



RCN BULLETIN



Royal College
of Nursing

NURSING AT CHRISTMAS
P8 FEATURE

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HYPNOTHERAPY TREATMENT FOR IBS
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ISSUE NO. 358 DECEMBER 2017



MAKING HISTORY

JOE, LEIGH AND JON ARE HELPING REDUCE RATES OF HIV

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

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Health care plan for homeless people

The lack of NHS care for rough sleepers must be addressed in time for the hardest winter months, the RCN has said. Chief Executive Janet Davies has called for an urgent plan from ministers and the NHS to encourage people without a fixed address to register with a GP surgery.

Emergency admissions to A&E occur at least four times more often for somebody who is homeless than for the rest of the population.

The RCN has also urged ministers to “pull out all the stops” to prevent people being discharged from mental health hospitals back onto the streets and for investment in specialist mental health care for homeless people.

A stronger professional identity

Fourteen members have been elected to the RCN's Professional Nursing Committee. This new committee will be the decision-making body of the RCN on professional issues and will provide leadership on the work of the RCN related to its role as a Royal College. This is the first time the RCN has had a directly elected committee to make decisions on this fundamental aspect of the College's work. Find out the full results at www.rcn.org.uk/elections

RCN Bulletin is now online

The RCN's flagship members' magazine has gone digital.

With the launch of our new online platform, RCN Magazines, all the usual unmissable features, incisive analysis and expert opinion are available at the click of a mouse or the swipe of a screen.

The new site is responsive, so whether you're reading it on your phone, tablet or computer you'll be able to enjoy our articles, picture galleries and multimedia content in an attractive, accessible format.

And it's not just *RCN Bulletin*. All the other members' magazines – *Activate*, *RCN Students* and *RCN Health+Care* – are there too.

So when you've got a minute, fire up your phone, turn on your tablet or power up your PC and head to www.rcn.org.uk/magazines



New IPC learning

An innovative new RCN course, to be piloted in spring next year, will offer nurses working in infection prevention and control (IPC) the skills to lead the fight against antimicrobial resistance. Rose Gallagher, RCN Professional Lead for IPC, said: “Nurses have paved the way as clinical leaders in the prevention and management of infection and this course is responding to their current and future training needs.” Visit www.rcn.org.uk/ipc-module



EU staff need assurances now

The future of EU nurses needs to be secured as severe short staffing threatens safe patient care.

The RCN is calling on the Government to urgently confirm that NHS staff from the EU will be given priority in the ongoing Brexit negotiations and have the right to remain in the UK.

It comes as figures show the number of EU nurses leaving the Nursing and Midwifery Council register has increased by 67 per cent in the past year. The number joining has also plummeted, down from 10,178 to 1,107, a decrease of 89 per cent in 12 months.

RCN Chief Executive Janet Davies has warned that uncertainty over the international recruitment of health care staff is putting high quality patient care at risk.

“When the NHS has never been busier, it is haemorrhaging experienced nurses at a faster rate than it can find new recruits,” she said. “For as long as we fail to train enough British nurses, we must be able to recruit the best from around Europe.”

The nursing profession has seen years of poor decisions and excessive cost-cutting, added Janet. “What we need now is investment in nurse education and a new law that makes ministers and others accountable for proper workforce planning and mandated safe staffing levels.”

To find out more about the RCN’s work on safe staffing and how you can get involved, visit www.rcn.org.uk/safestaffing

Fair pay for NHS nursing staff moves a step closer

Chancellor announces additional funding for a pay rise in England, pending contract reform and productivity increases



Thousands of members protested over pay this summer

RCN members campaigning to close the gap on nursing pay have seen their efforts recognised with Chancellor Philip Hammond’s Budget pledge to fund a pay rise for NHS nursing staff.

This will be funded by extra money, not paid out of current NHS budgets, but is dependent on the outcome of ongoing pay talks, he said.

There will be an extra £2.8 billion for the health service in England over the next three years, with £350 million immediately available to allow trusts to cope with increased winter pressures.

Responding to the announcement, RCN Chief Executive Janet Davies said: “The Chancellor has clearly listened to the tens of thousands of nursing staff who’ve been campaigning for fair pay, and he was right to address their concerns. Promising additional money is welcome but it must be a meaningful rise.”

However, Janet warned against the suggestion that any pay rise will be linked to nursing staff working even harder. “The NHS has been running on the goodwill of its staff for too long, and with more talk of reform and productivity, Hammond runs the risk of insulting nurses who regularly stay at work unpaid after 12-hour shifts. Their goodwill will not last indefinitely.”

The RCN will be submitting evidence to the NHS Pay Review Body in the coming weeks and has called for the Government to respect its independent recommendations. The College wants to see a pay rise in line with the retail price index, plus £800 to begin to make up for the years of lost pay.

