



Royal College of Nursing

NURSING PAY LATEST

NEWS

GETTING SCHOOL ROSS INTO NURSING
PART 2 NEWS

COULD YOU BE RCN PRESIDENT?
P13 NEWS

ISSUE NO. 365 JULY 2018



FIGHTING FOR MENTAL HEALTH

MARK'S USING BOXING TO HELP SUPPORT PEOPLE IN THE COMMUNITY

MARK BUCKLE

RCN to consult members on new NHS pay deal for Scotland

Proposed deal means the majority of nursing staff will get a pay rise of 9% over three years

England pay deal accepted

Nursing staff working for the NHS in England should get at least 3% more in their pay packets this month. It's after all but one of the NHS trade unions accepted the proposed pay deal.

Of the members who took part in the RCN consultation, 77% voted yes to the offer. It'll mean most members getting pay rises of between 6.5% and 29% over the next three years.

RCN Chief Executive Janet Davies said:

4 GOOD NEWS

Inspiring a future generation of nurses

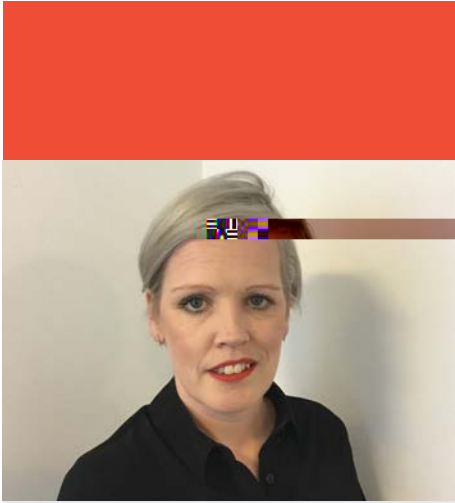
The RCN has launched a new game – *Mind-boggling Medical History* – exploring past and present health care practices. We worked with historians, nurses and school teachers to develop questions themed into six topics: body, mind, treatment, sex, society and animals.

games, email your name to rcn.library@rcn.org.uk before

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ARE YOUR MEMBERSHIP DETAILS UP TO DATE?

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



Victoria Peal
RCN Head of Legal
(Commercial)

RCNLaw was launched in 2016 specifically to provide a personal injury service for members. In the last year almost £900,000 compensation has been recovered on behalf of members who haven't had to pay an extra penny for their legal support. You can get advice and representation for injuries sustained at work or outside work, including assault, stress, lifting and handling and road traffic accidents.

I'd always advise coming to RCNLaw in these kinds of cases, rather than to a specialist claims organisation, because members will receive 100% of their compensation with no money deducted in costs or success fees, which is what is likely to happen with any other organisation. Also, RCNLaw understands nursing staff and the jobs they do. This service is a benefit included in the price of your membership.

Our cases have been varied but very successful. One member was attacked by a patient while she was at work. The security doors were broken which allowed a patient from another ward to get into the area where she was working. The patient chased her, put something around her neck, and punched her. She injured her neck and shoulder and suffered psychological trauma as a result. With the support of RCNLaw, she received just over £10,000 in compensation.

What you've been saying

An insight into nursing

As well as helping patients feel safe and reducing patient violence, I think body cameras (*RCN Bulletin*, June issue, page 12) could provide a better understanding of just what a nurse's day entails, as well as a great opportunity for personal reflection.

However, I do wonder how patient confidentiality would be effectively managed and it leaves me with a few questions. For example, where would the data be stored and for how long? Who would have access to this information and if the patient does not want to be filmed, are we able to respect their choice? It's an interesting idea and I look forward to seeing how further research and trials turn out.

✉ **Hannah Matheson, by email**

Will it stop violence?

I think body cameras would create evidence and tackle violence, but are aggressive patients going to stop if they see the camera?

I don't think so. I've been assaulted on duty, more than once. And I couldn't do anything about it because there is always a reason why the patient is confused, drunk or violent. My colleague was once told "it's your word against his" so what kind of protection do we have while we're doing our job?

✉ **Valentina, by email**

A powerful group

Speaking at a recent event for retired RCN members I outlined how powerful this group can be. They can share their skills and expertise, they can lobby for better health care and can act as mentors for the next generation of nursing staff. There are many ways retired nurses can carry on being an important force by volunteering locally at a hospital or charity, and not just by making the tea. The number of retired nurses is only set to get larger and by using those skills in their local community, they can really make a difference.

