



TACKLING WASTE, CUTTING COSTS
P8 FEATURE

TRAINEE NURSING ASSOCIATES
P11 FEATURE

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MAKING CONNECTIONS

FINDING LOVE THROUGH NURSING

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

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Congress is coming

On 12 May thousands of members will come together at RCN Congress in Belfast to debate the hot topics affecting nursing staff across the UK.

The Congress Agenda Committee has spent days deliberating which topics will make for the most timely and fruitful debates covering clinical, staffing, financial, social and political areas.

Keep an eye on www.rcn.org.uk/congress for all the latest developments and the full agenda, which will be released soon. And if you feel there is an urgent issue that needs to be brought to the table, don't forget you can submit emergency agenda items up to and during Congress itself.

Free to attend for both RCN members and non-members, Congress is the most exciting event in the nursing calendar. Alongside the debates, there's a packed programme of fringe events, a huge exhibition to explore and an inspiring list of keynote speakers. Book your place today.

Are you up to date?

We need members' correct details in case we need to consult you as part of negotiations over pay. Update your details at www.rcn.org.uk/myrcn or call 0345 7726 100.

How can we ensure there are enough nurses?

Members are being asked what needs to happen to make sure there are enough health care staff to meet the current and future needs of patients.

Health Education England has launched a consultation on its first single workforce strategy. It aims to tackle the challenges in health and social care and provide a plan to deliver a workforce in the right numbers, with the right skills up to 2027.

Some of the measures proposed include targeted retention schemes to encourage staff to continue working in health care and the introduction of family friendly initiatives to make the NHS more inclusive.

The views of frontline staff are vital. You can take part in the consultation directly by visiting consultation.hee.nhs.uk or contribute to the RCN's response.



Patients deserve a well-trained and innovative workforce

Janet Davies,
RCN Chief Executive

Look out for upcoming RCN communications via email and social media or email emily.fennell@rcn.org.uk to find out more.



Have your say on organ donation

There's still time to share your views on consent for organ and tissue donation after death in an RCN survey. The College supported an "opt-in" system for donation in 2009 but is now reviewing its position, partly in response to plans to change the laws on consent in England and Scotland and to understand the experiences of members in Wales.

Find out more about the different systems in place in the UK countries and complete the survey at <http://tiny.cc/organsurvey> before the deadline of 11 February.



Winter crisis exacerbated by shortfall in staff

Current pressures could become year-round without more nursing staff, the RCN has warned

Nursing in the news

RCN members and staff ruled the nation's airwaves as part of the BBC's recent dedicated "nurses' day".

The day of nurse-themed coverage across all national and regional BBC news outlets – TV, radio and online – celebrated the work of nursing staff, but also looked at some of the pressures facing the profession.

RCN Chief Executive Janet Davies appeared on Radio 4's *Today* programme, Radio 5 Live and the BBC News Channel. In response to figures obtained by the BBC from NHS Digital showing one in 10 nurses are now leaving the NHS in England each year, she called on the Government to increase nursing pay and training places.

She said: "These are disappointing, but not surprising, figures. The Government must lift the NHS out of this dangerous and downward spiral. In England, we are haemorrhaging nurses at precisely the time when demand for health and care services has never been higher."

Coverage wasn't just limited to the BBC, with Janet also appearing on ITV news and her quote picked up by most of the national newspapers.

Members also featured prominently in the day's coverage, with newly elected Chair of RCN Council Maria Trewern appearing on the BBC News Channel at Birmingham Children's Hospital.

An item for the six o'clock and ten o'clock news looking at how nursing has progressed included nurses who came from the Philippines in the 1970s, as well as an interview with RCN Director of Nursing, Policy and Practice Donna Kinnair.



The past few weeks have seen NHS services stretched to breaking point, with health care staff around the country battling to deliver the best care possible in the face of mounting pressures.

As *RCN Bulletin* went to press, the most recent figures showed the NHS in England was operating with a bed occupancy rate of 94.9%, almost 10% above the recommended safe level of 85%.

RCN Chief Executive Janet Davies said many nurses felt unable to stay in the profession as standards fall. "These figures only begin to reveal the picture," she said. "Nursing staff journey to work every day worrying about the standard of care they are able to deliver in these circumstances. Without stemming the losses and hiring more staff, the current winter crisis could soon become year-round."

Janet said the current situation should cause the Government to "think hard"

about how it approaches ongoing exploratory talks on nursing pay, terms and conditions with NHS workforce representatives.

"This crisis was entirely predictable. For years, too few nurses have been trained, and vacancy levels have been allowed to get higher and higher. There are now 40,000 nurse vacancies in England alone. For years, the Government has underinvested in health and social care. That failure of planning lies behind this winter's crisis.

