

RCN HEALTH+ CARE


Royal College of Nursing
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FOR HEALTH CARE SUPPORT WORKERS ACROSS THE UK

AUTUMN 2016



PASSION FOR PUBLIC HEALTH
AN AWARD-WINNING HCSW p8

Sepsis p6
100 top tips p7
Living wage p10
WWI volunteers p12

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Royal College of Nursing

Shaping nursing since 1916

Hello

I am delighted to welcome you to this issue of *RCN Health+Care*. It's been a busy few months since the last magazine – the RCN's centenary celebrations are in full swing and another successful RCN Congress has come and gone.



HCA's and AP's once again played a crucial role in the RCN's flagship event in Glasgow – speaking, voting and getting involved. A huge thanks to all of you who came or followed from afar. A special mention must go to our Health Practitioner (HP) Committee for providing a visible and active presence throughout the week.

It's also been a dramatic few months politically. Not only has the UK voted to leave the European Union but, from a health care perspective, Health Education England (HEE) has announced it will go ahead with plans to introduce a new role – the nursing associate – to support registered nurses. Both these decisions, understandably, will be causes of concern for HCA's and AP's – turn to pages 4 and 5 for details of the RCN's response to both.

But there's also much to celebrate in this issue, from today's award-winning members to brave support staff from the past. I hope you find these stories inspiring and insightful.

Anne Corrin
RCN Head of Education



Get involved

The editorial team of *Health+Care* is always keen to hear about your experiences for potential features, so if you have a story to share with colleagues, let us know.

Email bulletin@rcn.org.uk and put "Health+Care" in the subject line.

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Please note throughout the magazine we use abbreviations HCA (health care assistant), AP (assistant practitioner), and HCSW (health care support worker) to cover all those in health care support worker roles. Health Practitioner (HP) is a term specifically used by the RCN to describe the committee representing HCAs, APs and HCSWs.

Nursing associate update

The RCN is continuing to monitor and help shape the development of the new nursing associate role, designed to act as a bridge between HCAs and registered nurses.

Health Education England (HEE) is currently accepting applications for test sites to run a two-year pilot programme for 1,000 trainees from January 2017.

HEE also ran several workshops in July to discuss what the role would involve and timelines for implementation.

The RCN has some concerns around nursing associates. Head of Education Anne Corrin said: "There are potential risks surrounding both the nature of the nursing associate role and the speed with which it's being implemented. In particular there is a lack of understanding about the role among patients, carers and other health care practitioners.

"There are also a number of questions still to be answered, including around pay and regulation.

"As a member of HEE's nursing associate implementation group, the RCN will share these concerns and work to ensure the best possible outcome for nursing staff and patients."

Response to Brexit



Following the UK's decision to leave the European Union, the RCN wants to make sure EU nursing staff feel as welcome as ever.

RCN Chief Executive Janet Davies said: "Many nurses and health care assistants from EU countries will be understandably concerned about the implications of the vote, but they should be reassured that we do not expect any changes to be made for some time."

The RCN has also wholeheartedly condemned racial abuse directed at nursing staff following the Brexit vote.

Anyone who witnesses or is on the receiving end of abuse should report it to the relevant authorities, while the RCN will offer advice and support to any members affected. See page 3 for details of how to contact RCN Direct.

New member of RCN Council



Brian Murphy has been elected unopposed to the vacant HP seat on RCN Council.

He replaces Brenda McDonald, who has stepped down to pursue a nursing degree (see page 11).

Brian, a former RCN Safety Rep of the Year, has served on the HP Committee since 2013, including as Vice Chair.

He said he was excited about taking up his new role. "I'm looking forward to having the opportunity to promote the role of the HCA within the organisation and grow the membership," he said.

Support service

The RCN and the RCN Foundation have launched a service for all nursing staff in need. The Lamplight Support Service combines benefit advice, guidance on income maximisation, grants from the RCN Foundation Benevolent Fund, and targeted referrals to create a single point of contact.

To make an appointment with an assessor call 0345 772 6200. Visit <http://tinyurl.com/hn3vkvx> for more information.

Northern Ireland stars recognised



An HCA's commitment to holistic, person-centred care has seen her honoured at the RCN Northern Ireland Nurse of the Year Awards.

