



Royal College of Nursing
Shaping nursing since 1916

HELPING STUDENTS SAVE LIVES
NEWS P3

SUPPORTING VICTIMS OF ABUSE
FEATURES P8

LIVING WELL WITH DEMENTIA
FEATURES P10

ISSUE NO. 341 JULY 2016



**GLORIOUS
GLASGOW**

ALL THE ACTION FROM RCN CONGRESS P2,3,8,14,15



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

Editor: Kim Scott
Editorial: 020 7647 3627
Email: bulletin@rcn.org.uk
Web: www.rcn.org.uk/bulletin
Address: 20 Cavendish Square, London W1G 0RN
Classified advertising
Tel: 020 8423 1333
Fax: 020 8423 4382
Email: advertising@rcni.com

Acceptance of an advertisement does not constitute an endorsement of a product, service or company, either by the RCN or RCN Publishing.

For RCN country and regional contact details visit www.rcn.org.uk or call RCN Direct on 0345 772 6100.

© Copyright 2016. RCN Publishing Company Limited and The Royal College of Nursing. For full copyright statement visit www.rcni.com. Printed on environmentally friendly paper from sustainable forests.

Congress images by Steve Baker



'Fight for nursing'

In a rousing speech to members at the RCN Congress opening ceremony, President Cecilia Anim urged nursing staff to find their voices and fight for the profession.

Reflecting on key successes and challenges over the past year, she accepted that nurses are working in tough times, but encouraged them to gain strength from patients "who need us like never before".

"Getting involved makes real change happen," she stressed, as she spoke of the power of collective campaigning in getting nursing added to the list of shortage occupations. "Remember, the things that matter most are the things worth fighting for."

🕒 **Nominations are now open in the elections for the next RCN president and deputy president. Visit www.rcn.org.uk/elections**

Funds for training?

A debate on whether employers should provide individual training budgets for registered nurses in the light of revalidation proved controversial at the RCN's annual Congress. There was little consensus among members, who ultimately decided to vote against instructing the College to lobby employers on the issue. Employers don't currently fund continuing professional development, so it is unlikely they would fund this, argued Jane McCready. "Let's pick the battles we really need to win," she said.

Unit faces axe

Department of Health plans to cut costs by axing its nursing policy unit put patient care at risk, the RCN has said. Director of Nursing, Policy and Practice Dame Donna Kinnair said without senior nurse leadership at the heart of government, the profession would always be in the position of trying to influence policy from the outside, "which is not only bad for nursing, but also bad for patients".

🕒 **The RCN will campaign for a permanent expert voice to be at the heart of the department following an impassioned debate at Congress. See page 7 for more.**

Members blast loan plans

Government proposals to scrap the bursary and make nursing students in England pay tuition fees have been condemned by a majority of the 17,000 respondents to an RCN survey. Almost 90 per cent rejected the plans, which would see bursaries replaced with loans and could mean nurses starting their careers with debts of up to £60,000.

Results from the survey helped shape the RCN's response to the Government's consultation on its funding plans. See page 9 for more.



These proposals represent a huge gamble with the future of the nursing workforce

RCN Chief Executive Janet Davies

Ballooning in Barbados?



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

Xtra benefits. Xtra easy.
Register now at www.rcn.org.uk/xtra



Invest to save public health

The RCN will insist the Government reinstates adequate funding for public health following a clear instruction from members at Congress. Budgets in England have been slashed by £200 million in the past year. "To cut the public health budget is short-sighted, illogical and a false economy," said Gwen Vardigans.



Helping students save lives

The RCN will now campaign for compulsory cardiopulmonary resuscitation (CPR) training in schools following a lively debate at Congress. Valerie Douglas urged members to support the motion by insisting “the cost will be low but the impact will be enormous”. There are approximately 60,000 cardiac arrests in the UK every year. Four out of five that happen outside of hospital occur in the home, but the chance of survival is often lost in the time it takes for emergency services to arrive.

Angela Lee, who backed the proposal, said the biggest barrier to more bystanders helping is fear. But children, she said, are a “blank page, waiting for life skills to be written on”.

Focus on safety, not targets

The RCN has said patient safety must take precedence over financial targets. The College was responding to reports that NHS Improvement is to publish guidelines emphasising “safe and sustainable” rather than purely “safe” staffing. Sources say the work could undermine guidance produced by the National Institute for Health and Care Excellence. Janet Davies, RCN Chief Executive, said: “There is a danger some key issues from the Francis report may be forgotten, and financial targets will again take priority”.

Safe staffing, free tuition and protected pay

Scotland’s First Minister Nicola Sturgeon made three key nursing pledges at RCN Congress in Glasgow



Safe nurse staffing levels will become enshrined in Scottish law First Minister Nicola Sturgeon told a packed Congress audience.

Innovative workforce planning tools created with the RCN’s help have made sure health boards can plan for the number of staff needed to provide the best possible care for patients. “To build on our record, we will enshrine these planning tools in law,” said Ms Sturgeon.

A further pledge to retain free tuition and bursaries for nursing and midwifery students in Scotland was greeted with a standing ovation. “The guarantee I’ve given today is 100 per cent,” said the First Minister.

Calling the Westminster Government’s proposals to cut bursaries “shamefully short-sighted” and “wrong-headed”, she said: “Unlike the UK Government, we recognise the role and contribution of student nurses and the demands they face. That is why I’m confirming our commitment.

