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ISSUE NO. 369 NOVEMBER 2018



CHANGING BODIES AND LIVES

MEET THE MEMBERS WORKING IN GENDER IDENTITY SERVICES

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

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Overseas nurses penalised

The Government has announced the immigration health surcharge, which requires non-EEA (European Economic Area) nationals to pay £200 per family member per year of their visa to use the NHS, will in most cases increase to £400. Following a vote by members at RCN Congress, the RCN has been lobbying for the immigration health surcharge to be waived for overseas nursing staff who work for the NHS and their dependents.

Chair of RCN Council Maria Trewern said: "The immigration health surcharge risks driving away overseas staff at a time we need them most." The RCN will brief MPs about its concerns, and will launch campaign actions for members soon. If you've been affected by this and would like to share your experience, contact international@rcn.org.uk

Scotland bursary rise

The RCN has welcomed news that nursing and midwifery students in Scotland will receive greater financial support. All students will receive an £8,100 bursary in the academic year 2019/20, which will increase to £10,000 the following year. RCN Scotland Director Theresa Fyffe said: "The RCN's been fighting for fairer funding for student nurses and midwives. The Scottish Government has listened to those calls and has responded with a bursary which will truly support students."

RCN Wales launches safe staffing film

The RCN has released a film and accompanying book to celebrate the success of Wales becoming the first country in Europe to introduce a safe staffing law for nursing.

The historic Nurse Staffing Levels (Wales) Act 2016, which was fully implemented in April this year, followed a dedicated campaign by RCN Wales, prompted by members' concerns that short-staffing was compromising their ability to care for patients safely.

An Act of Compassion tracks the RCN's campaigning journey and testifies to the importance of this law in helping health care staff deliver safe and effective patient care in Wales.

RCN Wales will continue campaigning to extend this legislation to all patient care settings.

Watch the film at: tinyurl.com/actofcompassion

➡ Turn to page 4 to find out about the RCN Scotland campaign which is calling for staffing levels which can deliver safe and effective care. A campaign in England will to start in the new year, with work in Northern Ireland following soon after.



Lest we forget

Marking 100 years since the end of the First World War, the RCN will host its annual remembrance ceremony on 27 November.

The service brings together RCN members, serving defence personnel and guests to publicly honour the sacrifice made by nurses and other medical staff, killed or wounded caring for victims of conflict.

All are invited to attend the service at RCN headquarters in London. The ceremony starts at 6pm.

Visit rcn.org.uk/remembrance



Movement as medicine

The RCN has backed a new step-by-step guide to having conversations with patients about physical activity.

Equipping nursing staff and other health care professionals with the knowledge and skills to prescribe the right sorts of movement and exercise could have life-long benefits for hundreds of thousands of patients.

The Moving Medicine tool will support health care professionals to advise patients on how physical activity can help manage their conditions, prevent disease and aid recovery.

Currently one in four people in England do less than 30 minutes of moderate intensity physical activity a week and are classified as inactive.

Visit movingmedicine.ac.uk

Brexit: Government must act to protect health care

As the deadline for leaving the EU draws closer, the RCN says the Government has not made enough progress on sorting out those areas of co-operation which have the biggest impact on British patients and nursing staff.

The RCN is concerned about the UK's current and future nursing workforce. We're working with members to gauge their views on what a post-Brexit immigration system should look like to ensure the UK remains able to recruit the skilled professionals it needs. The RCN is lobbying the Home Office to publicly guarantee that settled status for EU nationals will be honoured, even in the event of a no-deal Brexit.

Elections open after RCN Council stands down



Candidates standing for election to the RCN's governing Council will soon be announced. Members were encouraged to put themselves forward to stand for election after 12 of the 17 current Council members announced they would stand down part-way through their terms.

This was after an Extraordinary General Meeting at which the majority of RCN members who voted signalled no confidence in the leadership of the current Council. This was in response to the RCN's handling of the NHS pay deal for England in which members were given inaccurate information about how the deal would be implemented in the first year.

Those interested in standing for election to Council had until 4.30pm on 25 October to submit their nomination. A period in which members can make objections to these candidates is now in place. The final list of those officially standing for election will be announced on 2 November. Voting will open by postal ballot on 21 November and close on 11 December.

The elections are for one-year terms on Council from 1 January in the following

constituencies: East Midlands, London, Northern, Northern Ireland, North West, Scotland, South East, South West, Wales, West Midlands, Yorkshire & the Humber and health practitioners.

The five Council positions unaffected by the vote of no confidence are those of President, Deputy President, student member of Council, Eastern region member, and Chair of RCN Congress. These positions were either already up for election or their incumbents were only recently elected.

To find out more visit rcn.org.uk/elections

Lost your ballot paper?

Voting is already underway for you to choose your next RCN President and Deputy President. Ballot papers were sent in the post and should have arrived around 11 October. If you need to request new voting papers, contact ERS on 0208 889 9203 or email customerservices@electoralreform.co.uk. Find out more about the candidates at rcn.org.uk/bulletin

4 GOOD NEWS

Exhibition highlights women's health



A new RCN exhibition charts the evolution of women's health care and celebrates the leading role of nursing staff in championing better health care for women.

It explores how health issues affecting women have been linked to cultural expectations and

tracks the changes in treatment by medical practitioners over the years.