Ann Cusack, who works in the renal in-patient unit at Belfast City Hospital, won the health care support worker category.

The person who nominated Ann paid tribute to her attention to detail, saying she provides "the very small, personal and individual aspects of care that make her patients feel valued and respected".

The judges also praised her teamwork and ability to reflect and improve her skills.

The runner-up in the HCSW category was Mark McGeachy, an HCA at Rose Martha Court Care Home in Ballymena.

Judges commended his compassionate and caring attitude towards patients, relatives and colleagues.

Commended at Congress

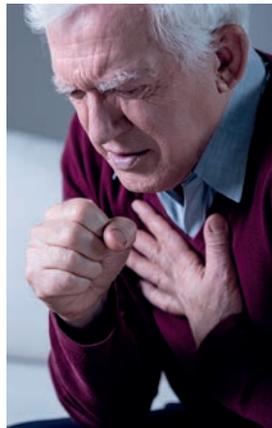
A health care assistant has been recognised for raising the RCN's profile and improving the working environment for her colleagues and patients.

Ceriann Jones, who works at the Marie Curie Hospice in south Wales, was highly commended in the prestigious RCN Learning Representative of the Year awards.

"Her positive example and motivation have enabled her to work in partnership with the hospice manager to encourage several other health care assistants to join the RCN and become active," said RCN Chief Executive Janet Davies, speaking at RCN Congress in June.

Next year's Congress takes place in Liverpool from 13-17 May. Register your interest at www.rcn.org.uk/congress

Be clear on cancer



How to spot signs of lung cancer as soon as possible is the focus of a new Government campaign.

Public Health England's *Be Clear on Cancer* campaign aims to increase public awareness of key symptoms and encourage GP visits to improve early diagnosis.

Because of their regular contact with patients, HCAs play a crucial role in helping people recognise symptoms and encouraging them to visit their GP.

The main focus of the campaign is to detect possible respiratory symptoms of lung cancer, which include persistent coughing and breathlessness.

A number of "conversation starter" videos have been created, offering health care professionals tips on striking up a conversation that may speed up diagnosis. Visit <http://bit.ly/2a3Se2r> for more information.

Think sepsis!

RCN Professional Lead for Acute, Emergency and Critical Care Anna Crossley answers some key questions on sepsis, a serious condition HCAs and APs are well placed to spot



What is sepsis?

Sepsis, previously known as blood poisoning, occurs when the body's reaction to an infection goes into overdrive, causing it to attack its own tissues and organs. It affects people of all ages – young people and adults are just as at risk as older people.

How serious is it?

Sepsis can be life-threatening. In the UK, more than 100,000 people a year are admitted to hospital with sepsis, and around 31,000 die every year as a result of the condition.

Why are HCSWs well placed to spot signs of sepsis?

Sepsis can occur in hospital settings, but more than 70% of cases occur outside hospital, so all health care professionals need to know what it is and how to recognise it. As an HCA, you know your patients well and spend a lot of time caring for them every day. This means you're one of the most likely to notice if they're not themselves.

What are the symptoms?

Someone with sepsis may have signs of an infection, or may display the following symptoms:

- Slurred speech
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- "I feel like I might die"
- Skin mottled or discoloured

Depending on your skill level, if you record observations you can also ask yourself the following:

- Is the patient's respiration rate above 25 breaths a minute?
- Is their systolic blood pressure below 90mmHg?
- Do they seem unusually confused?
- If you use an early warning score at work, do they score above three?

If the answer to these questions is yes, and the patient has an infection, you need to "think sepsis".

What should you do if you think someone has sepsis?

If you think a patient may have sepsis, tell a registered nurse or the most senior health care professional immediately. Early recognition and treatment, within the hour, are vital.

What work is the RCN doing on sepsis?

The RCN website has a clinical page on sepsis – <http://tinyurl.com/zbq8fk9> – and an online resource is being developed.

Find out more

UK Sepsis Trust – www.sepsistrust.org
NICE guidance – <http://tinyurl.com/p9kf6q9>

What makes a great HCSW?

This issue comes with a special booklet of 100 “top tips” for HCSWs. Alex Davis looks at how the final selection was made

Back in March, the RCN launched a search to find 100 top tips for HCSWs by HCSWs.