It will not be known until spring what a potential pay rise will look like.

Visit www.rcn.org.uk/closethegap to learn more about the RCN’s ongoing campaign for fair NHS pay.

4 DOING THE ROUNDS

Manchester members honoured



Manchester Emergency and Medical Services workers with Camilla, Duchess of Cornwall, and Sandi Toksvig, President of Women of the Year

Female nursing staff who cared for patients following the Manchester Arena bombing have been credited in the Women of the Year Awards. Eight women were invited to London last month to receive the award on behalf of those working for the city's emergency and medical services.

RCN member Cheryl Casey was one of those working on the night of the bombing. As Head of Nursing for Medicine and Community Services at

Manchester Royal Infirmary she was called in to help deal with the immediate receipt of casualties and co-ordinate their care.

"It was the true professionalism of nursing that shone that night," she says. "Though you plan for major incidents, it's not until you're in that situation that you know what you need to deliver. The teams were working on adrenaline and yet were so calm and focused. The training prepares staff for that."

Twenty-two people were killed and 512 injured when a bomb packed with nuts and bolts was detonated after an Ariana Grande concert at the arena on 22 May. Cheryl's hospital received 55 patients, with 13 of those requiring immediate resuscitation and stabilisation.

It was her role to consider the logistics of how the response was managed and operationalised to make sure there was enough capacity in theatres, surgical wards and critical care.

"Our priority was to meet the patients' needs. A number of the casualties were young people who had gone to the event as a part of a family group and become split from them.

"We had to look at things holistically and practically. It was important to reunite those families and keep them together. That's the difference nurses make. It's about being an advocate for patients, showing empathy and compassion."



The true professionalism of nursing shone that night

🔗 Read more about Cheryl's experiences on the new *RCN Bulletin* website: www.rcn.org.uk/bulletin

Lifetime achievement

Congratulations to RCN Northern Ireland Director Janice Smyth, who was presented with the Chief Nursing Officer's Award for Lifetime Achievement at the recent Nursing Times Awards in London. Janice joined the RCN in 2005 as Deputy Director and Head of Employment Relations, before being appointed to her current role in 2009. RCN Chief Executive Janet Davies, who presented Janice with the award, praised her colleague's "honesty, integrity and tenacious sense of justice" and said she was "a passionate leader who cares about the rights of members".

Protecting humans and pets

The RCN has teamed up with the Royal College of Veterinary Surgeons for a new project that aims to make pet owners aware of the damage that can be done by second-hand smoke. It comes in the wake of new research suggesting family pets are equally, if not more, at risk of being affected by passive smoking as humans.

Wendy Preston, the RCN's Head of Nursing, said: "The best thing anyone can do to support their health and the health of their loved ones – both humans and animals – is to quit smoking."



The big picture



The RCN official Christmas card 2017, wishing all members a very merry Christmas and a Happy New Year. Picture by Rachael Fessey

MEET THE MEMBER



Each month *RCN Bulletin* asks a member to share a little bit about themselves.

Name: Neil Thompson

Role: Staff side rep/district nurse

Describe your job in three words:

Caring, supporting, challenging.

If you weren't a nurse, what would you be? A baker.

How do you unwind? Play guitar, work on the allotment, make bread.

Why did you choose this profession?

Initially I wanted to be an ambulance driver. My father didn't approve of me wanting to be a nurse and he was very unhappy about it for a long time. Eventually he came to understand the value of nursing. When I was able to look after my grandfather in his last days, he thought I'd made the perfect choice.

What three things would you take with you to a desert island?

Guitar, violin and endless supplies of strings for both.

If you could go back in time, which year would you live in? 1928 –

the year women got the vote and my mother was born.

Where is your dream holiday destination? Northumberland.

www.rcn.org.uk/myrcn



PATIENT PERSPECTIVE



Following a year of ill health, resulting in a loss of hearing and unexplained swollen limbs, Alison Duthie was admitted to hospital in winter 2015

“ I was admitted to St Richard's Hospital, Chichester, with no idea of what was wrong with me. I had lost my hearing during the previous year and had put that, and my general malaise and very swollen legs, simply down to ageing. It wasn't until I was admitted that I thought anything was seriously wrong.

I was worried at first, but the nursing staff were very kind and kept me informed about progress. After a week's stay on the acute medical unit,

the team were able to diagnose my condition as Microscopic Polyangiitis. (MPA). MPA is an uncommon, incurable condition which primarily affects the arterioles (small arteries), capillaries and venules (small veins).

It was a relief to finally have an answer and the nursing staff were very kind and kept me informed of progress at each stage. I stayed in hospital while the medical staff stabilised my condition and then was sent home with an enormous amount of medication. I had never before realised just how long a nurse's shift is. I am sure that near the end of each shift they are worn out, but they never let this show. I feel very lucky to have received such excellent care.