The exhibition provides a chance to find out more about John Hooper's "anti-hysteria pills", used at a time when menstruation and childbearing were thought

to make women weaker and less rational than men.

Debra Holloway, Chair of the RCN Women's Health Forum, says the exhibition shows nursing staff have been pivotal in changing opinions about how women's health is understood.

"Myths and misconceptions about women's bodies remain widespread and in a field previously dominated by the perspectives of male doctors and physicians, all nurses now have a responsibility to advocate for women today," she says.

The RCN will host events inspired by the exhibition, including a community fundraiser to increase awareness of period poverty, a comedy night in which female comedians discuss their periods, a debate on the availability of fertility treatments, and a discussion with cancer nurse specialists on the history and modern day treatment of female cancers.

The Wandering Womb: Women's Health Nursing Past and Present is open to the public at the RCN Library and Heritage Centre in London until 15 March 2019.

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All nurses now have a responsibility to advocate for women today

Find out more and view the online exhibition at rcn.org.uk/wanderingwomb

A parting gift

The RCN Foundation is looking for RCN members who have written or are writing a will and have chosen to leave a gift to the charity. Telephone Tamara on 020 7647 3622 or email your contact details to rcnfoundation@rcn.org.uk so they can thank you and talk about the gift.

The RCN Foundation provides vital support to nursing staff so that they can continue to improve the health and wellbeing of the public. Visit rcnfoundation.org.uk

Time for change

The *Ask for More* campaign around nursing staffing levels for safe and effective care in Scotland is going from strength to strength.

On Saturday 27 October the RCN took its "ask for more" message to five of Scotland's cities: Aberdeen, Dundee, Edinburgh, Glasgow and Inverness. Thousands of people have added their name to support the campaign so far.

Find out more and show your support at rcn.org.uk/askformore



The big picture



This November marks 100 years since the armistice that ended World War One, during which many brave nurses dedicated their lives to helping others. To see more images like this and discover the stories behind them, visit the RCN Service Scrapbooks website: rcn.org.uk/servicescrapbooks

MEET THE MEMBER



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

Name: Matthias Oyeleye

Role: Mental health support worker

Sum up what you do in a sentence
Assist nurses and shadow them in looking after the welfare of patients.

Describe your job in three words
Demanding, rewarding, emotional.

How did you get to where you are now?
I started as a volunteer in a nursing care home and now work in a secure unit. I did an NVQ level 3 qualification.

If you didn't work in nursing, what would you be? A lawyer or counsellor.

What's the best bit about your job?
Working with others – the staff and the patients. Every day is different.

And the worst? When a patient gets agitated and distressed.

What helps get you through a difficult day at work? A debrief with colleagues at the end of the day and a cuppa!

If you could have a superpower what would it be? The ability to turn back time.

Who would play you in a film?
Daniel Craig.

rcn.org.uk/myrcn



PATIENT PERSPECTIVE



A visit to the dentist revealed more than just a cavity for 50-year-old mechanic Vic Shield, when a lump in his mouth turned out to be cancer

I'd noticed a lump on my gum for a while and was told it was nothing serious after a biopsy. I went to the dentist who suggested a second opinion and was referred to another hospital.

I've never smoked and hardly drink alcohol, so it was a shock when I found out it was cancer. As it was a rare cancer, I was sent to a specialist at University College Hospital London and had an operation to remove my jaw bone and replace it with titanium. I also had muscle removed from my chest to replace my facial muscles.

Because it was an aggressive sarcoma, I also had six months of intense

chemotherapy. I understood the physical side of treatment, but I found it hard to deal with the mental side of things – fearing about every lump and bump and waking in the night with anxiety. Less is spoken about the mental side effects of chemo, but now I understand.

Two years on from that trip to the dentist and I am doing much better than expected. I cannot fault the NHS and the nursing staff who looked after me when I had the operation and the nurses who helped me during chemo at the Macmillan Cancer Centre in London.

We always had a laugh and a joke throughout it all which made me feel comfortable and kept me going. I can't thank them enough.

November is Mouth Cancer Action Month. Visit tinyurl.com/mouth-cancer-action-month or see page 11 for more.

THE VIEW FROM HERE



Kim Scott
Editor, RCN Magazines

Members sometimes get in touch to ask us to stop sending their print issue of *RCN Bulletin*. Not necessarily because they don't enjoy it, but because they have two copies in their household, prefer to read our stories online or simply want to cut down on their recycling.

It's always been possible, but we've now made it much easier to opt out of receiving your print issue. We've launched a new area in MyRCN, which allows you to choose what communications you want to receive from the RCN, in what format and when. This includes *RCN Bulletin*.

Just go to rcn.org.uk/myrcn, sign in with your membership number and password and go to the contact preferences section. You can then select different options to best suit you.

Don't worry, you won't miss out on our regular, informative content. All our *RCN Bulletin* features and a full PDF issue are available at rcn.org.uk/bulletin. Plus you can opt in to receive an email to alert you to all the latest features and news at MyRCN.

If you'd prefer to continue to receive *RCN Bulletin* in the post, the good news is that it's printed on 100% recycled paper and it's 100% recyclable. We're making changes to our packaging too. Over the next few months we'll be seeking to ditch the plastic packaging and instead use recyclable paper envelopes to send out the magazine.

rcn.org.uk/go-green



What you've been saying

Change the system

Jayne Ellis's article struck a chord with me (*RCN Bulletin*, October issue, page 8).