"There's also a direct line linking the current crisis and nursing pay. Squeezing the wage packets of nursing staff who are working harder than ever before leaves them feeling demoralised and undervalued. And for many, it's the final straw that pushes them to take early retirement or quit the profession for an easier job. When nurses quit, beds have to be closed if there's no one else to staff them."

4 DOING THE ROUNDS

Students shine a light on sepsis



Nursing student
Katie Dutton

An RCN student information officer who nearly died from blood poisoning is passionate about using her experience to raise awareness of sepsis to help save lives.

Katie Dutton, a first-year nursing student, contracted sepsis two years ago while in hospital being treated for a kidney infection.

In January, alongside fellow student Kylie-Ann Johnson, Katie led a sepsis awareness event for

more than 100 nursing students at De Montfort University in Leicester, where they both study.

“I remember being in hospital thinking, this is it, I’m going to die,” says Katie. “It was a horrific experience but I was determined not to let it beat me. Surviving it inspired me to be a nurse and ensure we’re doing all we can to lower the number of sepsis cases.”

The event Katie and Kylie-Ann organised included a talk from a

sepsis nurse and highlighted how to spot and prevent the condition.

“The feedback we’ve had from other students has been amazing and many said they came away feeling a lot more confident about spotting sepsis,” says Katie. “It was so popular the university is now making it an annual event. It would be great if other universities catch on to the idea.”

Katie is hopeful that students can play a key role in helping prevent cases like hers happening to others. “Student nurses are the fresh faces of the NHS. We have to be confident going out into practice and being able to recognise sepsis. Ideally every single nurse and student nurse will have sepsis at the forefront of their minds.”

Visit www.rcn.org.uk/sepsis for more information or go to www.rcn.org.uk/studentmag to read an extended interview with Katie.

“

I was determined not to let it beat me

What is sepsis?

Sepsis is a condition that arises when the body’s response to an infection causes it to attack its own tissues and organs. According to the UK Sepsis Trust, someone dies from sepsis every 3.5 seconds.

Thousands receive legal help

Last year more than 1,500 members were represented by the RCN’s regulatory law team, with the majority receiving support after being referred to the NMC.

The College also helped members with disclosure and barring (DBS) issues, representation at inquests and supported nearly 200 members accused of criminal offences at work.

“Any kind of legal challenge can be extremely worrying but we are here when you need us most,” said Roz Hooper, RCN Head of Legal (Regulatory).

Stand up for the NHS

The RCN is supporting members to attend a march in defence of the NHS on Saturday 3 February in London. The *NHS in Crisis – Fix it Now* demonstration is organised by anti-austerity group the People’s Assembly and Health Campaigns Together. RCN members and staff will be going to raise awareness of the College’s Close the Gap campaign, which demands an above-inflation pay increase for nursing staff.

The event will start at midday on Gower Street in central London. Members who would like to attend should register their interest at www.rcn.org.uk/NHS-rally



The big picture



Members of the new, streamlined, RCN Council met for the first time in January. To find out more about Council's role and what was discussed, visit www.rcn.org.uk/governance

MEET THE MEMBER



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

Name: Felicia Cox

Role: Lead nurse for pain management

Describe your job in three words: Stimulating, empowering, rewarding.

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

Who would play you in a film? Grace Kelly – her character in *Rear Window* - flighty, glamorous, nosey!

How do you unwind? Retail therapy can be an effective self-management strategy that can reduce pain and bank balances!

If you could have a superpower, what would it be? To abolish all pain.

Why did you choose this profession? My aunt Sue qualified as a nurse in 1969 and looked glamorous in her white uniform with red cape. I had a nurse's outfit that I refused to take off as a little girl.

What three things would you take to a desert island? Sunhat, sunscreen and hand wash.

Where is your dream holiday destination? Tasmania (my home state in Australia).

www.rcn.org.uk/myrcn



PATIENT PERSPECTIVE



Beth Germon's daughter, Lydia, is cared for in a children's hospice. But the nursing staff look after all the family

“When it was first suggested that Lydia should be cared for at the children's hospice, Tŷ Hafan, I was filled with dread. I was expecting a horrible environment and no-one could convince me otherwise.

Fiona, a nurse in the intensive care unit, spoke to me as a mum and a nurse. She had personal experience of a children's hospice and she encouraged me to give it a try. We plucked up the courage to visit and haven't looked back. This is the thing about Tŷ Hafan nurses. You don't see them as nurses; they are just people there to help us all. It's the

simple things we really appreciate. At Tŷ Hafan we're able to eat together. Nurses who I trust completely say: “Would you like a cup of tea? I'll watch Lydia.”

