: rcn.org.uk/mnd-lecture

Red flags for diagnosis

Limbs

Movement and mobility are likely to be affected – 70% of patients present with limb symptoms, sometimes progressing rapidly. Patients may experience falls and trips, loss of dexterity, muscle wasting.

Respiratory

Muscles between the ribs and the diaphragm weaken as the disease progresses. Respiratory failure is the most common cause of death in MND. Patients could experience shortness of breath on exertion, unexplained respiratory symptoms, fatigue.

Bulbar

Bulbar refers to an area at the base of the brainstem. Motor neurones here control muscles in

the tongue, pharynx and larynx. Signs this area has been affected could include: slurred speech, difficulty swallowing, excessive saliva, communication difficulties.

Cognition

There may be cognitive changes affecting a person's ability to take in information, express emotion and react to others. Be aware of behavioural change and emotional lability unrelated to dementia.

Painless, progressive weakness in one or more of these areas could indicate MND.

Bladder and bowel involvement, double vision and improving symptoms are not supportive of an MND diagnosis.

70%

of MND patients will experience limb symptoms

Plus, specialist teams can do a lot to help their patients. "People read that this is a disease where there is no cure, so they can feel given up on," Jan says. "But there are lots of things where you can intervene to make each day a little bit better."

There is currently no realistic prospect of a cure for MND – "There's no 'Compound X' that's going to change the course of the disease" – but there is growing awareness, and with awareness comes money for research.

Meanwhile, Jan hopes the new RCN learning resource will offer nursing staff in all settings greater insight into MND. "This is a fairly rare disease and you're not expected to know everything about it," she says, but knowing the red flags and where to find further information is enough.

“

There is no cure but you can help to make each day a little bit better

Words by Daniel Allen

What is MND?

Motor neurone disease describes a group of four related diseases affecting motor neurones in the brain and spinal cord. Messages stop reaching the muscles, causing weakness and wasting. It's not always possible to distinguish between the different types of MND but they are outlined below.

- **Amyotrophic lateral sclerosis**
This is the most common form of MND. Life expectancy is two to five years.
- **Progressive bulbar palsy**
This affects about a quarter of people with MND. Life expectancy is six months to three years.
- **Progressive muscular atrophy**
This affects only a small number of people. Patients usually live for more than five years.
- **Primary lateral sclerosis**
This is a rare form of the disease. Average life expectancy is 10 years-plus.

Run for your life

As marathon season begins, nurses Claire and Sharon tell us how running has improved their mental health and helped them manage the pressures of work

The physical benefits of exercise are widely known, but running outdoors is particularly beneficial for mental wellbeing. In a recent study, 82% of UK runners said running helps clear their mind, while 78% said they feel more in control as a result of running.

For registered nurse Claire Flatt, running proved essential after she was diagnosed with cervical and breast cancer age 33. Despite facing life-changing treatment, including a double mastectomy, intensive chemotherapy and radiotherapy over the course of a year, one of the first things Claire did after being diagnosed was to start a fundraising challenge.

“A lot of people just don’t know what to do when a relative or friend gets a cancer diagnosis,” says Claire, who is the lead for nursing, midwifery and allied health professionals at New Cross Hospital in Wolverhampton. “So I decided to set up #claireschallenge to encourage friends and family to take on a new challenge and raise money for cancer charities. I now take on a new challenge every year.”

Claire was “not a runner” but started with a five-kilometre run raising money for Cancer Research UK. “Once I started treatment, exercise was the only thing that kept me going,” says Claire. “I got a dog and he meant I had to get out of the house, which really helped me to cope with what was happening.”

Helping to heal

After her treatment, Claire went back to her job as a nurse lecturer but found it difficult to concentrate,

suffering with brain fog, anxiety and panic attacks.

“I struggled to get the words out when teaching, which is not great when you’re standing in a classroom full of nursing students looking at you,” says Claire. “I lost a lot of confidence.

“When you’re going through cancer, you’re surrounded by consultants and other health professionals, but then suddenly, you’re on your own and it’s hard to go back to normality. It’s hard mentally as well as physically. I continue to live with the late effects of treatment, which include early menopause, joint pain, fatigue and anxiety. People don’t see that.”

Claire found running helped her reduce the long-term side-effects of her treatment. “Spending time on my own running really helped me to process things. Sometimes I would just cry by the canal while running, but it was cathartic.”