“The UK Government’s actions are the wrong choice for nursing and the wrong choice for the NHS. Reducing support for nursing students today might mean that there’s simply not enough highly qualified support to care for patients tomorrow.”

“Reducing support for nursing students today might mean there’s simply not enough support to care for patients tomorrow.”

On pay and conditions, Ms Sturgeon made a further guarantee that the Scottish Government would continue to respect the recommendations of the independent NHS Pay Review Body, saying there was no point in having such a body if what they said was then ignored.

Prior to her arrival, Congress delegates voted overwhelmingly in favour of lobbying governments in England, Scotland and Northern Ireland to follow Wales in introducing safe nurse staffing levels legislation.

A&E pressures ‘the new normal’



The RCN has issued a stark warning about pressures on A&E services, saying high demand and major incidents have become commonplace throughout the year.

Across England, the hospital sector is feeling the strain of financial pressures and increased demand, with the effects most visible in A&E units. Around the

country there are examples of beds being placed in corridors and patients being treated in ambulances while they queue up to enter hospitals.

These conditions have a negative effect on staff as well as patients.

Janet Youd, Chair of the RCN Emergency Care Association,

said more and more staff were leaving their roles in A&E, often after a matter of months. “The attrition rate of nurses is at a level it has never been before,” she said.

The A&E crisis is not confined to England. Roisin Devlin, an emergency nurse practitioner from Northern Ireland, said: “We’ve now got to the point where we normalise the abnormal – nurses are leaving shifts in tears, for example.”

RCN Chief Executive Janet Davies added: “Having once been the preserve of the worst weeks of winter, overwhelming pressure and major incidents have sadly become the new normal.

“Despite the best efforts and dedication of staff, these pressures are affecting patients at every stage in their treatment.

“It is time we had a serious look at how long hospitals can continue to function when they are consistently under-funded and under-staffed.”



Despite the best efforts and dedication of staff, these pressures are affecting patients at every stage in their treatment

🔗 Visit <http://tinyurl.com/zqu9hgf> to find out more about and join the RCN Emergency Care Association

Nursing journal gets new look

Nursing Standard, the flagship journal of RCNi, the RCN’s publishing company, has a new look. The weekly title has chronicled nursing’s evolution to an all-graduate profession for the last three decades and, along with RCNi’s 10 specialist journals, was relaunched at Congress after extensive research among nursing staff. The revamped specialist journals and their websites will be unveiled over the coming months. Visit www.rcni.com

RCN centenary poem launched

A poem to celebrate the RCN’s centenary has been revealed. *100 years*, written and performed by RCN member Molly Case (pictured), explores the history of the world’s largest professional nursing union and the journey of the nursing profession over the past century.

“I hope everybody finds something for them within the poem,” said Molly. View a film of *100 years* at <http://tinyurl.com/rcn100years>



For there, below the drape, a landscape, not a patient, begins to take shape.



Inspirational nurses honoured

The RCN has congratulated the “remarkable nurses” recognised in the Queen’s 90th birthday honours list. Those awarded honours include Professor Ruth Northway, RCN Fellow and Chair of the RCN Research Society, who received an OBE for services to learning disability nursing.

RCN Nurse of the Year 2011 Fiona Murphy was awarded an MBE for a career dedicated to improving support for dying patients and their families.

Rose Gallagher, RCN Professional Lead for Infection Prevention and Control, was also awarded an MBE for services to nursing, infection prevention and control.

Got a nursing secret to share?

The RCN, in collaboration with the RCN Foundation, is launching a new project to gather examples of best practice and support members to showcase innovations in their workplace.

The initiative, celebrating the nursing contribution to high quality care, is part of the RCN’s centenary celebrations and will target members who want to publish their ideas but feel they lack the time, confidence or experience to do so alone. A small team of experts will be on hand to support those members in disseminating their innovation. Visit www.rcn.org.uk/innovation100 to find out more and get involved.

THE VIEW FROM HERE



Simon Browes
Clinical director

I work as an advanced practitioner and senior manager in a provider organisation, delivering NHS care 24/7. We are redesigning our local health and social care services to become an “integrated urgent care system”. A lot of work has been done trying to understand our communities and how and why they use services. The conversation has moved from what is needed 24/7 to what people want. There is no clear consensus on this.

The fact is we’re all trying to do more with fewer resources. We’re stretching ourselves further and doing a remarkable job. But this is not sustainable. Nurses are getting tired, burnt-out, disillusioned and fed-up.

It is harder than ever to recruit and hold on to high-calibre nurses with the specialist skills we need. The financial and practical support available for providers to train and develop nurses is increasingly scarce.

Delivering a consistent standard of care 24/7 is getting harder and important decisions need to be made about what we need to be doing, who should be doing it, and how it is going to be properly funded. The debate at Congress allowed us to address some of the issues around seven-day NHS service provision. We didn’t solve this complex challenge in one sitting, but we did discuss how we can keep sustainable, universal health services at the core of what we do.

<http://tinyurl.com/7daycare>



Images celebrate contemporary nursing



Winners announced in RCN centenary photography competition

Anthony Baines is the gold award winner in the RCN’s *Care on Camera* competition. His winning image shows a community nurse dressing the wound of an elderly patient in his flat, representing the importance of community health care in the modern world. “I wanted to show the truly caring interaction between nurse and patient,” he said.