A few minutes to relax is amazing but nurses there also help us have fun. Seeing both our girls enjoying themselves in the on-site park means so much.

Our eldest daughter was a little intimidated by the nurses in hospital but she doesn't really notice them in Tŷ Hafan. She joins in with the support they offer without even realising what she's doing.

These nurses are amazing. Their job is so much more important than they'll probably ever realise.

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



Andy Cowan
RCN Business Director

How does a professional membership organisation and trade union survive and thrive to meet the challenges of the 21st century? Historically, the RCN has been financially sustained almost entirely through membership subscriptions, with some extra activity, such as sponsorship and events, creating additional income.

However, as we enter a new era of increasing costs and increasing demands for member services, the RCN needs to generate more money. RCN Council has set clear targets to move the RCN from generating about 5% of its income through commercial activities now to generating 13.5% by 2021.

To achieve this will require significant change, through new thinking and new activities, which can in turn generate new sources of income. I've worked with teams across the RCN and with our subsidiary company RCNi to create a commercial strategy which sets out how we will do this over the next few years. It will involve using the RCN brand wisely and generating additional income through activities including increased sponsorship, partnerships with external organisations and international work. It will also involve increasing our events and CPD offer.

It's so important that this income is generated in the right way to create sustainable growth for the RCN so that we can continually improve our services for members.

bulletin@rcn.org.uk



What you've been saying

Plastic's not fantastic

I have received my copy of *RCN Bulletin* and noticed it comes packaged in thin plastic film. Considering the number of members, that's a lot of plastic, most of which is probably not recycled. Would it be possible to send *RCN Bulletin* out in recyclable or biodegradable packaging?

🗨️ [Liz Baines, by private Facebook message](#)

Dear @theRCN. I've just received your paper magazine wrapped in plastic, is this plastic layer really necessary? #zerowaste #plasticpollution #plasticfree"

🗨️ [Natasza Ann Lentner, on Twitter](#)

The RCN responds...

We've had a number of complaints about the wrapping for *RCN Bulletin* recently

and those concerns have been taken very seriously. The reason the magazine is distributed in poly film wrapping is to protect it during postage but also to facilitate the insertion of advertising flyers, the revenue from which offsets the cost of printing and posting the publication.

However, we continually review the materials used to print and wrap the magazine to minimise its impact on the environment, while making sure its continued production remains financially viable. *RCN Bulletin* is printed on 100% recycled paper manufactured in the UK and its wrapping is recyclable. Going forward, a symbol will be printed on the wrapping to indicate this.

We have also recently launched a new website for *RCN Bulletin*, which includes all the regular features as well as exclusive online content. Visit www.rcn.org.uk/bulletin to take a look.

Kim Scott, RCN Bulletin Editor



QUOTE OF THE MONTH

There cannot be safe care for patients while the Government continues to allow nursing on the cheap.

RCN Chief Executive Janet Davies responding to figures from NHS Digital that 33,000 nurses left the NHS in England last year.

FOUR THINGS TO DO IN FEBRUARY

1. Buy and wear a unity band for World Cancer Day on 4 February. Visit <https://tinyurl.com/hdoudtn>
2. Join the *NHS in Crisis – Fix it Now* demonstration and march in central London on 3 February. Visit www.rcn.org.uk/NHS-rally to find out more.
3. Book your place at the RCN Education Forum National Conference and Exhibition taking place on 20-21 March in Newcastle. Visit www.rcn.org.uk/news-and-events/events/education
4. Check out all the latest RCN professional publications at www.rcn.org.uk/publications

🗨️ 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

OVER TO YOU



What has a nursing colleague done to help you through a difficult shift or make your job more enjoyable?

"It's been a very stressful time for infection control and managing flu/norovirus outbreaks at this time of year. A simple thing was a cup of tea and biscuit and laughter to de-stress together." **Nykoma Hamilton**

"My excellent colleagues always help me through shifts - pulling together as a team makes any challenging day much easier." **Karen O'Neill**

"There aren't enough characters to mention the amount of times nursing colleagues have come to my rescue!" **Hannah Baynes**

"All the nursing staff at North Devon Healthcare Trust make my job enjoyable. Despite difficult times and difficult decisions I still love nursing and my job." **Charlotte Overneyon**

"It's not just the amazing nursing team, HCAs, doctors, emergency department assistants, cleaners, volunteers and paramedics. It's everyone that has helped us survive in this winter madness caused by others who deny it even exists!" **Lorrae Allford**