I have recently resigned from my NHS community post, having tried to "keep going" for several years.

Although I am of retirement age, I certainly could have worked for several more years, but my disillusionment with health care led me to give up.

As Jayne says, people are sent on sick leave or for counselling or training only to return to the unchanged circumstances which caused their distress in the first place. Resilience can only go so far.

Until there is a political and societal change, when care for each other rather than material gain is prioritised, the current underfunded, disrespectful and dismissive system will prevail.

✉ [Sally Ellis by email](#)

All patients are equal

I felt compelled to write after reading "patient perspective" (*RCN Bulletin*, October issue, page 4) and must admit how appalled and embarrassed I was to read that fellow nurses could treat a colleague in such a shameful and uncaring manner.

I appreciate that it can be somewhat daunting to have to care for a fellow nurse or doctor, as they will obviously know the system and what they can expect from it, but to ignore a patient in need of care and reassurance is, quite honestly, unacceptable.

As a student nurse, many years ago, a sister from the A&E department was admitted to the ward where I was working, and I went in to see how she was doing. She commented that I was the first nurse that she had seen all day and was getting a bit concerned that she had been forgotten. The fact that this is still happening over 30 years later is shocking and extremely concerning to me.

✉ [Helen Nesbitt by email](#)

QUOTE OF THE MONTH



The Government must pass legislation that guarantees the right number of staff with the necessary skills to keep patients safe

Anne Corrin, RCN Head of Professional Learning and Development, on NHS hospitals employing more health care assistants as they struggle to recruit nurses

FOUR THINGS TO DO IN OCTOBER

1. Get your flu jab and advise your colleagues to do the same: rcn.org.uk/beat-the-flu
2. Visit the latest RCN exhibition: *Women's Health Past and Present* rcn.org.uk/wanderingwomb
3. Opt out of the print issue of *RCN Bulletin* and do your bit to cut down on your recycling: rcn.org.uk/go-green
4. Attend the RCN remembrance service on 27 November at RCN HQ: rcn.org.uk/remembrance

✉ 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



Health Secretary Matt Hancock was due to visit the RCN as *RCN Bulletin* went to press. We asked members on Twitter what they would want to ask him

When will he instigate and enshrine in law safe staffing levels? [ChrisElston1912](#)

How does he plan to unify IT systems across the whole NHS to maximise communication efficiency? [Sarah Kiernan](#)

Why are agency nurses so demonised when they provide as much hard work as other regular staff? [McFred73](#)

Integration of health and care services can only get so far before current statutory provisions get in the way. What plans do you have to change legislation based on the experiences of current ICS and vanguard leaders? [Tim Curry](#)

How are you going to address the health issues of people with learning disabilities in primary and acute care settings? [Jim Blair](#)

What are you doing to preserve the mental health (MH) of those working in the NHS who aren't doctors? In your recent announcement only doctors were considered for MH support. [caffeinurse](#)

Is he ok with nurses and other hospital staff being charged and sometimes fined by private companies to park at work? [poundinggrooves](#)

Why is adult social care not being given the same importance as the NHS? We need each other. [Elizabeth Finn Homes](#)

What is he going to do about increasing the numbers of learning disability nurses entering the profession? [Kwelsh1](#)

I want to know what the future of health visiting is and funding for that area. [Paula Hemingray Gale](#)

How will the Government address the national shortage of nurses and given the situation should the decision to remove training bursaries be reversed? [Go MidSussex](#)

Taking things easy

Project health visitor Janine McKnight-Cowan is helping women understand their recovery after a caesarean section

Currently women are advised to “take things easy” for a few weeks after their operations, but I want to make sure they understand why this is so important.

I developed the *Five Guide* tool to help health visitors explain, visually, the reason behind the “take things easy” narrative.

Clinicians use their own hand to help explain and create a visual anatomical picture of the woman's abdominal healing. The hand, held with fingers spread, represents the five layers healing as a result of a C-section.

- The thumb is layer one, the skin wound.
- The index finger is layer two, the fat layer.

- The middle finger is layer three, the separation of the abdominal muscles.
- The ring finger is layer four, the separation of the peritoneum.
- The little finger is the fifth layer, the womb.

It could be used by the whole multi-disciplinary team but it's especially useful for health visitors who haven't received any specific training on how to care for women following C-section delivery. Those who've used it so far have told me that it's powerful and easy to remember.

It's a way of getting a consistent health message to women and their families, ensuring that health professionals protect women's physical, social and psychological needs. Watch a film about the *Five Guide* tool at tinyurl.com/yef8xku6

This work was undertaken as part of the RCN's Celebrating Nursing Practice project.

MESSAGE TO MEMBERS



Donna Kinnair
Acting RCN Chief Executive

One concern I hear from members – above all others – is the impact of staffing levels on care. It was the hot topic when I spent two days with our fantastic reps in Newcastle too.

Early next year, we'll be launching a new full-throated campaign for safe staffing in England. The one in Wales led the country to become the first in Europe to introduce safe staffing laws and the campaign in Scotland is well underway too. The legislation in Wales is a real success but there's still work to be done in every part of the UK. In Northern Ireland, the current lack of government means we must wait longer but members and staff are committed to putting the foundations in place.