His photograph was chosen from more than 800 entries in a nationwide competition to capture the diversity of contemporary nursing in the UK. Other

winners include Conrad Lee, who took the silver award. His picture focused on the importance of scrub nurses as part of the surgical team. The People’s Choice Award, voted for by the general public, went to Kate Fawcett for an image of a patient violinist and his nursing team at Forth Valley Royal Hospital.

Care on Camera was open to amateur and professional photographers and was run in association with the Royal Photographic Society and sponsored by NHS Employers. The competition shortlist, including the winning photographs, will now form a touring exhibition visiting schools, libraries, and various health settings around the UK. Visit <http://tinyurl.com/care-on-camera> to see all the images.

WHAT I'M THINKING



Carey Johnson

Specialist nurse, sickle cell disease and thalassaemia

I decided to submit a Congress matter for discussion after speaking to my clients about the struggles they face.

Sickle cell disease (SCD) is one of the most common genetic disorders in Britain. It affects about 15,000 adults and children and can lead to episodes of severe pain. These may require hospital treatment and without the right care can even cause death. Yet fewer than half of people with SCD say that staff in emergency settings know enough about the condition.

Raising awareness is part of my role as a specialist nurse, and it was important to have this Congress discussion because people are moving around the country and finding that specialists are just not there to help them. They should be able to feel confident that the care they receive, wherever they are, is equally good. Poor care doesn't just affect quality of life; it can put the patient's life at risk.

Two things would make a huge difference. First, more specialist services; secondly, better training in SCD for health care staff. Nurses and others want to do the best for their patients but can't without the right training and guidance.

That's why we raised this crucial issue. Better care for people with SCD starts with better awareness – and we're determined to make that happen.

<http://tinyurl.com/rcn-scd>



What you've been saying

No easy option

Abortion is not an easy solution (*RCN Bulletin* 340, "What I'm thinking").

Having befriended older women who had an abortion when younger, I know that trauma, grief, pain, guilt and regret last into old age and can affect family relationships even 60-plus years later.

Abortion is no easy option long term and we are failing mothers, and sometimes fathers, if we pretend it will have no more effect on them than having their toenails cut.

Emotional and physical negative effects of abortion include depression, anxiety, low self-esteem, emotional numbing, flashbacks and post-traumatic stress. Even long after the child would have grown up, the mother will, potentially, still be grieving. The focus on women's health is becoming very muddled with the

convenience of modern society. It should not be forgotten that with actions there are consequences, and these can bring a lifetime of misery, guilt and regrets.

Iris Hawkey, by email

Prince charming

A special thank you to the RCN for selecting me to attend a royal garden party as part of the centenary celebrations. Not in my wildest dreams could I have imagined meeting and having a chat with a member of the royal family, let alone Prince William. I not only shook his hand in a Kenyan style, which he understood better than anyone I have met in England, but we had a little chat in Kiswahili, which he spoke with a true Kenyan accent! Amazing.

Margaret Okiki, by email



QUOTE OF THE MONTH

By joining together, we can change things for the better, for our patients, for our colleagues and for ourselves. That is our strength.

RCN President Cecilia Anim in her opening speech at Congress

I'VE BEEN READING...



The Last Days of Rabbit Hayes is full of warmth and humour. In it, we enter into the life of Rabbit as her mother drives her to a hospice for terminal care. Surrounded by parents, siblings, friends and her 12-year-old daughter, Rabbit has decisions to make. This book focuses on each personality connected to Rabbit's situation and how relationships are affected by illness. How often do we care for dying patients without a clue of the journey they have to face?

Janet Rose, nurse duty manager

3 THINGS I BELIEVE



1. Though revalidation has been a hassle, it has made us stop and reflect.
2. We must always help patients maintain their dignity and general wellbeing.
3. In the area of child protection we should listen to our gut instinct.

Angela Pearce, school nurse

GOT SOMETHING TO SAY?

The *RCN Bulletin* team is always looking for members to contribute to the opinion pages. If you're keen to share your views, email bulletin@rcn.org.uk

HOT TOPIC



What difference would legal nurse staffing levels make to you?

“It would make my workplace a lot happier,” says cardiac nurse **Trevor Oakes**. “We regularly have to cover our sister wards when they’re short, so having legal levels would improve our working environment and allow us to get paperwork done without feeling rushed.”

Trevor suggests that staff are employed to be on call and paid a retainer to be available if they’re needed at short notice. “Bank staff are under no obligation to cover shifts. If it was part of someone’s job to be on call, it would have a positive impact as they would have to come in.”

“It would be better for patients”, says ward manager **Heidi Perryman**. “On days that I’m fully staffed, the ward is calmer and it does reduce the length of stay for patients. Temporary staff don’t always know the ways you work.”

Hamish Kemp, a community learning disability nurse, believes there should be legal safe staffing levels for all nurse settings, not just acute. “Legal staffing levels should be equally appropriate in any care environment – community, district nursing and everywhere else. Patients deserve safe staffing. At the moment it’s completely unsafe.”

Care home nurse **Renata Shagol** says it can only be a good thing for patients and staff. “It’s important for nurses and how they manage their workload, especially with an ageing workforce. Nurses can get burnt out if they’re under pressure because of too few staff.”