Claire set herself a goal and just nine months after her final chemotherapy, she took part in the 2019 London Marathon.

“Running the marathon was incredible and gave me an amazing sense of achievement. People were shouting my name and it was very emotional as I was running down The Mall to the finishing line.”

Thanks to running and her new clinical role, Claire, who has recently finished her training to be an RCN steward, has found increased enthusiasm for nursing. “I’m more focused and love my job. I feel like I’m almost back to where I was before.”

Claire Flatt, pictured by Steve Baker

“

Just being outside in the fresh air makes me feel good



Sharon Burfield, pictured at Endure24 by Epic Action

Tips to get started

Join a running club

Many are free to join and there are regular parkrun events across the UK: parkrun.org.uk

Set small targets

Getting out the door is often the hardest part. Try setting small, achievable goals. There are helpful ways to get started such as the NHS couch to 5k training programme: tinyurl.com/from-couch-to-5k

Keep at it

Just 20 minutes of running a couple of times a week, mixed with walking, will improve your mood and increase your ability to deal with stress. Find out more about the benefits: coachmag.co.uk/fitness/running

Staying calm

Sharon Burfield, a deputy director for clinical education, cites running as a way to reduce depression and boost your energy.

Running increases blood circulation and affects the part of your brain that responds to stress and improves your mood. This causes a change that temporarily improves your reaction to stressful situations.

“When I was around seven years old, my mum was diagnosed with depression and was in and out of hospital,” says Sharon. “This made me very aware of my own wellbeing and I realised at a young age that I need to take care of myself, physically and mentally.”

Sharon runs outdoors around five times a week, fitting her runs around her family and work.

“Over the last 18 months, running has been incredibly important, especially as I was working in ITU, which was very intense. During the first wave of the

pandemic, it was more difficult to run as I was so tired, but running makes me feel better and gives me more energy. I definitely feel grouchier if I miss running for any length of time.”

Sharon has always tried to fit in exercise and eat healthily but running is something she feels is essential in managing stress and doing her job well.

“I now lead a team of 70 people and running helps me to be calm and measured at work. If colleagues see me taking care of myself, eating well and going running, I’m also being a good role model. Running, especially when I’m outdoors and with others, allows me to get things off my chest. Just being outside in the fresh air, near a lake or the woods, makes me feel good.”

A regular long-distance runner, Sharon is taking part in both the London and Manchester marathons next month.

“Marathon running gives a real sense of achievement, accomplishment and pride. It’s my ambition to run a marathon at 100!”



The RCN has a range of Healthy You resources especially for nursing staff. Use them to develop your own self-care plan: rcn.org.uk/healthy-you

'One mistake doesn't make you a bad person'

Carol's created better support for staff in the aftermath of workplace safety incidents



Carol Menashy, pictured by Jonathan Perugia

Words by Sharon Palfrey

Former theatre nurse Carol Menashy was about to go home after finishing her shift when she became aware of a safety incident in the operating room.

"The doctor involved was in distress and I just wanted to make sure she was alright. But I didn't have the right or permission to approach her. I couldn't sleep that night. I was so worried about her," Carol recalls.

The next morning, Carol spoke to the matron about her concerns. The incident had made her think about

how important it is for all staff to have access to timely support.

She also found herself reflecting on an error she'd made in theatre a few years back, when she'd accidentally passed an unsterilised k-wire to a surgeon, who then drilled it into the patient's bone.

"At the time, my very first response was to think that I could get away with it if I didn't say anything," she says.

"I was panicking of course, and I very quickly came to my senses and raised

the issue. But I know that feeling of complete fear. I couldn't help but wonder – if I'd been working with a difficult surgeon or had an unsupportive matron, would I have owned up?"

Carol knew she had to do something.

We're all human

"Staff need to know that making a mistake doesn't make them a bad person or an incompetent professional. We're all human and until you're in that situation, you don't know how you'll react," she says.

“

We need peer support and an open and honest culture

Read
Carol's full
story online:
[rcn.org.uk
/bulletin](https://rcn.org.uk/bulletin)

“That’s why we need safe spaces, peer support and an open and honest culture. I needed to make change happen.”

Gathering local support was essential, so Carol gave a presentation to her department outlining the importance of getting quick help to staff involved in safety incidents.