Lesley Carter, Professional Lead, Age UK, in person



QUOTE OF THE MONTH

We are clear that there will be an increased burden of taxation.

Health and Social Care Secretary Jeremy Hunt on how the £20 billion annual boost for the NHS in England will be funded.

FOUR THINGS TO DO IN JULY

1. Celebrate 70 years since the NHS began on 5 July by hosting a Big7Tea event and raising money for NHS charities: <https://nhsbig7tea.co.uk>
2. Save money on household bills, online shopping and see the latest cinema releases for less with your RCN membership: www.rcn.org.uk/xtra
3. Let us know the impact you have as a school nurse or health visitor
July: www.smartsurvey.co.uk/s/KA4XM
4. Read the RCN's latest guidance on human papillomavirus and cervical screening. Download the publication

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

MESSAGE TO MEMBERS

Nursing student Felix Manders-Wilde reflects on the qualities needed to provide good care

When you ask people to define a “leader”, they often respond with titles such as “manager” or “the boss”, but effective leadership is so much more than the act of management.

The Student Leadership Programme (SLP), run by the Council of Deans of Health and the Burdett Trust has allowed me to reflect on this and provides me with the knowledge and skills needed for leadership.

Becoming an accomplished leader is dependent on who you are and the strengths you naturally hold.

For me, the programme has inspired reflection on emotional intelligence. In nursing, we see different degrees of this intelligence every day and the correct use of it is powerful.

The programme doesn't just benefit the 150 students taking part. Effective leadership leads to better team work, healthier relationships and, most importantly, quality patient care.

My mentors, peers and supervisors are all inspirational leaders. Before being exposed to these people I was unaware of the work and thought that makes our nursing community a distinctly special group.

As a student nurse, the SLP inspires me. I can see that effective leadership is one of the most important elements in providing

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Boxing teaches discipline and self-control. It's monitored and it works

➤ Read more at www.rcn.org.uk/bulletin

Seventy years ago, the RCN
welcomed free health care



Former RCN member Monica Baxendale from Penketh, near Warrington, was 17 when she started her nursing career in 1949

I had my appendix out in 1945 and there were no antibiotics. But I knew then, spending a month in the hospital because of an infection, that I wanted to be a nurse.

I trained in a hospital in Wigan and lived in the nurses' home attached to it. Back then the sisters ruled the roost. We all ate together and you couldn't begin eating until the sisters did. It was old-fashioned; we wore aprons and cuffs and you certainly never wore your uniform on the bus.

I finished training in 1953, then it all changed as nurses were allowed to get married and live out of the hospital. I did night duty when I had children, the wards were 30 beds with a corridor running down the middle, and there

12 FEATURES

A change for the better

Chris has been crowned RCN Northern Ireland Nurse of the Year for making practical changes that have transformed patient care and staff morale

He's only been in the job 18 months, but charge nurse Chris Wamsley (pictured centre in red) has made huge improvements on the general medical ward where he works at Mater Hospital in Belfast.

"When I started on the ward, staff morale was low, there was high staff turnover and a lot of

Inspirational specialists

Forum members won a number of the specialist nursing categories in the RCNi Nurse



For forensic custody nurse Eric Teague-Hellon (pictured above), watching the same people be detained time after time inspired him to try to change their lives.

“We see the same faces return two or three times a week,” says Eric, who works at Staffordshire Northern Area Custody Facility. “The majority are homeless and often they’re committing low-level crimes, such as shoplifting or minor damage, just to get a warm bed and food for the night.”

Alcoholism and intravenous drug use also take a huge toll on their health. “They have a lot of chronic illnesses that they don’t get treatment for, including asthma, diabetes and skin ulcers,” explains Eric, who is a member of the RCN Nursing in Justice and Forensic

Health Care Forum and has been working in this field of nursing since 2009.

“They may even have life-threatening conditions, but if we try to send them to A&E, they either flatly refuse to go or won’t wait, because the drug and alcohol withdrawal symptoms take over. Their health just gets worse and worse.”

Knowing that they wouldn’t use mainstream services, Eric decided to take health care to them, with a range of initiatives. These include visiting local night shelters, in his own time, where he offers assessment, check-ups and treatment; providing food bank vouchers for those in crisis; and taking out hot food to the rough sleepers.