Connecting with our members is where any campaign succeeds or fails. That genuine engagement is the crux of it. I'll admit the College has struggled with it for some time and, without it, we struggle to represent your priorities effectively. As I meet many more of you to plan the campaign and kick it off together, I look forward to hearing your ideas. Listening more closely to members is our early new year's resolution for 2019.

Before the year draws to a close, we must choose our president and deputy for the next two years by 14 November, and 12 Council members when voting opens on 21 November. I'd urge every one of you to vote – this is your organisation and you must have a say in who runs it.

rcn.org.uk/president-and-deputy-president-election

Changing bodies and lives

As Transgender Awareness Week approaches, we look at the work of members who care for people seeking treatment to bring their body into alignment with their gender identity



Holly and Iffy

The discreet brown door to the Gender Identity Clinic in Hammersmith, London, reveals nothing of the life-changing conversations going on inside. It's where people are referred when they've made the decision to physically transition, usually starting hormone therapy and often pursuing genital reconstructive surgery.

"I can't tell you what it feels like when you first come here," says Holly, who started her transition four years ago. "You spend so long keeping everything inside, plagued by confusion and self-doubt, then you arrive and for the first time you feel accepted. The staff here really do understand."

One of those staff members is Lucy Evans, a specialist nurse with the endocrine team. It's her role to monitor the physical effects on people having hormone

therapy, liaise with their GPs, and keep tabs on their general health and wellbeing.

"It's an incredibly busy service," she says. "There are around 7,000 people actively under the care of the clinic but many more are on the waiting list. It currently takes more than a year to get an appointment at any UK clinic, then another year between follow-up appointments here in London."

No small step

Starting treatment is not a decision taken lightly. Hormone therapy needs to be administered for life by those who choose to transition. Though generally safe, there is an increased risk of developing blood clots on oestrogen treatment and a heightened risk of stroke by taking testosterone. There is also the impact on reproductive options to consider.

"That's why staying healthy is so vital for people on hormone therapy," says Lucy. "It's particularly important that people don't smoke and are not overweight as both hormones and smoking exacerbate the risk of clotting and stroke."

Those coming to the clinic do so from a number of routes. Most through a referral from their GP, others once they've turned 18 having previously been seen by specialised children and adolescent gender identity services.

For Holly, it was later in life that she realised she may have gender dysphoria. "I knew something wasn't right for many years," she says. "I struggled with relationships and didn't feel comfortable in the body I was in. But it was going to a fancy dress party that was the turning point for me. Being dressed as a woman felt right and I fell into a deep depression afterwards."

The mental health of people who experience gender dysphoria is of serious cause for concern. A trans mental health study conducted by British researchers in 2012 showed that 84% of participants had contemplated suicide, 35% had attempted it, and 25% had done so more than once.

When people are referred to the gender identity clinic, their psychological health is of primary importance. "Not because being trans means you're mentally ill," Holly hastens to add. "But because when you realise you were born in the wrong body, your whole world turns upside down. Your outlook on life changes completely. It's not easy to forget 40 years of being a boy."

“

I'll never stop fighting for my patients, it's just a shame there is still so much fighting to do

READ MORE ONLINE
rcn.org.uk/bulletin

Words by Kim Scott.
Pictures by Benjamin Mole.

🕒 **Want to improve care for trans people?** The RCN has published guidance to help nursing staff provide fair care for trans people. Download *Fair Care for Trans Patients* from rcn.org.uk/publications (code 005575).

And yet confusion, curiosity and fear often mean people who are transgender get a rough deal from health services. A Transgender Equality Report published in 2016 found that trans people encounter significant problems in using general NHS services due to the attitude of staff who lack knowledge and understanding. The NHS is failing to ensure zero tolerance of transphobic behaviour, it concluded.

Advice for nursing staff

Although Holly says she's received "amazing, sensitive and professional care" from NHS staff, she feels there could be improvements in how trans people are communicated with. "Health care professionals may not have much, if any, experience of dealing with us face to face so they may feel unsure how to make that first contact," she reflects.

"First off, relax, we're looking for your help and expertise just as any other person is. Secondly, ask how the person would like to be addressed, as in title and name. Physical signs may lead you astray. If you have any doubts just make your first greetings gender neutral. Remember to smile and enjoy your first trans patient. On the whole, we're an interesting bunch."

Iffy, or Saint Iffy as she's affectionately known by her patients, is one of the nurses who cared for Holly and is a vocal advocate for the transgender community. "I love my job," she says as she prepares for a new challenge to help improve services for trans people having procedures in Melbourne, Australia.

"It's so rewarding to see a person get what they want, and to have played a part in helping them feel happy. It's an honour really, to support them in making such a significant life change. So I'll never stop fighting for my patients, it's just a shame there is still so much fighting to do."

With Iffy moving overseas, Lucy is among just a handful of nurses left working in the specialty in the UK, though she's keen to encourage more. She wants student nurses to undertake placements at the clinic and to campaign to have gender dysphoria and care for trans people on the curriculum for nursing students.