MESSAGE TO MEMBERS



Janet Davies
RCN Chief Executive

There is so much positivity to reflect on following RCN Congress last week. Members spoke passionately about what needs to happen to improve health and social care. But when I mull over what you’re dealing with, I often think you couldn’t make it up.

There aren’t enough nurses and that’s a risk for patient care. So what do you do? Take away the money that funds their training? You find it hard to cover shifts and must bring in agency nurses. So what do you do? Cap the budget that pays for them? You need to make cost savings. So what do you do? Cut spending on the people who keep the health service going?

This is no way to run an organisation. So what would the RCN do?

We’d invest in clinical staff – assets, not cost burdens. We’d increase rewards for working unsocial hours to reduce agency costs; invest properly in CPD; create a solid career framework; engage in proper workforce planning; keep the focus on patients. And we would pay people properly.

We’ve got the answers but to persuade others, we need you. So spread the word via our *Nursing Counts* campaign. It may not feel significant when you write to politicians, go on a march, retweet – but each action builds strength in numbers. Please, work with us to make everyone aware that nursing staff deserve better.

www.rcn.org.uk/nursingcounts

Shaping policy from the inside

Dame Donna Kinnair, RCN Director of Nursing, Policy and Practice, insists nurse leadership must be at the heart of decision making

Plans to scrap the nursing policy unit within the Department of Health are extremely worrying.

Nurse leadership at the highest level is the key to driving forward best practice and health policy. But with these plans the Government is cutting off its access to impartial and balanced advice.

The Government has, sadly, set a trend in failing to listen and as a result it gets some policies, like the one on student funding, very wrong.

Our ability to influence across the UK and beyond is also lost, and the profession’s influence in key international networks is weakened. Without senior nurse



leadership formulating and interrogating plans, these trends look set to continue. Throughout the world, there is a real appetite for examples and demonstrations of best practice from the UK that other

countries can learn from. Indeed, the RCN works with sister organisations doing just that. But we need a senior UK government nursing voice to do the same.

Unless nursing advice and leadership are put back at the heart of government and given the prominence and respect they deserve, the profession will be in the permanent position of trying to shape and alter policy from the outside.

8 FEATURES

Supporting victims of abuse

The RCN will campaign for all health care workers to have mandatory domestic abuse awareness training following an emotive debate at Congress



“Every nurse will come into contact with domestic abuse in their career,” says emergency nurse Amanda Burston (pictured above, centre), who presented her argument to members at RCN Congress in Glasgow last week.

“Victims have, on average, five interactions with health care professionals, including staff in A&E, before receiving effective support,” she says. “Emergency departments are very busy environments but they provide an ideal opportunity to make a difference. Nurses are well placed to recognise, respond and refer to a recovery programme if they have the knowledge and skills.”

A recent *Nursing Standard* survey found that almost one third of nursing staff wouldn't know how to adequately support a victim of domestic abuse or refer them on for help. Sixty-two per cent of those questioned said they

hadn't recently received training in treating victims, and of those, most had never been trained in caring for this vulnerable group.

As a survivor of abuse Amanda is passionate about raising awareness of the subject. “I have listened to and witnessed the effects of abuse on colleagues, patients and family members. It creeps up on people and before they know it their lives are lost, their spirits broken, and isolation and loneliness takes over. A victim can fail to recognise themselves any longer.”

Breaking the cycle

It's Amanda's view that education for nursing staff can help them engage with victims earlier to break the cycle of abuse and save them from prolonged suffering. “Clawing your way back from domestic violence can only begin once disclosure takes place,” she says. “Nursing staff can make a

difference but in order for them to be effective, we need education covering all aspects of abuse, not the adhoc singular modules of training currently available.”

Not only will this benefit victims, it has the potential to save the NHS millions in preventing the treatment of physical injuries, avoiding in-patient stays, missed appointments and reducing the demands upon mental health services, Amanda believes.

“The NHS is the only organisation all victims of abuse engage with. Nursing staff are in a unique position to lead the way in recognising, responding and referring victims,” she adds.

The RCN is currently revising its online guidance on how best to support victims of domestic violence. There will also be a pocket guide available next year to help nursing staff recognise the signs of abuse and refer victims on to appropriate services.

Carmel Bagness, RCN Professional Lead for Midwifery and Women's Health, says: “We recognise that there is established safeguarding preparation in pre-registration education, but this could be strengthened. It then needs to be built upon in post-qualification education across all areas of practice.

“Understanding how to recognise and best support men and women who suffer domestic violence should be part of continuing professional development for all nursing and midwifery staff.”



The impact of abuse creeps up on people and before they know it their lives are lost, their spirits broken

Photo by John Houlihan

🔗 Watch the full Congress debate at <http://tinyurl.com/rcn-domestic-abuse>

Pay as you learn

Government proposals to replace bursaries with student loans have been roundly condemned by RCN members

Who should foot the bill for the training and education of nursing staff in England? That's the question at the heart of a standoff between the Government and nursing unions, with the latter implacably opposed to ministers' plans to end the NHS bursary.

Earlier this year, the Department of Health (DH) published proposals on reforming health care education funding, saying that nursing students should take out loans to pay for their education.