Before long other managers asked her to present to their teams. She also shared her thoughts on the Royal Free London’s staff intranet and people started to pay attention.

To take things further Carol knew she needed evidence to back up her

case, so she wrote to the Louise Tebboth Foundation, a charity that focuses on the prevention of suicide and the mental wellbeing of doctors in England and Wales, and shared her ideas with them.

She was delighted when they offered £500 to provide furniture for a room for staff to go to when they needed a safe psychological space to sit comfortably and feel supported.

“I approached the Royal Free Charity to handle the donation and they were so impressed that they funded three more safe spaces across the trust.”

At this stage Carol sought further advice, writing to national and global experts on the issue, to share her thinking.

“It’s important to get support for your ideas, and if it turns out you’re wrong, you’ll learn from it,” Carol explains.

Building resilience

Four years on and Carol’s work has gone from strength to strength. The trust’s charity has provided advice and support for buying equipment while also paying the salaries for two posts that specifically support staff involved in safety incidents.

Carol is the SISOS (Safety Incident Supporting Our Staff) lead nurse in one of these posts. She’s been instrumental

in making changes to the organisational culture, building staff resilience, managing a staff helpline, providing peer-to-peer support and helping staff access urgent help if needed.

Having established a support hub in her hospital, she’s now looking to replicate the set-up across the trust, so part of her role also involves spreading the word about what support is available – presenting at inductions, staff wellbeing days, sharing posters, developing badges and lanyards for “listeners”, so they’re easily recognisable and people feel confident to approach them.

Carol found that using local knowledge and contacts is the best way to make things happen. “By involving staff, what you come up with is rooted in reality and can be cheaper. It also helps to build trust so people are more likely to use the service, which they might not if it’s just imposed on them,” she explains.

Signs of success

Patients and staff feel more comfortable to open up about sensitive issues to “listeners”, who are easily identified as they wear badges. The number of safety incidents is being reduced too, with a focus on a learning, rather than a blaming culture.

Sickness levels have also been reduced as staff now feel more supported to take time out if they need to and importantly, they have a safe place to go.

Carol’s next goal is to raise public awareness about the issue so a more understanding culture can benefit everyone.

“I’m one nurse who has shown that by being innovative you can bring about change from the ground up, for the benefit of everyone, including patients,” she says.

Organising for change

Carol’s work is a great example of organising – an approach to making positive change happen, where you identify the issues, come together and bring about solutions on your own terms. The RCN has begun designing its own unique national organising model, with training sessions for members to develop their organising skills. Find out more: rcn.org.uk/organising

How to lead when you're new to nursing

Every student and newly registered nurse has the potential to lead and influence, says Craig from the RCN Nurses in Management and Leadership Forum

I'm a community staff nurse working with newly arrived asylum seekers in Glasgow. I'm relatively new to the profession, having joined the nursing register in September 2019 and starting my first post in May 2020.

I don't have a formal nurse manager or leadership role, but I have previously held several student leadership positions, such as Chair of the RCN Students Committee. So, when I applied to join the RCN Nurses in Management and Leadership Forum committee, it felt like natural progression. The forum recognised the need for balance and inclusion and saw potential in me and what I could offer as an early-career nurse, bringing fresh and differing perspectives.

I don't believe extracurricular leadership roles should be an expectation of all students and newly registered nurses – life can be hard enough, and each of us is on a unique journey. But I do think it's possible to find a way to lead and influence, even in junior roles. Here's my thoughts on how.

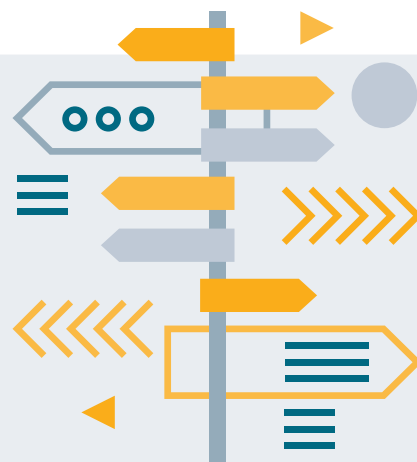
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Think about what you can do today to make a difference

Share knowledge

Despite the fact we may have limited experience as leaders, we come out of university with the most up-to-date evidence base. We know exactly how things should be operating based on current guidance. Many students and newly registered nurses have also had previous careers with transferable leadership and management skills.