For Holly, the work of specialist nurses is vital. "When you transition, there are times that you're at a cliff edge. You jump off and think, oh crikey, I've done this. Then you open your eyes and the world keeps turning. Those are such monumental moments. You need support and understanding to get through that."



Lucy Evans

FROM THE HEART



Picture by Mike McKenzie, News & Star

Rachael Ridley Staff nurse

First and foremost, I'm a nurse. But when I was a child, I knew I was in the wrong body. Later on in my life I decided I had to do something about it. I couldn't live a lie.

I've worked on the same ward since 2000 and in January 2005, I started to live full time as a female. I was terrified. I was worried I'd lose my job. So I went to speak to a manager on an adjacent ward who was also an RCN steward. She reassured me I wouldn't be sacked and most people at work were supportive.

Three patients have refused to be cared for by me. I chose to avoid caring for them but my deputy director of nursing, who has always been understanding, asked me "what would have happened if you were the only staff nurse on duty?" It's a good point.

Now, my trust is finalising its trans policy for staff and patients which I've helped to develop. They've taken on board that I would have liked someone to turn to for advice and emotional support.

Has my experience as a trans person made me a better nurse? Yes, because it's made me a better person.

I'm more aware of marginalised groups of people in society and how they might feel. I think about that a lot, especially in my caring role.

rcn.org.uk/fair-care



10 FEATURES

Nursing voices needed

Playing your part in improving standards can be personally rewarding



For many nursing staff, getting involved in creating standards to improve patient care may sound like a great idea – but there are just not enough hours in the day to take on extra responsibilities.

Others fear being asked for opinions on technical issues they know little about. “But making a contribution is much easier than you might think – and we need the voices of frontline nursing staff more than ever,” says the RCN’s Information and Resources Programme Manager, Dave O’Carroll. “For those who take part, there can be many more benefits than they ever envisaged.”

Now the RCN is highlighting the advantages of becoming involved

in the work of the Professional Record Standards Body (PRSB), with a new postcard explaining what it does and how nursing staff at all levels can take part in developing new standards.

Set up in 2013, the PRSB creates a variety of standards for health and social care records, ensuring the right information is recorded correctly and can be accessed easily. Areas covered include hospital referral letters, handovers and discharge summaries. The long-term goal is to share information just once, with records then available in every care setting – including people’s homes – improving patient safety and quality of care.

“Nursing and midwifery staff can be involved in the PRSB’s work in all kinds of ways,” says Annette Gilmore, a member of the RCN’s eHealth Forum steering committee and a clinical lead and adviser at the PRSB. “As we begin to draft a standard, you can volunteer to complete a survey and be interviewed about your views and ideas. It’s not a big commitment, but it’s very powerful in the end product.”

Mutual benefits

Other options include taking part in workshops, expert groups or project boards, some held virtually. “It can count towards your revalidation and we pay expenses too,” says Annette. “It’s great learning and mutually beneficial – you get as much out of it, or more, as you put in.”

The contribution of nursing staff is crucial, Dave believes. “We are the largest group of those who use and share information,” he says. “It’s vital that we play a key role in making sure standards work in the real world – and not just on paper.”

Nursing staff are also at risk from poor information sharing, he adds, with statistics showing that this is responsible for half of medication errors and a fifth of serious reactions to drugs.

RCN member Liz Barfield took part in a workshop on clinical referrals. “For me, nursing staff always bring a slightly different dynamic to these conversations,” says Liz. “We tend to consider the patient in a more holistic way – we’re looking at the whole person and not just a set of symptoms.”

“

We play a key role in making sure standards work in the real world

Words by
Lynne Pearce

Find out more

Sign up for more details on how to get involved in the PRSB’s work at theprsb.org/getting-involved/

For more about the RCN’s role in developing electronic care records see rcn.org.uk/electronic-care-records

Improving mouth cancer care

November is Mouth Cancer Action Month. We speak to an award-winning nurse in Northern Ireland who's made huge improvements in care for patients undergoing treatment

The number of people being diagnosed with mouth cancer has grown by around a third in the last decade, and it is one of very few cancers which are predicted to increase further in the coming years.

“Mouth cancers can affect the tongue, gums, inside of the cheeks, lips, roof and floor of mouth,” says Dr Cherith Semple, who has committed much of her nursing career to improving the outcomes and treatment for people diagnosed with mouth cancer.

Cherith spent 18 years as a Macmillan head and neck cancer specialist nurse before starting a unique clinical academic role this year at Ulster University. She balances research and supporting students with a clinical caseload of people newly-diagnosed with mouth cancers at the South Eastern Health and Social Care Trust.

“Early in my career, I realised that people with this type of cancer felt very vulnerable once they were discharged from hospital. One minute they're surrounded by their specialist clinical team, the next they're going home. In fact, when asked about their aftercare, one patient said ‘It felt like my cord was cut from the specialist multidisciplinary team’. I wanted to make a difference in promoting patients' quality of life following treatment.”

Cherith was awarded an MBE for services to nursing and was named RCN Northern Ireland Nurse of the Year in 2015. She has led initiatives to improve aftercare for people diagnosed with head and neck cancers and acted on research from her PhD exploring psycho-social difficulties post-surgery.