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.

THE VIEW FROM HERE



Marion Allcock
Older people's nurse

I had been working in the same care home for three and a half years but a change in my personal circumstances meant I needed more flexibility to fit in with my child care needs. The thought of moving somewhere new scared me.

When I looked into becoming an agency nurse it felt like this was taboo. Nobody likes the reality of agency nurses in a care home, and managers don't want to draw attention to their agency bill. But in my six months of agency nursing I learned a lot by working in different homes and looking after people with a wide range of conditions. My CV now shows I am adaptable and I've experienced so much more than I would have by staying in one permanent post.

So if you're considering this kind of work for the first time, there are a few questions I'd suggest you always ask. How far away is the home? How long will the shift be? What's the ratio of residents to registered nursing staff?

Registered nurses should consider their registration if they agree to be the sole registered nurse on duty. Things can feel very different in an unfamiliar building. Consider everything before you accept a shift as you don't want to incur a cancellation fee.

And before you even start working, allow time to find and park at the home, have a detailed handover and ask to be shown around the building.

www.rcn.org.uk/agency



What you've been saying

Support for whistleblowers

I've just read November's *RCN Bulletin* and wanted to express my sadness and support for the writer of 'Whistleblowing woes' (page 6, issue 357). It is deeply saddening to hear that dedicated, skilled and experienced nurses are being treated so negatively when they raise issues relating to practice and patient care. Obstructiveness, belittling, refusing and delaying references and even intimidation after leaving their employment all happened to me after raising a manual handling concern in a previous job.

But I'd like to offer your writer some encouragement – please stay in nursing, your skills, dedication and integrity are exactly what the profession needs. Remember you did the right thing. You upheld your professional code. No employer should expect a nurse to compromise this.

Get support from your RCN rep. I would not have recovered from the huge

emotional trauma my situation caused without their support.

Sue Hansard, by email

Student debate is great

I recently attended an inspiring and thought-provoking RCN students debate, the first of its kind, at Birmingham City University. It was a brilliant opportunity to listen to speakers and fellow students discuss whether they were for or against the motion that 'this house believes trade unions are the future for a compassionate workforce'. Trade unionism is an emotive subject and there was always going to be great strength of feeling when it might fairly be assumed that we have compassion "in our bones", as one speaker put it. The debate was as impassioned and mixed as you might expect, with the motion carried by only the slimmest of margins.

Natalie Slater, by email



QUOTE OF THE MONTH

We must be able to recruit from Europe.

RCN Chief Executive Janet Davies warns that uncertainty over the international recruitment of health care staff is putting high quality patient care at risk

FOUR THINGS TO DO IN DECEMBER

1. Read *RCN Bulletin* online! We now have a dedicated website for our RCN member magazines with features, news and exclusive extras. Visit www.rcn.org.uk/magazines
2. Wear an HIV awareness red ribbon for World AIDS Day on 1 December. Visit www.worldaidsday.org
3. View the latest RCN publications and keep up to date with your area of practice. Visit www.rcn.org.uk/publications
4. Submit an idea for a debate or event at RCN Congress in May. The deadline is 2 January. Visit www.rcn.org.uk/congress

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's been your proudest nursing moment of 2017?

"For me it was the realisation that I was entering my 45th year of nursing and not quite sure if I was happy or sad. But what I did know is that I've had the privilege of meeting some amazing nurses, doctors and patients on the journey of a lifetime." [Anne Shaw](#), by email.

"With the help of one other nurse specialist, we have trained five new members of the breast nurse specialist team. Nurturing and supporting them has been a challenge, but they have soaked it all up." [Dr Victoria Harmer](#), by email.

"On the eve of Hurricane Ophelia, staff members who live close to our small rural community hospital offered to cover shifts so those with further to travel wouldn't have to

drive during the storm. Proud of my caring colleagues." [@Janemccleigton](#) on Twitter.

"Becoming a learning and development rep, the opportunity to help my colleagues, increasing the visibility of the RCN in the trust." [@ChrisElston1912](#) on Twitter.

"Finishing my specialist practice district nurse degree, at great personal cost, but eager to use the knowledge I have developed to enhance patient and staff experience of the NHS." [@Sharon7409](#) on Twitter.

"Caring for a baby girl and her parents for three days in neonatal intensive care. Once the baby was better, I was able to help mum and dad have skin-to-skin contact for the first time and help mum to breastfeed. It was a wonderful moment to witness and be a part of." [@zoebrownly](#) on Twitter.

MESSAGE TO MEMBERS



Janet Davies
RCN Chief Executive

2017 has been a big year for the RCN. And following months of campaigning by RCN members, the Chancellor has finally listened and promised additional money for nursing pay, dependent on the outcome of pay negotiations.