When I was a student, if I didn't understand something I would ask questions, and if my colleagues didn't know the answer, I would go away and research it. Once, I brought in a research paper, which we used as the basis of shared learning. That made me feel included and as though I had influence within the team.



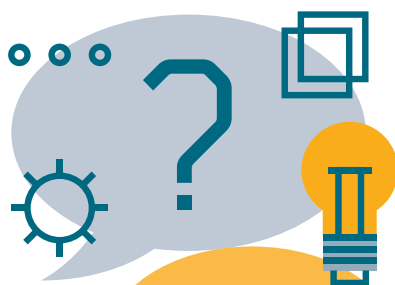
Create a leadership identity

We often think of more experienced nurses as role models, but role modelling is incredibly important for all of us, regardless of experience. At all times, I suggest you try to be the nurse you want others to aspire to. Ask yourself: what do I stand for?



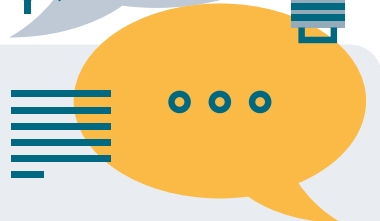
I would urge all nursing students and newly registered nurses to build their unique identity – their “brand”. One way to do this is by writing a leadership statement that defines your beliefs and values – something concise that you can apply to your early career and develop over time. It will indicate that you have credibility and, even at this early stage, influence. Ultimately, influence is what lies at the heart of leadership.

i Learn more about and join the RCN Nurses in Management and Leadership Forum: rcn.org.uk/leadership-forum



Make suggestions sensitively

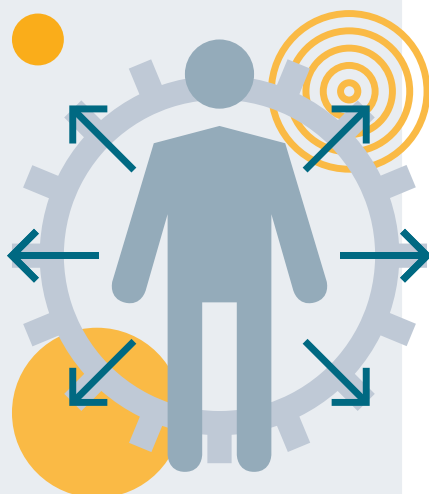
It's essential for students and newly registered nurses to develop culturally aware emotional intelligence and use it to navigate the system. We may have ideas about how to improve services, but it's important to make suggestions in a way that doesn't alienate people. Passion for change and service improvement can be misconstrued as arrogance or over-confidence if it's communicated insensitively.



Find things you can influence

Focus on areas where you can bring about change. In my current role, as part of our initial assessment, we ask newly arrived asylum seekers routine questions, enabling us to register them with a GP and link them to other relevant services. I noticed we weren't asking them about protected characteristics under the Equality Act 2010, such as sexuality, gender identity or religion – reasons why people often flee persecution in their own country.

When I raised it, my team leader said, "you're absolutely right", and within days of me joining the team, we made changes to the questionnaire, which has had a huge impact on the health and care of our patients.



Small actions, big changes

As a student or newly registered nurse, you can become overwhelmed by everything you feel needs improving. We all know the health and social care sector is not in the best condition it could be. To avoid this feeling, focus on what's important to you. Think about what you can do today to make a difference.

I'm fully aware of the irony of me talking about leadership and influence as a white, cisgender male. I identify as homosexual, so I am within one of the protected characteristics, yet men in nursing management and leadership are grossly overrepresented in a workforce that is 90% women.

I acknowledge that despite working hard, my sex, gender identity and ethnicity may, consciously or not, have resulted in many of the opportunities I've had. Bias exists – that's undeniable. Yet leadership can also mean challenging injustice. From my position of privilege, I can ask: why I am sitting at this table when you could have, for example, a woman, a black person, or a transgender representative?

Leading when you're not "in charge" is possible. You can always take small actions, and I firmly believe that small actions really do lead to big changes.

Craig Davidson
RCN Nurses in Management and Leadership Forum committee member



Want to develop your leadership skills as a student nurse?

Why not stand for election to the RCN Students Committee? Nominations open on 6 September for a number of roles representing thousands of nursing students. You'll have the opportunity to influence RCN policy and strategy, as well as gain skills that may enhance your future career.