Words by
Susan Embley

“Treatment for this type of cancer can impact on many daily functions, such as eating and speaking, especially if part of the tongue or palate has been removed,” says Cherith. “Post-treatment can be the most challenging time for patients as they learn to adjust and cope with how they look, speak and eat.”

Cherith was instrumental in developing a telephone support service, surgical follow-up clinic

and educational leaflet for patients post-treatment for her trust. A nurse-led clinic was also established for patients who were in year three of their cancer follow-up.

“People with head and neck cancer can often have low self-esteem as the treatment is very visual. The idea behind all of these initiatives is to focus on the patients' wants and needs and help them move forward with their lives.”



The idea behind these initiatives is to help patients move forward with their lives

Each year in the UK, almost 7,800 people are diagnosed with a new mouth cancer, and 2,300 people die as a result of the disease. Many of these deaths could be prevented with early detection.

Five signs and symptoms of mouth cancer

1. A painful mouth ulcer that doesn't heal in three weeks.
2. Any red and white patches in your mouth.
3. Loose teeth or dentures.
4. Swallowing and speech difficulties.
5. Any unusual lumps or swellings on the mouth or neck.

For more on Mouth Cancer Action Month visit tinyurl.com/mouth-cancer-action-month

12 FEATURES

From ward to warzone

A busy day job isn't enough for some RCN members who extend their caring skills to the frontline through their work for the Army Reserve

The same specialist nurses you see working in critical care, paediatrics and orthopaedics here in the UK were at the centre of the action in a major NATO exercise in northern Poland earlier this year, practising emergency scenarios with their American counterparts and other European colleagues. The 306 Hospital Support Regiment, a group of reservists based in Yorkshire, is made up of the most specialist medical teams in the British Army. Representatives from the RCN joined them to find out what value they get from being part of the Army Reserve.

"Being a reservist brings real benefits to the NHS and other employers as well as personal rewards. Managers tell us that sometimes their staff look for something extra to give them a challenge. Being a reservist could be that challenge and help with staff retention. It really teaches you to look after yourself and your colleagues and makes you very resilient. It could be why some evidence shows that sickness rates among reservists are lower than the norm."

Colonel Helen Singh, Commanding Officer of the 306 Hospital Support Regiment



Colonel Helen Singh
Advanced critical care practitioner



Sergeant Andy Barker
Nurse and director of student experience

"I joined the reservists as a student nurse 12 years ago. It has given me the opportunity to enhance my knowledge and skills and use them in a different environment. My career has developed because of what the Army Reserve has offered. I've met some absolutely fantastic nurses and doctors who've supported me through my own learning. I feel proud and honoured to be part of the Army Reserve and the role I play in that."

Sergeant Andy Barker

"The immense professionalism, teamwork, camaraderie and commitment of the army reservists is really striking. The transferrable skills they develop through the valuable learning opportunities available are remarkable."

Glenn Turp, Regional Director for RCN Northern and Yorkshire & the Humber regions

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My career has developed because of what the Army Reserve has offered

Get involved

The RCN Defence Nursing Forum supports members in the military by developing guidance spanning all clinical specialties within defence nursing services. The forum conducts research, organises conferences and study events and provides a chance to network with other members working in defence nursing. Join the forum at rcn.org.uk/forums

🔍 Find out more about the Army Reserve at tiny.cc/reserves. Find 306 Hospital Support Regiment on Facebook or email 2MEDX-CRHQ-RecruitingMailbox@mod.gov.uk

Always here for you

Sally* sought the RCN's help after a workplace injury left her unable to return to the job she loved. Act quickly if something similar happens to you, she says



"I'm currently unemployed but until I was injured at work I was a unit manager in the independent sector," says Sally. "On the day I was injured I'd answered a buzzer in the shower room – a man needed his dressing changed. But as I turned around to put rubbish in the bin, I slipped on what was meant to be a non-slip floor.

"I couldn't move. I had a bad back anyway so I called for help and the physiotherapist got me into a wheelchair. Initially I didn't think it was too bad, but then the pain got worse so I went to A&E where it was confirmed I had a lower back injury.

"I went on sick leave and before long I found myself on a lower rate of pay. Then I was called into a work meeting where I was told there was no longer a suitable position for me."

Sally, who had been a member of the RCN for 10 years at this point, had seen leaflets about the legal help the RCN offers. She recalls:

"I telephoned the regional office who passed my information onto RCN Law. From then on everything was done by telephone or email, and I reached a settlement with my former employer.

"Two and a half years on I'm still in pain. I keep trying to go back to work but I'm either over-qualified or don't have the relevant experience. So if you ever find yourself in my situation get in touch with the RCN straight away. I never wanted to make a claim but it feels like I've lost everything so there really was no choice."

Redressing the balance

Victoria Peal, RCN Head of Legal (Commercial), urges members who've been injured at work to get in touch without delay. "Most people don't like to make a fuss so asking for legal help and representation may seem daunting," she says. "But if you've lost out, all you're doing is seeking to redress the balance. Sally didn't want to call in the

lawyers but she absolutely did the right thing.

"She needed an MRI scan and eight sessions of physiotherapy. She also incurred significant loss of earnings right at the time when she was facing extra medical expenses and having to pay fares for travelling to appointments. RCN Law ensured all these were recovered as part of her claim.