"Absolutely love the nursing team I work with, fab team. They never let me lose my sense of humour." **Alison Hibbert**

"I have the utmost respect for my colleagues who always help, despite the challenging circumstances and poor working conditions." **Zena Horrell**

"My nursing colleagues make me proud every day. The main thing they do is keep the people we support and families at the heart of every decision. They work as part of fantastic teams made up of different professionals, which can definitely make the magic happen and change lives." **Sandra Montisci**

MESSAGE TO MEMBERS



Janet Davies
RCN Chief Executive

When you hear from members who've been reduced to tears because they haven't been able to provide the high quality care they've been trained to, you know things aren't right. Nurses aren't complainers. They're stoics. They're used to taking things in their stride. Hearing from so many about the impossible pressures in health and social care underlines just how intense those pressures have become.

Theresa May apologised to patients whose operations have been cancelled. She should also say sorry to everyone working in the health service – those struggling to keep the show on the road. They're owed an apology because this crisis was entirely predictable. For years, too few nurses have been trained, and vacancy levels have been allowed to get higher and higher.

But an apology from the Prime Minister is not enough. Jeremy Hunt, still at the helm after the cabinet reshuffle, needs to think hard about how his officials approach talks on NHS pay, terms and conditions. Instead of talking about how even more can be squeezed out of nurses, we need discussion about what the Government can offer them to keep them in their jobs. Because until the Government takes the shortage of nurses seriously, ministers are likely to find themselves having to make many more apologies for shortfalls in care.

www.rcn.org.uk/closethegap



The right choice for me



Newly registered nurse **George Keal** explains why he's decided to start his career in emergency care

I always knew I wanted my first job as a registered

nurse to be in A&E. I like the fact it's fast-paced and you don't know what you will get through the door from one minute to the next. You see a bit of everything.

As a newly registered nurse I have encountered some people who are extremely supportive of my decision to go straight into A&E, while others have expressed the view that working in another area of nursing first can be beneficial. It's

empowering when colleagues have the confidence in you to do a good job. Yes, us newly registered staff might need a little more support and guidance than some of the more experienced staff members, but we've worked hard during our training and we are usually brimming with enthusiasm, commitment and focus. We want to do the best job we can.

I think it's a shame many students are put off going into A&E even before their nursing journey has begun. As a profession it's important we are careful not to deter those who are eager and have the right attributes for a career in A&E nursing – especially at a time when we need more A&E nurses. It is, of course, a challenging environment at times, but no aspect of nursing is easy and every member of the team has something positive to bring.

8 FEATURES

Small changes, big differences

Nursing staff have saved thousands by changing the way they buy clinical supplies, helping to reduce waste and improve patient care. Katy Ashford finds out how



Sandy holding the dual-use electrode

The NHS spends over £4.5 billion a year on clinical supplies and services in England alone. The RCN set up the *Small Changes, Big Differences* project to raise awareness of the value nurses can bring in choosing products that both improve the patient experience and are cheaper. It also exists to showcase innovation in procurement and reduction in waste.

Last year, Sandy Brown, Director of Nursing and Clinical Quality at the East of England Ambulance Service NHS Trust (EEAST), spearheaded an award-winning project to improve how ambulance and acute sectors work together to deliver clinical care. He set out to review the shared products his ambulance trust and the area's hospitals use.

"I wanted to create efficiency, while improving patient care across organisations with shared benefits," he says. "It's the first project of its kind and, as with many other successful initiatives, is simple in concept."

The pilot for Sandy's project started in July and initially focused on electrodes. The ambulance trust was using one type of electrodes which were then being replaced with a different type once the patient arrived in A&E.

"After reviewing their use, we moved to a dual-use electrode, which is multi-machine compatible and can be used by all organisations thereby allowing the product to be used for the patient's stay or up to 72 hours. Not only does this

reduce waste, but A&E staff don't have to remove the product in order to carry out their duties."

Improving quality of care

Feedback from staff has been positive. "There were some initial teething problems around the awareness of both the trial and how the new product should be used. However, once staff were well informed, there was a shared agreement that the change in product improved the quality of care for patients across both services."

The financial savings are significant. According to NHS Supply Chain data, the health service buys more than 270 million electrodes every year at a cost of between 2p and 50p each. By moving to a dual-use electrode the EEAST has saved £39,000 and it is estimated that Addenbrooke's Hospital A&E department will save £7,000. By rolling the initiative out nationally, the NHS could save £1.2 million annually.

Meanwhile, Andrew Varley, Clinical Procurement Specialist at the Taunton and Somerset NHS Foundation Trust, has set up monthly meetings to swap clinical products for cheaper alternatives.