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Becoming a Bupa care home Nurse reminded Susan why she'd entered nursing in the first place.



For Susan Kelly, joining Amberley Court Care Home as a Nurse was an opportunity to make a real difference to resident's lives, and her own career.

"Colleagues told me I'd lose my clinical skills in a care home, but it's been the exact opposite. I've been supported to learn new skills, such as PEG feeds and palliative care, and right now I'm doing Management Level 5. I'm excited to see where things go next."

A supportive team.

Susan trained as a LD Nurse in the 80s, working in hospitals and various care settings before joining the team at Amberley.

"There are plenty of complex decisions to be made at Amberley and I'm surrounded by expert professionals and a really supportive team. There's always someone I can turn to for advice, or a second opinion. It's strengthened

my nursing skills. And I get to lead from the front, and inspire other team members. At the end of the day, we all share the same goal. Improving our residents' lives."

Such a rewarding role.

Since starting at Amberley Court in February last year, Susan has found the challenges more than matched by the rewards.

"It's not like when I was on a ward, where patients come and go. You really get to see the difference you make to a resident's life here, those longer-term improvements to their wellbeing. That means the world to me."

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disease the next. I've learned so many new clinical skills too. Diabetic care, catheterisation, and that's just the start. It's really broadened what I thought I knew about nursing."

"The best thing about care home nursing for me is that I get to interact with so many people and make a visible difference to their quality of life. Sometimes just a chat can brighten their day. When I see those smiles, it reminds me why I decided to become a Nurse in the first place."

Inspired by Susan's story?
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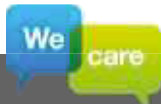
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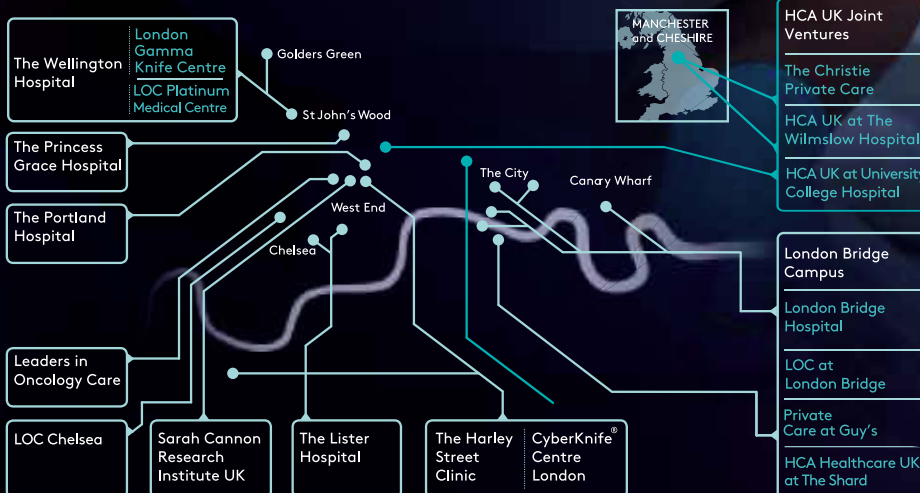
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Staff Nurse (Part time B5)
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Registered Nurse

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Horder Healthcare can help you develop your skills and progress your career. We are committed to providing a supportive preceptorship programme to guide and support you through your training to enhance your career.

Must Haves

- NMC registration - Registered Nurse • Evidence of ongoing personal development
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To find out more please email us at nursing.recruitment@babylon-health.com and speak to a member of our recruitment or nursing team.



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The new ward, opening soon, provides a range of nursing career opportunities for Mental Health Nurses and Ward Managers to join and shape the new ward.

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Thornford Park is a 129 bedded hospital providing forensic mental health rehabilitation, PICU and ASD services, set in 21 acres of Berkshire countryside which is commutable from Basingstoke, Reading and surrounding areas.

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Demelza
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Band 5 & 6 Registered Nurse opportunities

We seek Registered Nurses to join our team, with opportunities to work in our hospices in Kent and South East London or our community teams in Kent, South East London and East Sussex.