The special project – part of the RCN’s centenary celebrations – aimed to recognise the value of HCSW members and celebrate their unique expertise and knowledge.

The project was advertised in the spring issue of *RCN Health+Care*, as well as across social media, and hundreds of suggestions were received over a six-week period.

Tips varied from the practical, such as the importance of using moisturiser to prevent dry hands, to time management and relaxation after work. In total, almost 300 tips were put forward, presenting the tricky job of picking the best.

Maive Coley and Katherine Davis from the Health Practitioner (HP) Committee helped to whittle down the selection to the final 100, included in a special booklet accompanying this issue of *RCN Health+Care*.

An event was also held at this year’s RCN Congress in Glasgow, where members were asked to select their favourite tip in five different categories: Communication and Empathy, Professionalism, Practical, Looking After Yourself, and Learning and Development.

You can see which tips they picked by looking out for the five “star tips” in the booklet. After selecting their favourites, members discussed why they voted for certain tips and gave examples of how they could be applied in practice.



The RCN has worked really hard at involving HCAs and APs

HP Committee member Lindsay Cardwell, who attended the event, says the booklet will help HCSWs in their day-to-day work.

“Top tips are a great idea as many health care support workers come from different work backgrounds and this may be their first job in health care,” she says.

“We have many experienced health care support workers within the RCN and tapping into their knowledge and experience is fantastic.”

Maive adds that asking members to help select the tips shows the RCN values its HCA and AP members.

“Being involved in such a big task was very rewarding for me,” she says. “The RCN has worked really hard at involving HCAs and APs within the organisation and is engaging well with its fastest growing membership group.”



Passion for public health

Susan Embley hears how one HCSW is helping to improve health outcomes for people in rural Wales



Image: Neil O'Connor

Health care support worker Steven Evans-Jones tried a variety of jobs before settling on a career in nursing. “I’ve worked in a special needs school and lived abroad, but health care is something that comes naturally to me,” he says.

The former hairdresser was shocked that his efforts to improve public health in the small Welsh town of Dolgellau won him the Healthcare Assistant Award at the recent RCNi Nurse Awards. “I thought they had it wrong,” says Steven. “With all the negativity in the press

about nursing, there’s so much good work going on and it’s nice that everyone is acknowledged for the work they do through the awards. I didn’t move when I realised it was my name they were calling, but I was beaming like a big kid all the way back to Wales,” he says.

Steven works in the outpatient department at Dolgellau Hospital, part of the Betsi Cadwaladr University Health Board in North Wales. As someone who grew up in Dolgellau, he understands the challenges of living in a rural area where it can be difficult for some people

to access the right health care. The hospital has a range of services including a minor injuries unit, X-ray facilities and a maternity unit. There are three acute units within the health board and all are around 50 miles from Dolgellau, which is up to two hours away by public transport, so having outpatient facilities within the local community is invaluable.

Developing ideas

Knowing the hospital is the only source of health information for many, Steven set out to develop a range of initiatives to improve health education and reduce health inequalities in the town. The waiting areas in the outpatient department were seen by Steven and the rest of the nursing team as a wasted opportunity for health promotion.

“When people are sitting waiting for their appointments, there are lots of magazines in the waiting area. If you go to a hairdressers, there are lots of hair magazines, so I thought why not have something to read about health when waiting in a hospital?”

With this in mind, Steven created his own magazine, co-owned with other community groups including the police, fire services, leisure centre and the GP surgery. “People need to be aware of what’s going on and I think people can help themselves, but don’t always know where to go for information.”

Another of his ideas is the “red box” initiative – a red box file kept in the waiting area with a range of leaflets on lifestyle changes from the British Heart Foundation. “I thought this would be easier for people to access than posters on walls and it gives me the opportunity to sit with people and speak to them about the things they are reading.”

Steven hopes the message is getting through that good health is every

individual’s own responsibility. “I had one patient who was a 60-a-day smoker. She thought that she could just take a pill to stop the damage to her heart and lungs and carry on smoking. It’s only by education that people will understand that it’s down to them as well.”

Out and about

As well as working with people in the hospital, Steven gets out and about in the community, visiting local schools and colleges to make children aware of sun damage and acting as an ambassador for men’s health charity Orchid. “I like speaking to the younger people in schools and colleges as you’re more likely to get through to them about how they can start looking out for their own health.”