Staff are at the heart of the decision rather than having changes imposed on them

Want to get involved?

The RCN is hosting an event on 8 February to celebrate the contribution nursing staff have made to procurement and waste management in their organisations. Come along to hear from members like Sandy, Liam and Andrew and get inspiration for making small changes that can make a big difference your workplace. www.rcn.org.uk/smallchanges

The meetings are named after the RCN's *Small Changes, Big Differences* project and nursing staff of all levels are invited to review four or five clinical products that they use day-to-day.

"The products are put in the middle of the table, alongside two or three cheaper alternatives. The director of nursing is also in the room and together we decide on a new product of the same quality but for a lower price," he says.

Monthly savings

Five meetings have taken place so far and on average the trust has saved £10,000 each month. "We've swapped patients' toothpaste from a 50ml tube to a 5ml tube, changed the brand of pregnancy tests and non-woven swabs we use and identified products where we can order a lower quantity.

"All of these changes are simple but have helped us to reduce waste, save money and improve the patient experience. Staff enjoy the meetings because they are at the heart of the decision rather than having changes imposed on them," Andrew concludes.

After seeing the success of these meetings, Liam Horkan, Clinical Procurement Nurse Specialist at Colchester Hospital University NHS Foundation Trust, set up his own *Small Changes, Big Differences*

meetings. "I loved the concept of engaging clinical staff in a different way," he says.

"Often nursing staff don't know how to get involved in some of the decisions we make on clinical products. But the biggest challenge is them having time to come away from frontline work to feed into meetings. We're using our intranet site and encouraging staff to post and discuss ideas in staff meetings and other forums to combat this."

Being able to embed procurement into clinical practice has meant the trust is now looking at projects from all aspects of quality, safety and value. The *Gloves are Off* initiative at Colchester is an example of how clinically-led ideas have inspired a project that saves money and improves practice. The project has reviewed how and when staff wear gloves, focusing on appropriate use and improving hand hygiene.

Frontline staff also highlighted issues with how cardboard boxes made dispensing gloves difficult, including torn boxes and gloves coming out in handfuls rather than individually. This led to a second phase to the project where a single glove dispensing system has been introduced. This will reduce waste and also avoid the risk of contaminating gloves. The project is aiming to both reduce volumes of gloves by 30% and deliver a saving of £35,000.

THE VIEW FROM HERE



Rose Gallagher
RCN professional lead for infection prevention and control

Our *Small Changes, Big Differences* project has captured the imagination of nursing staff. The aim of buying better to reduce clinical waste, cut costs and improve the patient experience has resonated very strongly with our members.

We recognised early on that most clinical staff don't associate their role with procurement. But by shifting the focus onto quality and safety, encouraging people to take ownership of the products they use and think how they can be improved, reduced or made more efficient, we've helped members to make huge savings in their workplaces.

However, it's not all about the money, though it is important. This is about empowering nursing staff so that they can make a difference, not only to the better running of their organisation, but to the better care of patients.

The project has been running for four years and has evolved intuitively over that time. What's most heartening is that organisations are taking this project and making it their own.

Now our focus shifts to waste management alongside procurement and we'll be looking to reshape how we can make small changes lead to big differences in different ways. The NHS is a massive consumer of disposable plastics and our absolute priority will be to help reduce the use of non-recyclable plastics.

www.rcn.org.uk/smallchanges



Liam with nursing colleagues



10 FEATURES

Close the gap

Taking it to the top

Meeting your MP is one of the best ways to get them to fight your cause. With a decision on NHS pay due this spring, some members have been busy talking to those who can influence

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My Labour MP Nic Dakin has always supported nurses and has signed up to be an RCN nursing champion. We have regular meetings and he has a good relationship with our local RCN branch. We always let his staff know about any problems in the health service and he'll take them on – he's even raised some in parliament. I would encourage all members to contact their MP about anything that concerns them, as the more letters you write the more they get to know you and the more they might take on nursing issues.

John Hill

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If we don't try to engage MPs, we won't change anything. You can't just rely on someone else to speak for you – you need to take ownership.

Chris Elston



“

I met Health and Social Care Secretary Jeremy Hunt as I felt he needed to know what was happening on the ground in his constituency. I told him I was really worried about patient care and the most vulnerable people in our society. He listened and I hope he went home and thought about what I said.

Lucy Wright

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“

I met my Conservative MP Neil Parish and would definitely recommend meeting your elected representative. You can ask them directly about topics like pay and staffing levels and they get to hear what it's like from people working on the wards and in the community, not just from senior managers. Neil seemed fully on board with the RCN pay campaign. I was pretty nervous beforehand but I had a briefing with RCN staff and they told me what topics to cover and the direction to go in, and an RCN officer came with me, which gave me more confidence.