Benefits of working with Demelza include:

- Keep your NHS pension or join our contributory pension scheme
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- Excellent training opportunities and career development
- Flexible working patterns
- Time to care for children and young people

To find out more about vacancies within our team, please visit:

www.demelza.org.uk/work-with-us

Closing date: 17 October 2021

Enhanced DBS Disclosure check may be undertaken dependant on role. Demelza is an equal opportunities employer. Registered Charity No 1039651. Demelza is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment. To see how we process your data, please visit our website and view our Recruitment Privacy Notice.

We are also recruiting for **Practice Development Nurses** in South East London and East Sussex, please see our website for full details – closing date 17 October 2021



NURSE MANAGER – OPERATING ROOM

Salary range: KYD\$80,889 – KYD\$97,259 per annum

The Nurse Manager is responsible for the nursing care and the financial and resource management provided on the unit. The post-holder will manage the nursing and business functions of the assigned unit to ensure that the care provided meets established standards.

The post-holder will recommend the appropriate staffing levels for the Operating Room and assist with recruitment of staff including the preparation of job descriptions for posts. The post-holder will ensure adequate staffing of the unit, coordinating vacation and other leave while maintaining adequate service levels by preparing staff schedule for the unit, ensuring effective 24 coverage. Will develop and implement orientation and education programmes for staff in collaboration with the In-service coordinator. Will prepare performance appraisals, counsels staff as appropriate and develops programs to improve identified areas of weakness. Identifies and researches nursing service problems and issues, recommends solutions and initiates necessary action. The post-holder will identify and budget for necessary equipment and supplies needed to efficiently run the unit and will ensure that the appropriate functioning equipment and adequate stock levels are maintained in the department.

The successful candidate **must** have a Bachelor's Degree in Nursing, with a Master's degree being beneficial. Hold a management qualification with at least five (5) years current nursing experience, three (3) years of which must be in a management capacity with demonstrated leadership abilities. A sound working knowledge of the Microsoft Office suite is required. The successful candidate must be proficient in the use of monitoring equipment, respiratory support machines and other equipment utilized in the department.

All candidates must be registered in either of the following jurisdictions to be eligible to practice in the Cayman Islands; Jamaica, USA, UK, Canada, South Africa, New Zealand and/or Australia.

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REGISTERED NURSE – ALL UNITS

Salary range: KYD\$62,316– KYD\$72,615 per annum

The Registered Nurse/Registered Midwife will provide care in the specialist units across the organization in accordance with education and experience.

The postholder assesses, monitors, records and reports promptly, symptoms or changes in patient's condition to the relevant physician. Monitor all aspects of patient care, including diet and physical activities. Consult and coordinates with healthcare team members to assess plan implement or evaluate patient care plans. Plan for and contributes to the learning experience of Nursing students. The post-holder will disseminate information received on ward rounds to other members of staff, ensuring that new developments are noted /documented and executed. Prepares patients for and assists with examinations or treatments. Check, administer and record the use of Dangerous Drugs according to Hospital's Policy.

The successful candidate **must** hold a Bachelor of Science in Nursing or equivalent with a minimum of **three (3)** years' experience as a qualified Registered Nurse who is certified as an OCN, CEN or CDN. The successful candidate must demonstrate the ability to work in a multi-cultural environment and possess good communication and interpersonal skills.



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**7
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CPD**

SKILLS FOR HEALTH CSTF = RED / ALL IN 1 DAY = BLACK

LONDON CHISWICK
SEP - 1st, 2nd, 4th, 10th, 21st, 23rd

LONDON KENSINGTON
SEP - 4th, 6th, 9th, 15th, 17th, 18th, 23rd, 24th, 27th, 30th

LONDON STRATFORD
SEP - 2nd, 3rd, 6th, 8th, 10th, 11th, 14th, 16th, 18th, 23rd, 25th, 27th, 28th

LONDON WATERLOO
SEP - 1st, 3rd, 4th, 7th, 8th, 10th, 13th, 17th, 18th, 22nd, 23rd, 25th, 29th, 30th