And what does the future hold? Steven is hoping to start a clinical practitioner course and also a teaching course in the evenings. “Doing the clinical practitioner course will give me more of an insight into what being a nurse is like and is a great way for me to see if it’s for me or not.”



People can help themselves, but don't always know where to go

Something in the water?



Bethan Turner, then an assistant practitioner at Dolgellau Hospital, won the HCSW award at the RCN in Wales Nurse of the Year

Awards in 2014 for developing a welcome pack for patients and their families to introduce them to the hospital setting. Bethan was featured in the spring 2015 issue of *RCN Health+Care*.

A wage you can live on

Tom Metcalf looks at the difference a living wage can make to HCSWs and finds out what the RCN is doing to promote it

Working for a living wage employer has made a big difference to Raquel Misis, a support worker at Penrose Care, which provides home help for disabled people in London.

The company pays its staff the Living Wage Foundation's recommended minimum living wage of £8.25 an hour and £9.40 in the capital, where the cost of living is higher.

"Thanks to the considerable increase in my salary I can now buy higher quality food, have more of a social life, buy more clothes and travel abroad," says Raquel.

"Being paid the living wage has made a huge difference, but the most important thing is that I feel my employer really cares about its staff and is not only thinking about improving its profit without any consideration for the people who work for it."

Sadly, not everyone is in Raquel's position. Stories of health care staff struggling below the poverty line have become more common in recent years – there have even been reports of nursing staff using food banks to survive.

Earlier this year, the Government introduced a new "national living wage" (NLW), raising the minimum wage for workers aged 25 and over by 50p to £7.20 an hour.

Although the change is likely to have led to a pay increase for some HCAs, the new rate still falls somewhat short of the voluntary one recommended by the Living Wage Foundation.



"While this increase does have the potential to provide a positive impact for HCA and AP members working in low paid care assistant roles, we want to see employers paying the rate recommended by the Living Wage Foundation as we believe this is a fairer wage which will help lift people out of poverty," says Brian Morton, an RCN Employment Relations Adviser.

As an accredited employer, the RCN will be taking part in this year's Living Wage Week, an annual event organised by the Living Wage Foundation in the first week of November to celebrate the living wage and living wage employers across the UK.

"All health care staff deserve a fair wage that they can not just survive on, but live on," says Brian. "Progress is being made – the NHS in Scotland, for example, pays all staff the living wage – but we need to continue to raise awareness of it and encourage more organisations to adopt it."

If you believe you aren't being paid the correct wage contact RCN Direct (see page 3 for details).

Find out more at www.livingwage.org.uk

See what the RCN's doing at <http://tinyurl.com/jbmgflb>

A fond farewell

As Brenda McDonald steps down as a HP member of RCN Council to pursue a nursing degree, she reflects on nearly a decade of involvement with the RCN as an HCA

When Brenda attended her first RCN Congress, as a trainee learning rep nearly ten years ago, HCA and AP members couldn't vote on debates at the event and had a separate programme which ran alongside activity in the main hall.

"HCAs weren't really involved with the rest of Congress", as Brenda puts it. The Health Practitioner (HP) Committee, in its current form, didn't even exist.

Things have come a long way since then. HCA members now have full voting rights at Congress, and since 2012 two members of the HP Committee have sat on RCN Council, playing an active role in setting the direction of the College and championing the cause of health care support workers across the UK.

So as the first HP member of Council in the RCN's history, what is Brenda most proud of in the past four years?

"The journey of health care support workers through the RCN," she says. "You just have to look at the change in language – now everyone talks about nurses and nursing, and you rarely hear the use of trained and untrained staff. The way people speak is more inclusive.

"Now, when an HCA gets up to speak at Congress, other delegates won't necessarily know what their role is. They're just a health care professional with an opinion, the same as other members."

On a personal level, Brenda believes her roles on the HP Committee and Council have allowed her to flourish.



Never underestimate what an HCA can do

"It's opened so many avenues for me and given me the confidence to speak up for HCAs," she says. "When I talk to other Council members, who might hold senior nursing positions, I see them as a person, not a role. We're on an equal level and my voice and my vote counts as much as anyone else's."

Although Brenda is now following her personal dream of becoming a nurse, she says her heart will always lie with HCAs.