While the announcement during this year's Budget was welcome, Philip Hammond must make it a meaningful pay rise. The NHS has been running on the goodwill of its staff for too long, and with more talk of reform and productivity, he runs the risk of insulting nurses who regularly stay at work unpaid after hours.

The value of nursing staff is never more obvious than at this time of year. As the UK's festive celebrations reach full swing and the hardships of winter take their toll on the nation's health, I know that thousands of you will be struggling with service pressures and forgoing family Christmases to provide care that never takes a holiday. You show the kind of skill and dedication that deserves proper recognition and I know the vast majority of people would join me in thanking you.

I just hope that the Government continues to take note of the strength of feeling of tens of thousands of nursing staff. And if Mr Hammond can't promise our members a happy Christmas, the least he can do is guarantee you a prosperous new year.

www.rcn.org.uk/closethegap



Getting it right for patients



Senior staff nurse Helen Whiting has introduced a patient profile form to transform the experience of those receiving critical care at West Suffolk NHS Foundation Trust

I wanted to find a way of getting the personal information we need about patients to help provide more compassionate and patient-centred care, without creating additional work for staff.

I developed a confidential form for patients or their families to complete on admission, which has been used for the last three years. It's low-tech, quick to complete and read. It belongs to the patient and they can take it with them when they're discharged to use in other

settings. It's a great way to empower patients and helps normalise things in an invasive environment. I love seeing it used as a springboard to conversations with stressed relatives and patients.

We need to know what patients are scared of, what time they prefer to go to sleep, whether they're frightened of hospitals and so much more. Many patients aren't in a position to give us this information themselves, but being cared for by health professionals armed with this kind of knowledge could transform their hospital experience.

The results have been astonishing, with improved individualised care and communication between patients, families and nursing staff evident. The Care Quality Commission saw the impact it had too. My vision is for every patient to have my patient profile form so we can transform the way all patients experience care.



Nursing at Christmas

While many people down tools for the festive season, nursing staff work all year to ensure patients get good care. *RCN Bulletin* looks at how members spend their Christmas Day



"As a specialist nurse in tissue donation, this Christmas Day I will be speaking to the acutely bereaved who want their loved one to be a donor, gaining consent from them according to the Human Tissue Act, triaging potential donors, speaking to coroners if required and arranging donations."

Vanessa Wallace



"I work on a busy children's ward in our district general hospital. I'm on the late shift on Christmas Day so my husband and I plan to get up and open presents with our girls and have a nice breakfast brunch before I leave for work. Boxing Day will be more presents and a big turkey dinner with all the trimmings. I love Christmas. Obviously nobody wants to work it but somebody has to, and making it as nice a day as possible for all those families who can't be at home is a bit special really isn't it?"

Kat Jones

"I'm a theatre nurse in a maternity unit. My Christmas Day will involve seeing my boys in the morning after my night shift and then sleeping to make sure I'm fully rested for the Christmas night shift. Each baby is special but it is always exciting working on Christmas Eve to see when we will have our first Christmas baby. I love my job and it's such a privilege to be there when a baby is born, sharing that special moment and ensuring safe, effective patient-centred care for mum, baby and birthing partner."

Julie Lamberth

Pictures courtesy of the RCN archives

"I work in a specialist orthopaedic hospital and on Christmas Day late shift I will be the clinical site co-ordinator for my trust. I'll be supporting the staff on the wards to provide care for those patients unable to return home and to welcome their relatives into the hospital. There is usually Christmas music playing and hopefully we will make Christmas as cheerful as possible. Naturally I'll miss spending Christmas Day with my family but we'll certainly make up for it on Boxing Day."

Jo Turton



Picture submitted by Jennie Alba



Picture submitted by Sue Kilar



Picture submitted by Katie Mackay

"I'll be working a day shift on a neonatal intensive care unit from 7.15am, supporting parents to care for their baby as he or she spends their first Christmas in an incubator or special care cot. One of my tasks will be to make sure there is a present for the babies (and siblings, if any) at the end of every incubator and a card from every baby with a picture of them for their family to treasure. I'll also be crossing my fingers that we don't get unexpected emergency deliveries so that we can grab a quick bite to eat at some point and counting myself lucky that if I have to work on Christmas Day, at least I have a brilliant team of colleagues to work alongside."

Jane Munro

"I'm a specialist practitioner district nurse working in Kelso in the Scottish Borders. I'm attached to a GP practice and have a current caseload of around 100 patients. The majority of my work on Christmas Day will be scheduled care aimed at meeting patients' needs at home safely. The best thing about working at Christmas is the patients. Many of them may not see anyone else over the festive period and are so pleased to see us. It's a privilege to be invited into a person's home to make their day a bit brighter even if it is only for a short while."