Heather Stork

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I'm an active Labour supporter and had previously met Paul Blomfield, my Labour MP, at an RCN Scrap the Cap event, so we already knew each other. He's been very supportive of the NHS and sympathetic to the plight of nurses. The more members go and tell their MPs the reality, the better they'll understand the situation. MPs are representatives for all of us so they should be approachable and there shouldn't be anything daunting about meeting them. But they can't be experts on every subject so we've got to go as a profession and tell them how it is on the ground.

Eleanor Midgley

”

Feel inspired?

Requesting a meeting with your MP is nothing to be afraid of. It's one of the most effective ways to influence and the RCN can help. Visit www.rcn.org.uk/meet-your-mp to get started.

One of the team

A year after the first nursing associates began their training, how are the new roles working out? RCN member Georgina Portis shares her experience

There's no such thing as a standard day for me. Some days I work as a health care support worker, other days are more focused on learning. Sometimes finding the balance can be difficult as, unlike nursing students, my role isn't supernumerary and the job still needs to get done.

When I first started I had to learn everything completely from scratch so we focused on the basics such as how to wash someone or maintain skin quality. We're encouraged to ask questions about medication rounds so we learn and understand more about things like blood sugar monitoring and skin conditions. I write up notes but everything is checked and signed off at this stage of my training.

I'll find out if I've made it to year two at the end of January when I present my documentation for sign-off in a meeting with my university tutor and my clinical educator. I'll present my portfolio, learning diary, reflective pieces and evidence of self-learning.

It's hard work. My training is with Salford University and I've had to pass assessed roleplays, essays, practical exams and presentations. In one practical exam I was tested on an emergency assessment of a deteriorating patient and had to give references and the logic behind my thinking. The pressure is on and you're only allowed one resit so I was thrilled when I passed with a mark of 95%.

"What can you do?" That's a regular question from registered nurses.

“

I can do most things if you show me how

I tell them I can do most things if you show me how. Some other trainee nursing associates (TNAs) I know have had less positive reactions though and have faced some resentment because we're paid while we're training. Others have commented that we're "a state enrolled nurse with another name."

There are just two TNAs on my current placement but it's usually just me as there are only nine of

us in my trust. So while right now I feel a little isolated, I know there are thousands of us out there and we're leading the way for many more TNAs in the future. So if you see a TNA on the ward, involve us and don't be afraid to ask us questions. Give us the opportunity to learn. If you're a specialist nurse, tell us why you're seeing my patient, help us understand. We're a new part of your team and we need to work together.



'Not a separate profession'

The RCN recently responded to a Department of Health consultation on the regulation of nursing associates (NAs) in England. The College said it must be absolutely clear that the nursing associate role is not a separate profession, but a new role within the nursing family that works under the delegation of the registered nurse (RN). The RCN has called for urgent guidance on the precise relationship between NAs and RNs in terms of delegation and accountability. Read the full response at <https://tinyurl.com/ybrjffwc>

🕒 If you're a trainee nursing associate, and want to find out more about how being an RCN member can benefit you, visit www.rcn.org.uk/tna

Making connections

With February marking the month of romance, Leah Williams talks to members who've found love through their love of nursing

Dann and Lucy

Lucy and Dann are both students in their final year of children's nursing – but not in the same city. Luckily, their roles as RCN student information officers brought them together last year.

“Dann and I met by chance at an RCN meeting. We stayed in touch a little over Facebook and actually got together after being at Congress in Liverpool last year,” says Lucy. “I hadn't been very well and had to go to hospital there. Dann stayed with me the whole

time, even coming back to Birmingham with me when I got transferred.

“It's not easy having a long-distance relationship, especially when you're both so busy with studying and placements and RCN duties, but we always make time to see each other, even if it's just for 10 minutes. Dann is moving to Birmingham in a few months so hopefully we'll get a chance to see each other more than – work schedules allowing!”



DANN & LUCY



KATH & TRISTAN

Kath and Tristan

Tristan and Kath met in the Army Reserves when Tristan was posted to Kath's Cardiff unit as the regular nursing officer. He was overseeing the team as they prepared to deploy to Afghanistan and, by the time they were out there one year later, they were engaged.

“It was really great having Tristan there with me as it was my first time on tour, but it was such a busy time that some days we would barely manage a passing hello,” says Kath.

Though they've worked in close proximity and it's always hard not to bring work home, the pair have plenty of other interests in common and manage to keep a good balance between their professional and personal lives.