The DH argued that because student places are largely paid for by the NHS and therefore subject to financial constraint, universities are unable to meet the demand for places. A more "sustainable" funding system – loans – would create up to 10,000 extra nurse training places by the end of this parliament, the Government said.

But a survey that informed the College's response to the DH proposals shows members are overwhelmingly opposed. Two-thirds of respondents said they would not have studied nursing if they had been required to take out a student loan. "Attrition rates among student nurses are incredibly high, and one of the main reasons they drop out is concern about debt," said one respondent.

Diversity concerns

The RCN has particular concerns about the impact of student loans on the diversity of the nursing workforce. There are



Thousands of RCN members have spoken out about these damaging plans

🔍 Search for and download the *RCN Response to the Department of Health Consultation: Changing How Healthcare Education is Funded* at www.rcn.org.uk

cultural dimensions to debt – for example, within the Muslim community – and the prospect of starting a nursing career in debt will deter many mature students with dependents, the College argues. A student respondent to the survey said: "At least 60 per cent of my cohort have children and say they wouldn't be able to study if it wasn't for the NHS bursary."

Another major concern is the effect of the proposals on the number and quality of clinical placements. The RCN says that with mentors and support structures already under strain, the system will be unable to cope with extra demand.

The College also points to possible unintended consequences of the plans. Funding for post-registration education, for example, could also be hit and district nursing in particular is especially vulnerable to "stealth" cuts in tuition funding.

The RCN is calling for implementation of the proposals to be suspended but says it is ready to work with the Government on alternatives providing they are thoroughly piloted, evaluated and risk-assessed. "Forgivable" loans, where all or part of the loan is paid off by a nurse's employer, are among the other options put forward by the College.

Survey facts

More than 17,000 members responded to the RCN survey on student funding.

- 89 per cent disagreed or disagreed strongly with the Government's proposals.
- 70 per cent said the plans would have a negative impact on patient care.
- 81 per cent said registered nurses had no capacity to mentor more students.
- 80 per cent of nurse educators disagreed or disagreed strongly with the plans.

Living well with dementia

Improving the lives of people with dementia and their families is the aim of an RCN initiative being piloted in independent care homes

One in three of us will develop dementia. It's estimated that by 2021 one million people in the UK will be living with the condition. Dementia is not a disease in itself, but a condition that covers a range of symptoms including memory loss, depression and personality changes. There is no cure.

Although people can still live independently with dementia, many who develop severe symptoms move into residential care as day-to-day tasks become more difficult. The RCN is piloting a nurse-led programme, funded by the RCN Foundation, to help improve the standard of living for people with dementia in independent care homes across the UK.

Dawne Garrett, RCN Professional Lead for the Care of Older People, says: "We wanted to focus on these settings as it's where nurses can feel more isolated and there is less access to support.

"The aim of the programme is to work with care homes to identify areas they can improve. This can be something simple like decorating the rooms and making them more "dementia friendly" or setting up a new activity for residents to be involved in."

Brenda Rushe manages Weavers House Care Home, a 65-bed facility in Northern Ireland and one of six homes taking part in the pilot. She's working with the RCN to roll out a pain assessment tool that focuses on reducing distress for people with dementia.

"Many people with dementia can't verbalise if they're in pain," she says. "If someone is showing signs of distress, it's often because they're uncomfortable.

Minimising distress

"As well as dementia, older people in our care can also have arthritis and other conditions, so we need to make sure their pain is managed. Using the assessment tool should reduce the occurrence of a resident getting overly distressed."

The tool is already being used by staff at Weavers House, including care assistants, cleaners and kitchen staff, who have been trained in how to identify the causes of pain. "It's a checklist that can be used to pinpoint where the pain is, and to help manage it effectively," adds Brenda. "We're aiming to heighten everyone's awareness

so that if someone becomes distressed, they realise it might be caused by pain and can stop and help, whether they're a nurse or a kitchen hand."

The pain assessment tool will eventually be used in the other homes involved in the project. "We want our residents to be happy and not distressed for any reason," adds Brenda. "This is their home and we want to keep them here and not in hospital, which can be even more stressful for someone with dementia."

Other homes in the programme are focusing on activities which help memory and promote participation in activities such as model-making and singing. "Activities that make us feel useful and important are essential to maintaining a sense of self-worth," explains Dawne. "Some activities have tangible



We want to make a lasting impact on the care home sector



Photos by Elaine Livingstone

🔗 Visit www.rcn.org.uk/dementia to find out more about the RCN's work on supporting patients with dementia.



outcomes, such as making something, and other activities involve doing things that give us pleasure and use areas of our brains that still function well.”

Putting this into practice, older people living at Greenlaw Grove Care Home in Glasgow have started up their own choir. “Residents wanted to set up a singing group,” says Clinical Services Manager Iona McKay (pictured left, in red). “The feedback already indicates that it’s improving their quality of life by taking part in something. We practise every week for an hour, but it sometimes runs over as everyone loves it. It has created a real buzz with the residents and staff and relatives are loving it too.”

The choir is also a way to get residents remembering lyrics and working towards something together. It has drawn out some unexpected talent among the residents, Iona says.

“We have a keyboard player and a resident who plays the ukulele. We’ll put

the song lists up in the day room areas as a reminder for the residents what the song choices are. It’s enjoyable, but also connects with the community as we have a link with a local school and we hope they will be coming in to sing with the choir, which will be lovely.”