Claire Kelly



Picture submitted by Roxana Moldovan



Making history

As 1 December marks World AIDS Day, Kim Scott interviews three nurses whose pioneering work is helping to radically reduce the number of people being diagnosed with HIV



Pictured left to right: Joe Phillips, Leigh Chislett and Jon Clark

Nestled among the shops, bars and gay clubs of London's bustling Soho district lies 56 Dean Street, Europe's largest sexual health clinic. It employs more than 60 nursing staff and sees 12,500 patients a month. The clinic provides advice and treatment for a range of sexually transmitted infections but it's become renowned for its groundbreaking work preventing the spread of HIV. It has reduced the number of new diagnoses of HIV by a staggering 80% in the last two years.

"This is historic," says Leigh Chislett, the clinic manager. "Thirty years ago there was no treatment and people diagnosed with HIV who developed AIDS were dying within two years. Now they can live long and healthy lives. If you'd told me back in the 80s that you could take a pill to

prevent HIV, I would never have believed you. The progress that's been made is mindblowing."

Sex without fear

The pill Leigh refers to is pre-exposure prophylaxis or PrEP. Taken correctly, either every day for continuous protection or intermittently, a few hours before having sex and for at least two days after, it provides a very good defence against catching HIV. Though it's been approved for use in America since 2012, it's only become widely used in the UK in the last couple of years.

"It's been a game-changer for many gay men," says Leigh. "I spoke to a man in his 50s a few weeks back and he said that, with PrEP, he's been able to have sex without fear for the first time in his life."

PrEP is not yet available on prescription from the NHS but can be bought online for as little as £35 a month. However, a new clinical trial is offering hope to many people who want to proactively protect themselves from contracting HIV.

The trial, launched by NHS England in October, lasts three years and aims to recruit 10,000 at risk people to take PrEP. 56 Dean Street has 1,700 spaces on that trial and already has a hefty waiting list. "It's our hope that the evidence in favour of continued access to free PrEP is so compelling that it becomes available on the NHS in future," says Jon Clark, a charge nurse at the clinic.

For nurse practitioner Joe Phillips, the arguments for its continued free availability are



The progress that's been made is mindblowing

Pictures by Gareth Harmer

Don't forget to visit www.rcn.org.uk/bulletin to read an extended version of this feature and discover more about Leigh, Jon and Joe's experiences working in HIV nursing.

clear. "It costs up to £600 a month to provide treatment for someone who is HIV positive," he says. "When I first started working here four years ago, I was diagnosing multiple people a day with HIV. That has dramatically dropped with PrEP. Last month we tested just 10 people as being HIV positive, 18 months ago that figure was 77 a month."

However, it's not just PrEP for which the clinic owes its results. "We were seeing a decline in new cases of HIV even before the drug was widely available," says Joe.

The tailored treatment advice and accessibility of the service have also played their part. At Dean Street Express, the sister clinic to 56 Dean Street, the latest technology is being used to make screening easier than ever, with touchscreen check-in, self-taken tests, fast bloods and results delivered by text in just six hours.

Part of life admin

"We're changing the way people think about getting tested," says Jon. "Before, it might have seemed like an ordeal, needing to travel out of town to a clinic, sit nervously in the waiting room for hours and leave not knowing for weeks whether you were clear. With the services we offer, getting tested is becoming part of modern life. Gay guys come to Soho to meet friends for drinks, get tested then go on for something to eat. There's no stigma to it. It's part of life admin."

The location of the clinic is crucial to its success. Though he's too humble to admit it, the move to Soho was Leigh's idea and he spent a year on secondment setting up 56 Dean Street before it opened in 2009. The sleek shop front, sophisticated interior, comfy leather seats and professional treatment rooms are a far cry from sexual health clinics

"hidden away in basements" that he recalls from years gone by.

"We fought very hard for this," he says. "People with HIV or people getting screened should not be hidden. I refuse to play into that shame. The clinic's previous location in Victoria was no longer fit for purpose and I got so frustrated and angry about that. Moving here was a deliberate plan."

It's this passion, perhaps, that has come to personify 56 Dean Street. Its innumerable outreach programmes, community initiatives and psychosexual services have all, it seems, been initiated by forward-thinking staff.

The Prime service, for example, has been running for 18 months and seeks to look more broadly at the wellbeing of gay men with a view to encouraging them to make healthier choices in sex and relationships. "It's not a patronising service," Leigh says. "It's about empowering people, providing guidance based on their particular needs and setting realistic goals. Tackling HIV requires a multi-pronged attack."

Treatment as prevention

Quick treatment for those who do test positive is also a priority. Starting antiretroviral therapy as soon as possible results in better long-term health outcomes and lowers the levels of HIV in the blood. Once those levels are "undetectable", the chance of passing on the virus is zero.