“Like any couple, we have a little debrief about how our day was but, apart from that, we rarely talk about work,” says Tristan. “It's how we met, and it's something that connects us, but it doesn't define our relationship.”

Charlotte and Louis

It isn't unusual for people to find love while they're studying but, for Louis and Charlotte, it was friendship that came first.

"We met at the student bar at Birmingham University and had been really good friends for a while but, when Louis went on placement to Malawi, I realised how much I missed him and that there was more than just friendship there," says Charlotte.

Fast forward another four years and they're now living happily together in Birmingham, due to be married in May.

"It can be hard to manage our schedules at times," says Louis. "But when we were both working clinically we always

requested the same shift patterns and days off so we would get the most time together. Now I'm working more normal office hours it can actually be harder. If Charlotte is on nights or weekends we don't see each other really."

While their day-to-day experiences are vastly different, with Charlotte working in A&E and Louis making a move into education, they still appreciate the support of having a partner who works within the profession.

"It's really nice to be able to come home at the end of a stressful day to someone who can empathise with how you're feeling," Charlotte says.



CHARLOTTE & LOUIS

REBECCA & SAANA



Rebecca and Saana

Saana and Rebecca met just over two years ago while working in the intensive care unit of London's University College Hospital.

"We're not short of difficult days and experiences due to the nature of our jobs," says Saana. "We were both working on the night of the London Bridge terror attack and it was a very shocking and upsetting shift. It was nice to go home together after that and be able to fully understand what each other had been through."

Since then, Rebecca has moved to King's to train as one of

London's first advanced critical care practitioners so they no longer work directly together.

"We're seeing a lot less of each other now," says Rebecca. "But it's actually better in some ways as we really make the most of the time we do have and our professional and personal lives are more defined."

When they're not working, they like to totally remove themselves from work. This year they're off to Saana's native Finland to stay in an igloo in the Arctic Circle – about as far as you can get from London's intensive care life perhaps.

Supporting grieving families

The care bereaved families receive after the death of a baby can have a lasting effect. One RCN forum is helping to ensure high quality support is available to all



The Midwifery Forum is contributing to an important project to develop a National Bereavement Care Pathway (NBCP) to guide the care of those suffering loss from miscarriage through to sudden infant death syndrome (SIDS).

The project, which has been led by Sands (the stillborn

and neonatal death charity), with the support of many large organisations, including the RCN, has just completed its pilot phase. It was implemented in 11 sites that agreed to use the different pathways and feedback results.

After a period of review, where any difficulties will be addressed and changes made, the pathway

will be rolled out across England and eventually nationwide.

Denise Symister, the forum's representative on the project, says: "The bereavement care that parents receive following the death of a baby can vary significantly depending on region, hospital, care setting and also whether they are experiencing early miscarriage, termination for foetal anomaly or SIDS. The aim of the NBCP is to overcome these inequalities, by improving and standardising the quality of bereavement care experienced by parents and families."

To find out more about the NBCP, visit www.nbcpathway.org.uk. To join the Midwifery Forum and contribute your expertise to pioneering projects like this, visit www.rcn.org.uk/forums.

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Bereavement care can vary significantly

Everyone should be treated with dignity

The Learning Disability Nursing Forum has published an update of one of its most pertinent publications: *Dignity in Health Care for People with Learning Disabilities*.

A great wealth of knowledge and experience has contributed to this third edition, with forum member and lead author Steve Hardy working closely with a variety of service users and experts.

Chair of the forum Simon Jones says: "Treating people with dignity is an important concept

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I have seen people being treated more like an object than a person

when caring for anyone, but especially so for patients with a learning disability. They can have individual and different needs and can struggle to communicate these, often reliant on support from others.

"However, it is all too easy to fall into the trap of directing our communication and attention to a person's carer rather than interacting with the person directly. I have seen people being treated more like an object than a person in this way, not

due to malice but more a lack of understanding of how to interact with someone and treat them with the maximum dignity.

"This publication will greatly help with this and is essential reading for everyone working within health care, especially at a time when services are over-stretched and understaffed, with dignity often the first casualty."

Search for code 006 605 at www.rcn.org.uk/publications to download the publication.

IN THE SPOTLIGHT



District Nursing Forum

Who's the Chair?

Dr Julie Green, Director of Postgraduate Programmes and Senior Lecturer at Keele University. Julie joined the forum as a member of the steering committee in 2016 and became Chair in 2017.

Recent highlights?

At a time when district nursing is particularly underfunded and under threat, the forum has been working tirelessly to promote the specialty and to support those working in the community. The forum has also enjoyed one of the most successful Facebook groups, which now boasts almost 4,000 members and is an active platform offering a valuable support network for district nursing staff.