Ongoing benefits

The choirs’ hard work will culminate in a concert at the end of the summer. “We hope it will continue once the RCN programme has finished as it’s something we’ve all enjoyed doing,” adds Iona.

All care homes involved in the scheme are confident they’ll keep the changes they’ve implemented once the pilot ends in September. “It’s fantastic that the homes we are working with have really taken on board the difference they can make, even by just making small changes. We really want to make a lasting impact on the care home sector and hope that we have helped to improve the lives of people with dementia in care homes,” adds Dawne.

THE VIEW FROM HERE



Margaret McCambridge
Retired community mental health nurse

We need to see more being done to support nurses who are working with patients who have dementia in hospitals. I have witnessed colleagues struggling as they are unsure how to deal with someone who has the condition.

A lot of things get assumed about older people living with dementia. Incorrect assumptions lead to incorrect care planning. It can be more time consuming trying to communicate with someone with dementia and this has an impact on the care they receive.

I am concerned that the care of patients with dementia is not good enough. There are many reasons for this; time pressures for nurses, but also the environment. Hospitals just aren’t built to accommodate the needs of people with dementia. The setting can make a confused person even more confused.

Just because someone has dementia, they still have preferences and need to be spoken to about what is happening to them and treated with respect.

As a result of the recent debate at Congress, I’d like to see the RCN running more programmes for less experienced nurses who are working with patients who have dementia on the wards.

Catch up with all the action from RCN Congress at www.rcn.org.uk/congress



Cheaper Car and Home Insurance?

Discounted
Car Insurance from just

£186*

Discounted
Home Insurance from just

£99†



You won't find this exclusive discount on a comparison site

0800 756 8125

www.rcn.org.uk/insurance

Right price wrong time? Tell us your renewal dates at: LVRCNrendate.com



Travel
Insurance

0800 756 8143



Pet
Insurance

0800 756 8144



For TextDirect: first dial 18001. Calls may be recorded. Mon-Fri 8am-9pm, Sat 8am-5pm, Sun 9am-5pm. Pet: Mon-Fri 8am-8pm, Sat 9am-5pm.

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

Fighting for trans equality

Tom Metcalf looks at what the RCN is doing to improve services for transgender people

As the first royal college to march at a Pride event, back in 2003, the RCN has been at the forefront of promoting lesbian, gay, bisexual and transgender (LGBT) rights in recent years. The question of trans rights in particular was first brought to a wider RCN audience at Congress in 2010, when member Rachael Ridley proposed a resolution calling on Council to lobby for consistent and equitable care for transgender patients.

“Trans issues had never been raised at Congress before,” recalls Rachael. “During the process of bringing the resolution forward we found a lot of nurses weren’t aware of the issues trans people face.”

Over the past six years, despite some setbacks, progress has been made in recognising the discrimination trans people are subjected to and taking steps to tackle it.

In the East Midlands Guy Thomas has been doing pioneering work around improving services for trans people since 2009, initially as a member and, since 2011, in his capacity as an RCN officer. Guy runs regular training sessions for public sector organisations to help them better understand the needs of trans service users.

“What I’ve found is organisations tend to have a good knowledge of other types of discrimination, for example on the grounds of age or ethnicity, but are often less confident when it comes to trans people,” he says.

The sessions cover how and how not to address trans people, commonly held stereotypes and also look at the health journey they



There’s still a societal stigma around trans people so our job is to use our resources to tackle this

📄 [Download Fair Care for Trans Patients: An RCN Guide for Nursing and Health Care Professionals at \[www.rcn.org.uk/publications\]\(http://www.rcn.org.uk/publications\)](#)

The RCN will be asking members about their experience of health care for trans patients – keep an eye out for a survey in the coming weeks.



go through, which may include gender reassignment.

“After the training people are more confident with things like what terms to use and they also have a better understanding of the difficulties trans people face in accessing services,” explains Guy.

Changing attitudes

Although the sessions have had excellent feedback, Guy hopes it won’t be too long before they’re no longer needed.

“Put it this way, I hope to be redundant quite soon! In half a generation I’m confident there won’t be an issue – younger people don’t see gender as a big deal anymore.”

But he also admits more work must be done, something echoed in a report on transgender equality by the House of Commons Women and Equalities

Committee, published in January. The report said the NHS, as well as other public services, was “letting down” trans people, and called for public sector organisations to agree a new strategy to tackle this within six months.

New RCN guidance, launched at this year’s Congress, will help nurses in all settings to improve care for trans patients, as RCN Diversity and Equalities Co-ordinator Wendy Irwin explains.

“The guidance encourages members to be positive and sensitive when treating trans people,” she says. “Although they now have equality in a legal sense, attitudes take a while to change. There’s still a societal stigma around trans people and our job at the RCN is to use our resources to tackle this. Thanks to trailblazers like Rachael and Guy, progress is being made. But there’s much work still to be done.”

Promoting the mental health of young people

The RCN will campaign for greater psychological support for children following a passionate debate at Congress

Members voted overwhelmingly in favour of a resolution to lobby the four UK governments to invest in services to promote the emotional wellbeing and positive mental health of children and young people.

The debate came as an RCN survey found that without substantial investment in school nursing it won't be possible to provide children and young people with effective mental health support.