"I recently diagnosed a gay sex worker as HIV positive," says Jon. "He started treatment the same day and returned a month later for follow-up bloods. His HIV levels came back undetectable. There is every chance he'll go on to have a normal lifespan, in fact he may even live longer as he'll be having regular health checks."



So what next for 56 Dean Street? Well, not content with cutting its rate of new HIV diagnoses by 80%, it's launched a campaign called Plan Zero, to try to prevent the spread of HIV completely.

Is it achievable? "Yes," Jon says with conviction. "If we can find and test everyone who has HIV, get them on treatment quickly and provide PrEP to those at high risk, we can bring down this virus. While there's that 20% left to tackle, we have to have that goal. We know how to do it and we can do it."

Showing solidarity

World AIDS Day takes place on 1 December each year. It's an opportunity for people worldwide to unite in the fight against HIV, to show support for people living with HIV, and to commemorate those who have died from an AIDS-related illness. Founded in 1988, World AIDS Day was the first ever global health day. Visit www.worldaidsday.org



Tackling HIV requires a multi-pronged attack

📍 56 Dean Street is part of Chelsea and Westminster NHS Foundation Trust. Find out more about its services and the Plan Zero campaign at www.dean.st

The domino effect

As the RCN reveals the results of its latest employment survey, Daniel Allen looks at how the culmination of pressures on nursing staff are having an impact on patient care



Crisis, burnout and unrelenting pressure are not words those committed to caring want to see used as descriptors of their profession. But there is no hiding from the stark facts: many nursing staff are on the edge. Beset by unrelenting demand, stress and the grinding effects of low pay, significant numbers are struggling and turning away.

The RCN Employment Survey 2017, produced by the independent Institute for Employment Studies (IES), is not an easy read. Based on the responses of 7,720 members, it opens with a quote from a nurse planning to leave and work in a supermarket instead. “The pay, terms and conditions ... eventually wear you down,” the nurse says. “This is not what I came into nursing for.”

That respondent is not unusual. Most said they had worked extra hours, borrowed money or taken an additional job in the past year

to make ends meet. About 60% reported financial struggles. Paying for basics such as food, gas and electricity is a challenge for many.

The report makes clear how the pressures experienced by nursing staff interact and feed each other. Poor pay leads to financial struggles, which in turn cause stress. People go off sick or leave. Nursing numbers diminish. Workloads increase. More staff experience burnout. Patient care suffers.

The cost of caring

The overall impact is devastating. As the IES report puts it: “These are costs which many nursing staff judge to be too high, not just in terms of inadequate pay, increasing workload pressures and declining levels of their own health, but also in terms of compromised levels of patient care – the very thing that motivated them to take up nursing in the first place.”

Many of the survey’s themes are familiar and have been articulated repeatedly by the RCN. But problems are worsening. “Presenteeism”, for example, is on the rise. Almost half – 48% – of nursing staff say that at least twice in the past year they have gone to work when feeling unwell. In 2013, the figure was 41%. And 63% of staff now say they face too much pressure at work compared to 53% six years ago.

The backdrop to these mounting financial and wellbeing problems is, for some, workplace abuse. More than a quarter of respondents had been physically abused by patients or relatives in the previous 12 months. Equally worrying is the prevalence of bullying by colleagues – one in three staff say they have been victims.

That’s why the RCN’s *Healthy Workplace, Healthy You* campaign is so important. It supports employers and RCN representatives to work in partnership to improve working conditions for staff. It also supports nursing professionals to lead healthy lifestyles so they can maintain both physical and mental wellbeing.



This is not what I came into nursing for

➤ Visit www.rcn.org.uk/healthy-workplace/healthy-you

Changing the situation

The results of the employment survey are used to inform the RCN’s evidence to the NHS Pay Review Body. This is submitted in December. The College is calling for a pay award in line with RPI inflation plus £800 to begin to make up for the years of lost earnings. Visit www.rcn.org.uk/closethegap to find out more.

Breathing space

RCN in Wales Nurse of the Year Louise Walby has been improving care for patients with chronic lung disease. Tom Metcalf finds out how

For Louise, a respiratory nurse facilitator at Cwm Taf University Health Board in south Wales, chronic obstructive pulmonary disease, or COPD, does not receive the attention it deserves.

COPD is an umbrella term for common conditions such as emphysema and chronic bronchitis. According to the British Lung Foundation, an estimated 1.2 million people in the UK are living with diagnosed COPD, making it the second most common lung disease after asthma. It's also been estimated that up to two-thirds of sufferers remain undiagnosed.