What's coming up?

A short animated video that will provide a tool to help both patients and health professionals understand what services district nurses provide and the diversity of these services. The forum also hopes to organise fringe events at RCN Congress looking at

safer caseloads and remote working using digital advancements.

Why join?

Julie says: "We welcome all to come and join us; the greater the wealth of knowledge and experience we have on the forum, the more we can achieve together. There is so much I wasn't aware of before joining the forum and can honestly say there is no better way of keeping your finger on the pulse and gaining greater insight into your specialty."

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



WHAT I'M THINKING



Suman Shrestha

RCN professional lead for acute and emergency care

Anyone who has been heartbroken can relate to what a painful experience it can be. But did you know that broken heart syndrome really does exist? When intense emotional stress is experienced suddenly, it can have a severe impact on your heart and lead to otherwise inexplicable physical symptoms that can be fatal if not treated.

The broken heart syndrome was first recognised in Japan in 1990 and is also known as takotsubo cardiomyopathy. The word takotsubo means "octopus trap" in Japanese, the shape of which the heart is said to resemble due to a temporary weakening of its muscular portion. It therefore doesn't pump effectively, which results in heart failure.

The main symptoms of this syndrome are very similar to myocardial infarction: the patient develops sudden chest pain, breathlessness, changes in ECG and even raised troponin. However, when an angiogram is performed, the coronary arteries appear normal.

Although the real cause is not clearly understood, a sudden excessive release of hormones such as adrenaline is believed to be a factor. There is also no specific treatment for this syndrome. However, initially, the patient may receive similar treatment as someone who is experiencing a heart attack. The ventricle may return to normal after a few days or weeks, and patients will need close monitoring.

www.rcn.org.uk/forums



Have your say on the digital future of nursing

Following the successful collaboration between the eHealth Forum and Health Education England to promote digital skills development, the initiative to help make "every nurse an eNurse" continues with an extensive nationwide consultation.

The RCN is leading this in partnership with Anne Cooper, Chief Nurse at NHS Digital, and Clever Together, a company specialising in large-scale crowdsourcing projects.

The results will be used to discover the challenges faced by nursing staff in adapting to digital technologies and the opportunities available to improve patient care. Nursing staff across the UK, including both RCN members and non-

members, are encouraged to take part in an interactive online workshop before the deadline of 15 February.

In addition to this, nursing staff can attend one of a series of face-to-face workshops, to be held in each of the four UK countries in February.

To find full details of the online and offline workshops, sign up to take part and get further information about the digital ready project, visit www.rcn.org.uk/clinical-topics/ehealth/rcn-digital-ready

Headline results from the consultation will be published at RCN Congress 2018.

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

Nursing looked after children

24 April
RCN HQ
20 Cavendish Square
London W1G 0RN

This event is a must for nurses directly involved in working with looked after children (LAC).

“As well as being an opportunity to network and find out the latest news and updates in the LAC nursing world, attendees will be able to help influence change by working with the RCN,” says Karen Hughes, Chair of the RCN Looked After Children Nurses’ Community.

Speakers will discuss topics including adoption and caring for looked after children in secure settings. The day will provide nursing staff with an opportunity to ask questions, and seek answers about where their role will fit in with changes currently occurring in the NHS.

“We will also hear from someone who used to be in care, who is now doing research to help improve the health outcomes of looked after children,” says Karen. “She has first-hand experience of what it’s like to experience health care as a looked after child and promises to be very engaging.”



📞 Book your place by calling 02920 546460 or visit www.rcn.org.uk/lac18

Birmingham

International nursing research

16-18 April
College of Medical and Dental Sciences, University of Birmingham, Edgbaston B15 2TT

Gain 27 hours of CPD for revalidation and exchange views with leading researchers at the RCN’s annual International Nursing Research Conference. This event is designed to support nurses working in academic, clinical and professional settings around the world. The programme includes a wide range of topics from district nursing to safe staffing. Attendees will have the opportunity to experience how research advances nursing practice.

📞 Book online at www.rcn.org.uk/research2018

Coventry

BRCA mutations – what you need to know

15 February 2-4pm
Novotel Coventry M6/J3 Hotel
Wilsons Lane
Longford CV6 6HL

Ovarian cancer is the UK’s most deadly gynaecological disease, claiming the life of a woman every two hours. With no national screening programme, it is vital that every woman knows the signs and symptoms to look out for.

This RCN West Midlands local learning event will cover key issues it’s important to know about as a health care professional.

📞 To reserve a place, email westmidlands.region@rcn.org.uk or call 0121 450 4300.