"The employer actually replaced the flooring just a few weeks after the accident happened but they initially denied liability. This is where having experienced lawyers on your side can really help. The team at RCN Law ensured everything was investigated thoroughly and then the employer changed their stance. With the evidence they gathered, Sally was able to accept an offer to settle out of court."

Legal advice

RCN members in England and Wales can get legal advice and representation for injuries sustained at work or outside work, including assault, stress, lifting and handling, and road traffic accidents. Members in Scotland and Northern Ireland can also make claims for work-related injuries. Their cases are handled by the RCN's panel of solicitors in those countries.

The service is free for members, regardless of whether your claim is successful. But strict deadlines apply in all cases so if you think you may need to make a claim, get in touch straight away.

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If you ever find yourself in my situation, get in touch with the RCN straight away

📍 Visit rcn.org.uk/get-help/legal-help/personal-injury

*The member's name has been changed.

Collaborating for better care

On World Mental Health Day, the Mental Health and CYP Staying Healthy forums came together at an event to discuss the care of children and young people with mental health issues



It's estimated that one in 10 children and young people are affected by mental health problems in the UK. However, there are concerns about them getting the support they need. Adrian Brown, one of the organisers of the event on World Mental Health Day and member of the Mental Health Forum, says: "Nursing staff have a leading role in providing mental health support and care. Coming

together at this conference provided an opportunity for members to share good practice on how we can help children and young people look after their mental health."

Lisa Bayliss-Pratt, Chief Nurse at Health Education England (HEE), opened the event with an overview of HEE plans. Dr Gemma Trainor, a member of the CYP Staying Healthy Forum and lecturer at

King's College London, shared her experience of working with children and young people who self-harm and discussed the importance of increasing awareness of the scale of the problem.

She stressed the need for nursing staff to feel more confident in recognising and dealing with young people in crisis.

The UK has the highest number of cases of self-harm in Europe and there is a long way to go in tackling this growing issue. "These cases are complex and unpredictable. How we intervene as nursing staff is instrumental," says Gemma.

"An important first step is to recognise that self-harm is often inextricably linked with wider psychological difficulties and that recognising this early can help children and young people receive the intervention they need and could ultimately save lives."

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Self-harm is often inextricably linked with wider psychological difficulties

🕒 The CYP Staying Healthy Forum is looking to update its guidance to include more information and advice on self-harm and caring for children and young people with poor mental health and wellbeing.

Dementia in the workplace

The Older People's Forum has worked with the RCN Employment Relations Department to produce new guidance on supporting nursing staff with dementia in the workplace

The publication aims to tackle the stigma surrounding dementia and enable nursing staff with a diagnosis of dementia to work as fully as they are able to and for as long as they want to. It provides information for nursing staff, and those who represent and employ them.

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This goes to show how work instigated by RCN forums can influence positive change

The guidance is a direct result of a resolution put forward by the Older People's Forum at Congress, the RCN's annual national conference, in 2017. The forum asked members for support in urging the RCN to develop a strategy for supporting members with dementia to continue nursing.

Jo James, a member of the Older People's Forum who was involved in developing the guidance, says: "This goes to show how work instigated by RCN forums can influence positive change.

"Few employers would consider that a person with dementia could be a productive member of their team. We should be embracing nursing staff with dementia and making it possible for them to continue delivering excellent patient care. This guidance offers nursing staff, workplace reps and employers the tools to do this."

Download the guidance, *Dementia in the Workplace*, or order a hard copy at rcn.org.uk/publications (code 007088)

IN THE SPOTLIGHT



eHealth Forum

Who's the Chair?

Matt Butler has been the Chair of the forum since January 2017. The previous Chair, Ian Ireland, introduced the concept of "every nurse an e-nurse" at RCN Congress in 2016. Matt describes this as a "rallying cry" for nurses to be more involved in eHealth.

Recent highlights?

Earlier this year the forum carried out a consultation, funded by the Building a Digital Ready Workforce Programme, to find out the attitudes of nursing staff across the UK towards the use of digital technology in health care. The results are being used to inform the forum's strategy for the next two years. Before this, the forum worked with Health Education England to produce guidance on digital capabilities and launched a framework for this at RCN Congress last year.

What's coming up?

Forum members will be working on a

set of guidelines to help focus eHealth initiatives to make sure that nursing staff are involved in projects from the beginning in a meaningful way so that patients get the best outcomes.

Why join?

Matt says: "eHealth is becoming increasingly important in nursing and has a potentially transformative impact on what we do as nursing staff. Even before digital technology, nursing staff were using innovative practices and we have a central role to perform in the digital transformation of health care."

Forum members can get involved in the forum's work, have the opportunity to represent the forum at RCN Congress and can join the forum's Facebook group. "We're also looking for local workplace champions to help us promote and implement the guidelines we'll be producing," Matt adds.

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

WHAT I'M THINKING



Simon Jones

Learning Disability Nursing Forum Chair

The Mencap report *Death by Indifference* was published to huge public outcry and calls for action in 2007. It is therefore immensely frustrating that more than 10 years down the line so little has changed and a further campaign *Treat me Well* is needed. The Learning Disability Nursing Forum has prioritised supporting this vital initiative. The forum hosted and chaired the launch and members are strong advocates for ongoing action.