At least three children in every classroom now suffer from a mental health problem. But the number of school nurses has fallen by 10 per cent since 2010 to only 2,700 caring for more than 9 million pupils. More than two-thirds of those surveyed

said there were insufficient school nursing services in their area. Seventy per cent said their current workload was too heavy, while more than a quarter work over their contracted hours every day, reflecting the significant pressure on the current school nursing workforce.

Corina Christos from the RCN Children and Young People's Staying Healthy Forum, who proposed the Congress resolution, said school nurses were uniquely placed to provide the early interventions that are key to tackling mental health problems in children and young people.

The RCN has called for urgent investment in school nursing to tackle the childhood mental health crisis.



Chief Executive Janet Davies said: "All children deserve access to the right care, in the right place, at the right time. Only by investing in school nursing and wider mental health services, can this crisis be tackled and children be given the best chance possible of leading happy and healthy lives."

🔗 Find out more about the CYP Staying Healthy Forum at <http://tinyurl.com/cyp-stayinghealthy>

Every nurse an e-nurse?

Speakers at Congress raised concerns about failing technology in a lively debate exploring the concept that every nurse should be an e-nurse, as proposed by the RCN E-Health Forum. "We want every nurse to be fully equipped to do their job," said Forum Chair Ian Ireland.

He explained that the RCN is developing a toolkit to enable every nurse to embrace new digital ways of working, following two e-health events hosted by the College last year.

Roger Cowell supported the resolution and said: "If you can

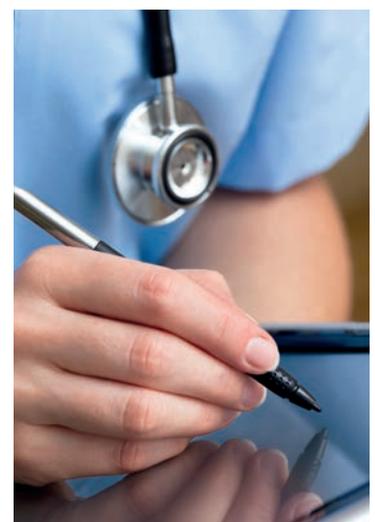


We want every nurse to be fully equipped to do their job

use 21st century resources to support and improve patient care and experiences, why wouldn't you be an e-nurse?"

But Kirk Panter told the hall: "We need systems that work. Paper records can go missing, but computer systems go down. I think nurses are being let down by appalling IT systems."

District nurse Vicky Smith added that laptops and smart phones used by her team often didn't work properly because of low signals and batteries. Despite these concerns, the resolution was passed.



Gastro forum tackles concerns over the cost of constipation

With more than two million people suffering with constipation in England, nursing staff in all specialities will encounter this common gastrointestinal disorder.

A guide to prevention and management of this often painful condition was presented during Congress by RCN Gastrointestinal Forum member Brigitte Collins. She said: "It can be a very distressing problem that's

largely preventable and yet £59 million was spent on hospital admissions for constipation in 2013 with an average stay of four days. There is an urgent need for introducing clear guidelines which can improve a patient's quality of life and reduce unnecessary costs to the NHS."

Join the RCN Gastrointestinal Forum at www.rcn.org.uk and click on "get involved".

The best kept secret

The sensitive subject of suicide prevention was tackled at a Congress seminar presented by members of the RCN Mental Health Forum.

Families bereaved by suicide often say that there is a reluctance for professionals to share any information regarding suicide risk.

Annessa Rebar, who presented the seminar, said: "We looked at whether it's acceptable to share confidential information without consent and how it affects nurses in providing the best care while adhering to the NMC code of conduct."



Promoting better eye care

"Eye care is not routinely taught to nursing students unless they go on placement or work on a specialist unit," said Chair of the RCN's Ophthalmic Nursing Forum Mary Shaw, speaking after a Congress event organised to raise awareness of optical health.

"Patients deserve the same attention to be given to their eyes as any other body part," added Mary, stating the need for nursing professionals to know how to administer eye drops for patients if they're prescribed to them.

Developing guidelines for delirium

Members of the RCN's Older People's Forum ran a session at Congress to gain views on the required content of guidelines for nursing people with delirium.

Delirium (or acute confusional state) is a common clinical syndrome characterised by disturbed consciousness, cognitive function or perception, which has an acute onset and fluctuating course. It usually develops over one to two days but can be prevented if treated early. The workshop aimed to develop a consensus of opinion on what advice nurses in all care settings need to assess and treat the syndrome.

THE VIEW FROM HERE



Chris Carter

Chair of the RCN Defence Nursing Forum

A major incident can be defined as a situation where the number, severity or type of casualties, or the location, requires extraordinary resources.

They can include terrorist attacks, such as those seen in recent months in Paris and Brussels, but also natural disasters and infectious diseases, like the Ebola outbreak.

Training for health care staff on how to deal with a major incident tends to focus on pre-hospital settings, but the knock-on effects of any such event are wide-reaching.

For example, if you work in an intensive care unit you'll need to keep treating the patients already in the system, as well as incoming casualties. You may also find yourself having to deal with injuries you've never seen before. If a hospital itself comes under attack, you may find yourself suddenly having to do your job in a different setting.

The Defence Nursing Forum held an event at Congress to help raise awareness of major incidents and encourage members to think about what would be expected of them as health care professionals.