Yvonne Manson

Older People's Forum member
and RCNi Leadership Award
winner

I have a passion for dementia care and, having worked in care homes for 23 years, I want to remove the stigma associated with working or living here, highlighting the positive nursing career and innovation that can be achieved.

I work as a nurse consultant in dementia for the Balhousie Care Group in Scotland, which supports more than 700 people with dementia or cognitive decline. To be able to provide the highest standard of care, I developed a strategy, visiting all 25 homes to gain the views of staff, residents and their families.

It was no simple task as our care homes are spread throughout Scotland – including Aberdeen, Arbroath, Perth, Dundee, Fife, and Kinross. Building trusting relationships meant visiting as often as possible. But when the programme was

Expanding into research

Research should be a key component of day-to-day nursing, says Fiona Nolan whose career combines both clinical and academic work

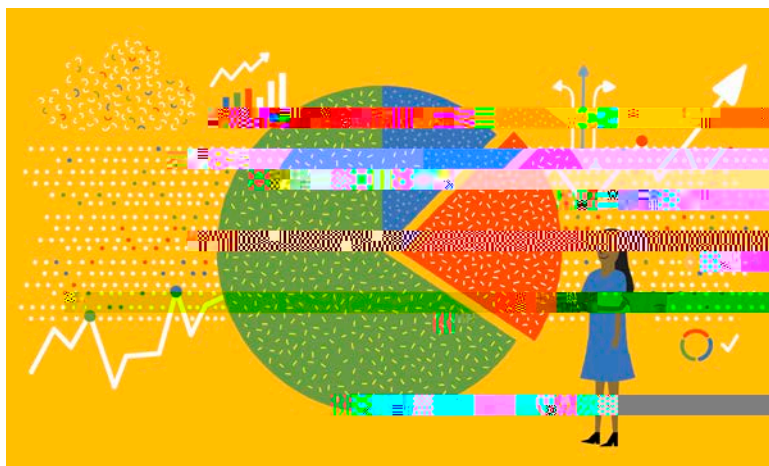
“Undertaking research is an area that we don’t develop during our clinical careers – and that’s to the huge detriment of ourselves and our profession,” argues Fiona, who has been appointed to a new post of clinical professor in nursing at the Tavistock and Portman NHS Foundation Trust in London.

“It’s a new development and an exciting one,” she says. Working around a day or so each week, she will be producing a research strategy alongside a clinical academic career pathway, linking with other trusts within north London.

Working with the trust’s small cohort of nurses, who work in highly specialist areas, Fiona will be helping them to develop their skills and expertise within research.

Broadly speaking, in contrast to other health care professions, nurses are largely unprepared to tackle research, she believes. “Our medical colleagues have a good grounding in research, with plenty of opportunities to engage with it in their practice, and it’s expected of them,” says Fiona, who trained as a mental health nurse.

“But it’s not the same for nurses – and I hope that changes because we can’t progress as a profession without this key element. We need core research skills in our basic clinical toolkit from the get-go. When we graduate, that’s just the start and it should be developed.”



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We need core research skills in our basic clinical toolkit

While some may argue that this is unfeasible given the shortage of nurses, Fiona believes a new emphasis on research could actually help alleviate some of the difficulties. “I think it could be a way to redress a lot of the problems, including recruitment and retention issues,” she says.

Creating many more clinical academic jobs would help as nurses shouldn’t have to decide between one career path or the other, says Fiona. “It’s led to nurses becoming out of touch when they move into academic jobs because they lack contact with the NHS and patients,” she says.

“You wouldn’t have a professor of surgery who hadn’t seen a patient for years – they wouldn’t be respected or have clinical credibility. But nurses have been forced to make that choice. It’s wrong and it shouldn’t continue.”

While many more nurses are engaged in research projects now, often they are generated and led by other professional groups. “I’d like to see nurses leading research much more,” says Fiona, who believes that the field of mental health provides the ideal opportunity.

“As a nurse, you can’t lead research on a new cancer drug or surgical intervention, but mental health is a much more level playing field, where we have the ability to lead studies.”

The nursing profession can make a unique contribution too, she believes. “We have more contact with patients and we’re privileged in our level of insight into what patients need and their concerns. We have information that other professionals don’t have or have to a lesser degree, but it’s not exploited because we’re not leading research to the extent we should be.”

Words by
Lynne Pearce