The *Learning Disabilities Mortality Review* report this year identified that people with a learning disability have a life expectancy 20 years fewer than the general population. Far from acting to redress this shocking situation, the Government has cut the number of learning disability nursing posts and reduced the number in training.

Learning disability nurses are pivotal in enabling people with a learning disability to get their health needs met, as well as providing therapeutic support services and advocating for the needs of this population. The forum is actively lobbying MPs and enlisting the help of partner organisations to urge the Department of Health to take urgent action. If you also feel strongly about this then join with the forum and Mencap to insist that positive changes are made to prevent suffering and more untimely deaths.

tinyurl.com/treat-me-well



Be informed about immunisation

The General Practice Nursing Forum has launched a new resource, *Best Practice Guidelines for Managing Childhood Immunisation Clinics*.

The current UK childhood immunisation programme has become increasingly complex over the past decade, with children now scheduled to receive 18 to 20 immunisations before their 18th birthday.

While there is a wealth of resources to support the safe delivery and administration of vaccinations, to date there is nothing on how to safely set up and run clinics in general practice, where most immunisations are administered. Evidence from the National Patient Safety Agency has shown

that immunisation-related errors form the largest part of serious adverse events in general practice. After surveying forum members, a lack of consistency in the way immunisation clinics are operated nationally has been revealed.

This new resource, in the form of a pocket guide and downloadable poster, aims to provide a practical checklist to support general practice nurses in setting up and managing safe and effective childhood vaccine and immunisation clinics.

Forum Chair Marie Therese Massey says: "The forum has recognised a gap in the current guidelines and we hope this new publication will provide a useful and clear resource to support our members."

Download the guide at rcn.org.uk/publications (code 007 201)

16 EVENTS

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

London

Travel health conference

9 February 2019

RCN HQ

20 Cavendish Square
London W1G 0RN

This popular conference, which sold out last year, provides the latest information in the field of travel health. The day includes updates on immunisations and infectious diseases around the world, and an overview of what's ahead for travel health.

Sandra Grieve from the RCN Public Health Forum says: "This event is for anyone working in travel health at any level and will be a great chance to really

get to grips with what's happening in this often complex area of practice."

As part of the programme this year, there are two concurrent "challenging traveller" sessions. One covers pregnancy, breastfeeding, children, older people and budget travel. The other tackles HIV, rabies, immunosuppression and allergies. "We aim to provide attendees with a wide range of topics to ensure we're giving the most current advice to travellers," adds Sandra. The event is open to members and non-members and will count towards CPD for revalidation.

📍 [Book at rcn.org.uk/th19](http://rcn.org.uk/th19) or call 02920 546 460.



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Champion for sepsis education

Second-year adult nursing student Katie Dutton, who applied to study nursing from her hospital bed, won the RCNi's 2018 Student Nurse Award for her work to raise awareness of sepsis

Two years ago I contracted sepsis while in hospital being treated for a kidney infection and nearly died. It was a pivotal moment in my life, solidifying my desire to become a nurse. No more doubts, this was what I wanted to do. I even applied for the access to nursing course from my hospital bed.

I was panicky and suffered with anxiety for a long time afterwards, terrified I hadn't actually been properly cured of sepsis and it was going to come back. The recovery was difficult but in time I got better. Despite it being a horrific experience I was determined not to let it beat me. I feel incredibly lucky to be alive and am passionate about fighting to improve sepsis care.

As a nursing student I feel I now have a better understanding of how understaffed many hospitals are and how mistakes can be made. As students we can learn as much from bad practice as from good practice and I want to use what I learned from my experience to help make things better for others in future.

Learning curve

Two years ago, I led the first 'sepsis champions' event at my university. I was overwhelmed by how popular it was and now it's an annual event.

The aim is to educate nursing students about sepsis and raise awareness of the condition. The feedback has been fantastic with many students saying they now feel empowered to question if something could be sepsis. We



even had lecturers attending this year's event in September – that's when the importance of the work we're doing really hit home. It was a very proud moment to stand in front of my own lecturers and educate them.

In total, more than 160 nursing students at De Montfort University are now trained as 'sepsis champions'. This means they're able to recognise the signs of sepsis in practice and act appropriately. It would be great if other universities catch on to the idea and it inspired more sepsis awareness events.

Fresh faces

Nursing students are the fresh faces of the NHS. We have to be confident going out into practice and in being able to recognise sepsis. It's so important to me that students – and all nursing staff – are up to speed on the condition. We all need to be

thinking "is this sepsis?" on a regular basis. This is how we can help save lives.

Sepsis needs to be treated fast – antibiotic treatment should ideally start within an hour of diagnosis to reduce the risk of serious complications or death. For this reason nursing staff and students can play a key role in helping prevent cases like mine happening by helping spot the signs early on.

I'd encourage other students to hold similar events if they feel passionately about something – not just sepsis. The first thing I did was to approach the module leader to sound them out and it developed from there.

Students can often lack confidence but just think how many good ideas there are out there that with a little encouragement could be turned into reality.

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I feel incredibly lucky to be alive and am passionate about fighting to improve sepsis care

🗨️ Katie (pictured) will be speaking about her experience of sepsis and how this inspired her to train as a nurse at the RCNi Nursing Careers and Jobs Fair in Leicester on 6 November. For more information visit careersandjobsfair.com/leicester