CROYDON
SEP - 2nd, 20th

LUTON
SEP - 7th, 8th, 13th, 23rd, 25th

OXFORD
SEP - 2nd, 3rd, 11th, 14th, 16th, 21st

READING
SEP - 4th, 9th, 15th, 23rd, 24th

MAIDSTONE
SEP - 1st, 9th, 15th, 18th, 24th, 27th, 30th

BRIGHTON
SEP - 3rd, 11th, 13th, 17th, 22nd, 29th

PORTSMOUTH
SEP - 23rd, 25th

SOUTHAMPTON
SEP - 2nd, 7th, 10th, 13th, 14th, 18th, 24th, 30th

BRISTOL
SEP - 9th, 14th, 22nd, 30th

EXETER
SEP - 2nd, 8th

PLYMOUTH
SEP - 2nd, 28th

CARDIFF
SEP - 1st, 9th, 16th, 21st, 28th

CHELMSFORD
SEP - 8th, 15th, 29th

COLCHESTER
SEP - 1st, 20th

MILTON KEYNES
SEP - 1st, 11th, 18th, 20th, 27th, 30th

NORWICH
SEP - 2nd, 10th, 23rd

HUNTINGDON
SEP - 3rd, 4th, 9th, 15th, 17th, 24th, 25th, 29th, 30th

BIRMINGHAM
SEP - 2nd, 4th, 6th, 7th, 9th, 10th, 15th, 17th, 18th, 25th

LEICESTER
SEP - 10th, 21st, 25th

SHEFFIELD
SEP - 1st, 4th, 8th, 10th, 11th, 14th, 17th, 20th, 25th, 30th

MANCHESTER
SEP - 3rd, 4th, 6th, 11th, 13th, 16th, 20th, 21st, 23rd, 25th, 27th, 28th, 30th

LIVERPOOL
SEP - 8th, 9th, 18th, 25th

LEEDS
SEP - 3rd, 7th, 8th, 11th, 13th, 18th, 21st, 24th, 25th, 29th

NEWCASTLE
SEP - 2nd, 10th, 20th, 21st, 27th

EDINBURGH
SEP - 13th, 23rd, 24th

GLASGOW
SEP - 21st

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£234 (inc of VAT)



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LONDON CHISWICK:- OCT 7th/8th NOV 4th/5th
LONDON STRATFORD:- SEP 21st/22nd OCT 18th/19th
BIRMINGHAM:- SEP 20th/21st OCT 28th/29th
MANCHESTER:- SEP 14th/15th OCT 28th/29th

Venepuncture + Cannulation (1 Day)

£150 (inc of VAT)



- ✓ Theory + simulation learning
- ✓ Includes latest changes in guidelines and compliance

LONDON:- SEP 6th, 13th, 25th, 30th OCT 5th, 16th
BIRMINGHAM:- SEP 1st, 11th, 29th OCT 14th, 30th
LEEDS:- SEP 10th OCT 11th NOV 13th DEC 14th
MANCHESTER:- SEP 1st, 18th OCT 5th, 22nd

PMVA (1 Day + 3 Day)

£150 (inc of VAT)



- ✓ Prevent + manage violence + aggression
- ✓ Reduce the risk of injury + accidents
- ✓ Develop skills to cope with challenging situations

LONDON (1 DAY):- SEP 3rd, 14th, 24th OCT 4th, 11th
BIRMINGHAM (1 DAY):- SEP 28th OCT 21st NOV 16th
LONDON (3 DAY):- SEP 7th/9th, 15th/17th, 29th/1st
BIRMINGHAM (3 DAY):- SEP 22nd/24th OCT 18th/20th

Safeguarding Children Level 3 (1 Day)

£114 (inc of VAT)



- ✓ Delivered by a qualified Safeguarding Expert
- ✓ Aligned to the 'Skills for Health' + Intercollegiate guidelines
- ✓ Certificate valid for 3 years

LONDON:- OCT 13th NOV 15th DEC 7th

Medication Administration (½ Day)

£78 (inc of VAT)



- ✓ Refresh in safe storage and disposal of medication
- ✓ Techniques in how to uphold patient dignity
- ✓ Includes relevant and up to date legislation

LONDON:- SEP 11th OCT 14th NOV 9th DEC 18th
BIRMINGHAM:- SEP 8th OCT 23rd NOV 29th
MANCHESTER:- SEP 22nd OCT 12th NOV 27th

Safeguarding Adults Level 3 (1 Day)

£90 (inc of VAT)



- ✓ Reminder on how to fulfil complete spectrum of duty of care
- ✓ Refresh Safeguarding Adults best practice
- ✓ Certificate valid for 3 years

LONDON:- OCT 6th NOV 3rd DEC 3rd
BIRMINGHAM:- SEP 30th OCT 25th NOV 30th
MANCHESTER:- SEP 7th OCT 15th NOV 9th

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