"After 20 years as a health care assistant I won't forget it," she says. "That background and knowledge will always stay with me. I've made so many friends and met so many people who have touched my life.

"Although I've always wanted to be a nurse, not every HCA does – it doesn't mean you're not good enough. Never underestimate what an HCA can do – you're the backbone that holds everything together."

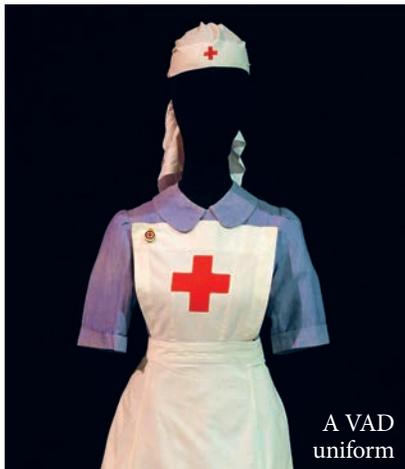
A century of support

As the RCN's centenary celebrations continue, Daniel Allen looks back at the role of volunteer nurses in the early 20th century, and finds some similarities with today's HCSWs

When wounded soldiers began arriving home from the frontline of the First World War they were often received by volunteer nurses for whom the severity of the men's injuries must have been truly shocking.

Shells and shrapnel, gunfire and gas had ripped through flesh and destroyed lungs. The bloody bandages and missing limbs, the sheer horror, would surely have tested anyone but especially those auxiliaries, members of the Voluntary Aid Detachment, many of them daughters of upper middle class or aristocratic families.

The Voluntary Aid Detachment was established in 1909 as part of a series of reforms designed to ensure the country was ready for war. It was the auxiliary nurses who came to be known simply as "VADs", although local VAD units included ambulance drivers, stretcher bearers, administrators and others.



A VAD uniform



It was dangerous work

Christine Hallett, Professor of Nursing History at the University of Manchester, says the number of VADs grew dramatically following the declaration of war in August 1914. "A lot of women felt this was a way they could do their war service," she says.

It was, generally, a role for the better-off. VADs paid for their own uniforms and training, which meant working-class women were largely excluded. "You had to have a certain amount of money behind you to do this work," says Christine.

VADs were trained in first aid and bandaging, as well as general care of the sick and cooking for invalids. Before the war broke out, they were expected to gain six months' experience in a civilian hospital before any active service. But by 1916, rising casualties meant the demand for medical and nursing assistance was so great that they were pitched straight into military hospitals, forgoing their civilian apprenticeship.

The rules about serving overseas were also changed as the need for more nurses quickly grew, Christine explains. Within months of the war starting, the first VADs were heading for France – not to the casualty clearing stations at the battlefield but to bases further down the line.

Even so it was dangerous work for the tens of thousands of volunteers – and not only for those serving near the trenches. The British Red Cross says that inconsistencies and gaps in the records make it impossible to determine the



VADs being taught first aid

exact number of VAD casualties, but diseases such as cholera, Spanish flu and typhoid were common among troops and carried huge risks for the auxiliaries wherever they served.

Parallels with HCAs

The relationship between VADs and the nurses they worked with has some parallels with today's HCAs and their registered counterparts. Although the two groups generally worked well together, where tensions did arise they usually related to role boundaries and who did what.

Christine says the VADs tended to be assertive and sure of themselves, and on occasions would undertake work for which they were unqualified. That did not go down well with some nurses who felt the VADs should stick to their appointed tasks.

“And in turn,” Christine adds, “some of the VADs reported in their memoirs that they felt bullied by the nurses

who resented them.” Nurses had been campaigning for a professional register since 1887 and some felt the presence of the volunteers undermined that campaign.

“But for the most part, they worked very well together. The professional nurses found the VADs were really good – keen, enthusiastic, able to follow instructions intelligently – and most VADs felt the nurses were good supervisors and mentors.”

By the Second World War, there were far fewer VADs, in part because the Queen Alexandra's Imperial Military Nursing Service had expanded hugely. It was better organised and better able to cope – and there were fewer casualties.

But in this centenary year of the RCN, the bravery and spirit of those volunteer nurses lives on. As Agatha Christie said of her time as a VAD at a hospital in Torquay: “It was one of the most rewarding professions that anyone can follow.”