RCN member Louise, who was recently named Nurse of the Year at the annual RCN in Wales Nurse of the Year Awards, has been focusing on the diagnosis and treatment of patients with COPD in the Rhondda Cynon Taf and Merthyr valleys. With this area experiencing the fourth highest chronic lung disease mortality rate in Britain, she's determined to combat it. "I've always had a passion for respiratory nursing, and COPD in particular," says Louise. "I wanted to improve the patient experience, which means better and earlier diagnosis, better education and ensuring everyone gets the same standard of treatment."

So Louise set about tackling these issues. She visited 46 GP surgeries in her region, interviewing the nurses and doctors to find out how they managed spirometry, a simple test used to help diagnose and monitor certain lung conditions by measuring how



I hope this award gives me a voice to further improve services for patients

much air a patient can breathe out. "It was a really positive audit," she says. "But there were a few common themes which emerged, mainly around patient education, so I put forward a number of recommendations."

Developing training

She also reworked and facilitated the accredited training for nurses carrying out spirometry. "The original training, although very comprehensive, did not meet the needs of our nurses," Louise explains. "It meant two days out of practice, so I condensed it into one with the rest done as e-learning. It makes it easier for nurses to have the time to do it and focuses on the real essentials of what they need to know for the role."

The training has been hugely successful; more than 100 nurses have signed up and more than

30 are now fully accredited. As a result, patients across the region are being diagnosed earlier and receiving better treatment. Louise's work has also been recognised at a national level and is being used as an example of best practice across Wales.

All this was enough to convince her manager to nominate Louise for the Nurse of the Year Awards.

"When she said she was going to put me forward I was delighted," says Louise. "But I never expected to win. I know this is the ultimate acknowledgement and I'm overwhelmed, humbled and excited about the future."

"I hope this award gives me a platform and a voice to further improve services for patients with COPD," she adds.

Picture by Stuart Fisher

🕒 To find out more about the awards and who won them, visit www.rcn.org.uk/wales/get-involved/awards



Louise, centre, with her colleagues

Healing through hypnotherapy

Gastrointestinal Nursing Forum member Helen Bremner recently won her third award for her pioneering work providing hypnotherapy treatment for IBS



After many years of working in intensive care nursing, Helen was feeling frustrated by the lack of emotional support and care available to patients. Under her own initiative, she undertook hypnotherapy training and, 10 months later, she was in an NHS post as an Irritable Bowel Syndrome (IBS) Specialist Hypnotherapist.

With mental health and emotional issues both among the causes and subsequent symptoms of intractable IBS, hypnotherapy has proved very effective and NICE guidelines advocate it as an evidence-based treatment.

With every case unique, there is no one-style-fits-all technique and Helen emphasises the importance

of looking at the individual and their requirements.

“It’s all about working out what people need and providing a safe space. Half of the battle can be helping patients to relax and, when they are able to step away from the stress of their situation, they can often lead you straight to the root emotional causes,” Helen says, adding: “People without an obvious emotional cause for their symptoms can also be helped, using direct suggestions.”

Financial savings

The programme was a huge success, saving an estimated £135,000 annually thanks to patients no longer needing to have their cases escalated.

Despite this, the NHS cut funding for the service four years ago.

“NHS commissioners don’t always see the bigger picture, especially when it comes to complementary therapies. It’s such a shame as the people on the ground, the gastroenterologists who I worked with, were so happy to have me as part of the team, having more time to concentrate on the cases of organic disease that did require medical intervention,” Helen says.

Not wanting this effective resource to get lost, Helen decided to create a training package for other interested nurses to become IBS hypnotherapy specialists. She runs in-person and correspondence courses with an assessment to provide approved practitioner status.

“It was important for me that this service, which I have seen change patients’ lives, was still available in times of NHS austerity,” Helen continues. “Unfortunately, the people who need it most are often those who are unable to pay and it would be my dream to set up a fully-funded team of IBS hypnotherapy nurses on the NHS.”



I have seen hypnotherapy change patients’ lives

Chair of the Gastrointestinal Nursing Forum Isobel Mason agrees that hypnotherapy is an effective tool for treating IBS: “There is such good evidence that gut-directed hypnotherapy is the best treatment there is for IBS, better than any of the medications doctors prescribe. It’s fantastic to see a forum member taking the initiative and developing their advanced practice skills. Let’s hope that funders will soon recognise the importance and value of such a quality, patient-centred, nurse-led service.”

IN THE SPOTLIGHT



Gastrointestinal Nursing Forum

Who's the Chair?

Isobel Mason, nurse consultant in gastrointestinal health for the Royal Free Foundation. Isobel has been Chair of the forum since 2011 and a forum member for many years before that.

Recent highlights?

Liver nurse specialists within the forum won a Celebrating Nursing Practice award as part of the RCN's centenary celebrations to work on and develop liver nurse competencies. There is also a thriving Facebook group with more than 1,000 members sharing good practice and experiences within the specialty.