All hospitals should have a major incident plan. Do you know where yours is? Have you read it? Would you know what to do?

Major incidents are rare in the UK, but this makes training for them all the more important. Don't let it slip off the radar.

www.rcn.org.uk/forums



16 EVENTS

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

Celebration of nursing

RCN International Centenary Conference

22-23 November
QEII Centre
London

This special international nursing event – the first of its kind in the RCN’s history – will celebrate 100 years of nursing by reflecting on practices around the world.

Delegates and speakers will consider global nursing developments and look towards the future challenges and opportunities facing the profession.

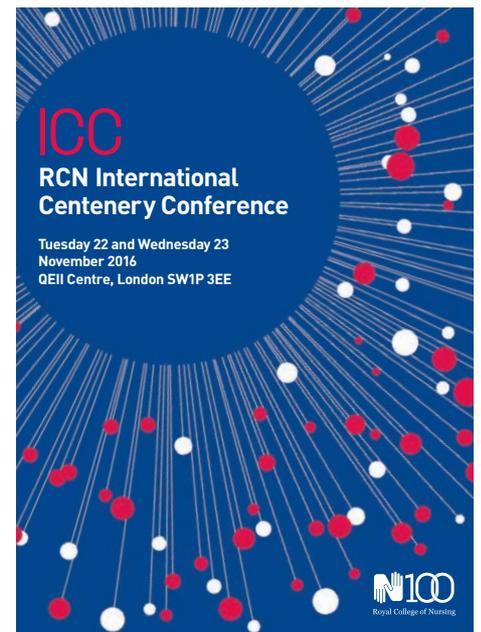
Hear from some of the most influential voices in health including Dr Phumzile Mlambo- Nguka, United Nations Under Secretary-General, and Dr Jim Campbell of the Global Health Workforce Alliance.

With six keynote speakers and more than 120 sessions to attend, you will have the opportunity to explore a range of topics, from technology and innovation to society, communities and relationships.

Dame Donna Kinnair, RCN Director of Nursing, Policy and Practice, said: “It is so important that as a profession we come together to reflect, share best practice, inspire and learn from each other so that nursing practice is improved and patients receive world-class treatment wherever they’re cared for.”

Book today to benefit from the time-limited early bird discount, which gives 25 per cent off.

🔗 Visit <http://tinyurl.com/hg46pop> to see the full list of speakers, find out about fees and book your place.



HCA learning event

Reflect, anticipate and celebrate

19 July
Taunton Racecourse
Taunton

Health care assistants and assistant practitioners are invited to reflect on nursing past and present and consider what the future holds for health care support workers.

The programme will address patient safety and end of life care, and participants will consider their own accountability in the workplace.

📞 Call 02920 546460, quoting event code 2073, or visit <http://tinyurl.com/heaconf-19july>

Mental health

Recovery in secure settings

7 September
Macdonald Holyrood Hotel
Edinburgh

Recovery is an individual and personal process. This conference will challenge those who work in mental health and secure settings to consider how the concept of recovery can be embraced and realised, not only by the clients they work with but also in their own practice.

The programme will appeal to all nurses, health care support workers and students who work in police custody services, prisons and secure mental health settings.



Hear from Scotland’s Chief Nursing Officer Fiona McQueen, network with colleagues in your field and find out more about the RCN’s work in this area.

🔗 Visit <http://tinyurl.com/mental-health-recovery>

Sound financial supervision

Nurse managers need to understand and control their budget and be supported by trust management to spend it wisely, writes Erin Dean

An average ward has a budget of about £1 million a year for staffing and supplies. With responsibility for its allocation often with the ward manager or sister, budgeting skills are essential.

Associate Director of Nursing at Croydon Health Services NHS Trust Jane Naish says matrons will have responsibility for a group of wards and, while not the budget holder, will need to understand spreadsheets to reduce agency spend while maintaining safe staffing levels.

Directors of nursing in all settings need to have an oversight of the nursing budgets, and understand complex financial arrangements, such as those in cost improvement programmes and commissioning.

Jane says nurses can learn some of the skills on the job, but also need training. "Good practice for ward sisters is a monthly meeting to go through finances with their business accountant," she explains.

"Groups of ward sisters should work together to look at supplies and procurement in terms of quality and cost effectiveness."

An effective budget holds statistical and financial details on an individual band basis to allow a comparison of skill mix planned and deployed in practice, according to advice for ward managers from NHS Education Scotland.



Whoever holds the purse strings holds the power

Delivering quality

The Nursing and Midwifery Workload and Workforce Planning Learning Toolkit, published in 2013, points out the responsibilities that come with holding a budget, including reviewing it on a regular basis and ensuring that money is spent appropriately.

Budgeting is not relished by many nursing managers. John Power, a lecturer at Queen's University, Belfast, says nurses are sometimes put off because they are not confident in their maths skills or are unable to use the software provided.

John says that when a budget is delegated properly to nursing managers, it can empower them. "Managers need to have a budget, control the budget and have trust management to stand behind them," he says. "The budget is an important part of delivering quality, effective, safe care."

John urges nurse managers to develop the budget in partnership with their team, especially on staffing. "Open up the books as far as possible. The nursing team are more likely to buy into it if they can see there is not an agenda," he says.

"Remember: whoever holds the purse strings holds the power."