For more information about the RCN's centenary projects, events, competitions and more visit <https://www.rcn.org.uk/centenary>

Avoiding discrimination

RCN Diversity and Equalities Co-ordinator Wendy Irwin shares some tips on how to ensure you treat people equally in the workplace

- 1 **Communication is key.** Think about your body language, your tone and your gestures – do they help communicate the message you want to convey?
- 2 **Take the time to listen.** Help take the guesswork out of caring for patients by asking for information and finding out about their needs and feelings. Listen carefully and attentively and respond accordingly.
- 3 **Empathy is vital.** Putting yourself in your patient's shoes is an important part of delivering care. Ask yourself how you would feel in their situation and think about what you would want or need to improve your experience.
- 4 **Avoid stereotyping.** We can all be biased, whether consciously or unconsciously. Learn to avoid acting on stereotypical judgements about patients and colleagues.
- 5 **Challenge discrimination.** Individuals or groups may experience discrimination for a number of reasons, including their age, gender, disability, gender identity, ethnicity or sexual orientation. Challenge negative attitudes towards patients and colleagues.
- 6 **Avoid assumptions.** Making assumptions about a patient's gender identity or sexual orientation can potentially lead to misgendering.
- 7 **Build your knowledge.** Find out about the networks, people and policies that are in place to support equality and inclusion in your workplace. Challenge yourself to find out more about inequality in health care and its effects.
- 8 **Support accessibility.** At least one in six of us will be dealing with some form of physical or mental ill health or disability. Employers must make reasonable adjustments to allow colleagues to continue to perform well at work. Think about the ways in which your team can include and welcome people who are different and make sure the environment is accessible for everyone.
- 9 **Be constantly curious.** Think about the diversity you bring to your workplace. Diversity doesn't only come in the form of gender, ethnicity, disability or other protected characteristics. It also includes things like socio-economic background, education level and geographic location, among others.
- 10 **Follow the golden rule.** Treat people as they wish to be treated, rather than the way you like to be treated. What feels comfortable for you may feel uncomfortable and distressing for others.

Find out more about workplace discrimination and what to do about it at <http://tinyurl.com/zej1lqu>

A voice for your fellow members

Nominations are now open for a number of seats on the RCN HP Committee. What does the role involve and what can you gain from it?



The HP Committee as it was at RCN Congress 2016

Would you like to represent the RCN's HCA and AP members? The RCN HP Committee ensures the voice of HCAs and APs is heard in the development of any RCN policy affecting you.

The committee is made up of a representative from Northern Ireland, Scotland and Wales, as well as one from each of the nine English regions. The two HP members of RCN Council also sit on the committee.

They're there to make sure the issues affecting you are tackled and you get a good deal – and you could be one of them.

Nominations are currently open for the country and regional committee seats, with elections due to be held in the autumn.

David Cardwell, HP member of RCN Council, says putting yourself forward for a seat on the committee is a great way to develop your career.

“Not only can you speak up for your fellow HCAs and APs, but it's also great from a professional perspective. You develop leadership skills and gain experience of negotiating and influencing at a national level – all things which help build a CV.

“Even if you don't see yourself as a candidate for election, it's still really important that you vote and have your say in who will represent you in the RCN for the next two to four years. The elections are often close-run so every vote counts.”

Council members

Brian Murphy
David Cardwell

Country and regional representatives

Vacant

Eastern

Maive Coley

East Midlands

Tracie Culpitt

London

Lynda High

Northern

Tom Palin

North West

Lorraine Hicking-Woodison

South East

Lindsay Cardwell

South West

Philip White

West Midlands

Katherine Davis

Yorkshire & the Humber

Dennis Greer

Northern Ireland

Vacant

Scotland

Judith Page

Wales

Nominations for committee seats are open until 30 September. Elections will be held from 24 October to 24 November, with voting done electronically. For more information visit <http://tinyurl.com/gufdy9v>

CARE ON CAMERA

Celebrating 100 years of the
Royal College of Nursing

***Care on Camera* brought together an unrivalled collection of images of nursing in all its diversity.**

Now these stunning pictures are available in a portable touring exhibition suitable for workplaces, community buildings etc.

If you have a venue in which you would like to display the exhibition, please contact the centenary team at rcn100@rcn.org.uk



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