What's coming up?

The Inflammatory Bowel Disease (IBD) Network, which is a sub-section of the forum, is holding a series of study days in collaboration with Crohn's & Colitis UK to urge nurses to consider becoming IBD specialists. There have been two so far, in London

and Edinburgh, which were both very successful, and they will be rolled out across the UK in 2018.

Why join?

Isobel says: "The forum is full of a wide range of expert and motivated nurses. Joining the forum offers a great opportunity to network and be involved in the progress of the specialty, as well as keep up to date with what is available to both you and your patients."

Find out more about the Gastrointestinal Nursing Forum at www.rcn.org.uk/forums or visit its Facebook page.



Eyes right

The Ophthalmic Nursing Forum has released a new pocket guide to help health care professionals working in non-ophthalmic settings deliver quality care safely. The guide highlights the importance of eye care and the role and responsibility of the health care professional. It offers advice and guidance on topics such as supporting the visually impaired person, eye drop and eye ointment instillation, and cleaning the eye. It also looks at ophthalmic emergencies and non-emergency conditions that require attention.

Mary Shaw, Chair of the Ophthalmic Nursing Forum, said: "This is very useful guidance for all health care professionals and should help improve ophthalmic care in any setting."

Visit <https://tinyurl.com/eyes-right>

Global representation

Midwifery Forum member Jess Read recently represented the forum and the RCN at the International Confederation of Midwives (ICM) council meeting and conference in Toronto.

The main topics of discussion were the continued fight to eradicate FGM and how to ensure high levels of care for displaced women and babies around the world.

The RCN pocket booklets on modern slavery and domestic abuse were both well received. Jess said: "We have such incredible resources at our disposal in the UK and it is our responsibility to share them and help ensure compassionate midwifery care reaches all women across the globe, especially the most vulnerable."

WHAT I'M THINKING



Vicki Leah
Older People's Forum Chair

The area of dementia care that causes the most distress for both family and professional caregivers is when those in their care experience emotional outbursts which may result in physical aggression. But if we describe the situation from the person's perspective, does this inform our understanding of the situation and thereby have the potential to influence our actions?

I have witnessed a real change in the language used in relation to emotional outbursts seen in some people living with dementia. "Living with dementia" is in itself a recent departure from the old philosophy of dementia care when "suffering from dementia" or "a dementia patient" were the common terms used. More recently, I have started to hear health care professionals talk of people living with dementia demonstrating behaviours of distress, as opposed to challenging behaviour.

I see this as a real change in how we are thinking about our patients. We are now talking about the emotions our patients may experience which can lead to behaviours of distress, for example frustration, anger, embarrassment, fear and loneliness, rather than just describing those behaviours. If I describe a patient's strong emotions at handover in this way, this could then influence the way the team approaches their situation. Identifying the triggers, and coming up with possible interventions, could lead to real therapeutic solutions.

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

London

Rheumatology nursing workshop

12 January

RCN HQ
20 Cavendish Square
London W1G 0RN

This event has been specially designed for rheumatology nurses or those with an interest in this area of nursing. "Rheumatology development days specifically targeted towards nurses working in this specialty are hard to come

by," says Chair of the RCN Rheumatology Nursing Forum Louise Parker.

"We asked our forum members what they would like to learn about and used their responses to tailor this



workshop for rheumatology nurses' needs."

The workshop will help specialist nurses to continue to deliver excellent care with advice on the management of rheumatologic disease, interventions and treatment. This is critical to enable robust analysis of roles and responsibilities while specialist

nursing banding is being reviewed on a national scale.

"We have a varied programme encompassing clinical and competency updates and helping manage patients' pain and fatigue," adds Louise.

📍 Visit www.rcn.org.uk/rheumatology2018 to book or call 02920 546460.

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Car Insurance ☎ 0800 756 8148	Home Insurance ☎ 0800 756 8148
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Caravan Insurance ☎ 0800 756 8413	Motorbike Insurance ☎ 0800 756 8396

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The Royal College of Nursing acts as an Introducer Appointed Representative to the Liverpool Victoria group of companies for General Insurance.

19205-2017

West Midlands

STPs - how will they affect you and your role?

13 December 1.30-3.30pm
Room C, Education Centre
The Princess Royal Hospital
Telford TF1 6TF

If you're a nurse or health care assistant in England, it's important you're aware of how plans for delivering integrated care are progressing at local and regional levels. This session will provide that overview.

must be integrated and over the past two years, new models of care programmes, devolution plans and, more recently, sustainability and transformation plans (STPs) are being used to achieve this aim.

NHS England's Five Year Forward View made it clear that health and social care

📍 Email westmidlands.region@rcn.org.uk or call 0121 450 4300 to book.