



RCN
BULLETIN



Royal College
of Nursing

SAFE STAFFING CAMPAIGN
P3 NEWS

LEGALISING CANNABIS
P8 FEATURE

BODY CAMERAS IN HEALTH CARE
P12 FEATURE

ISSUE NO. 364 JUNE 2018



ONE YEAR ON

EMMA'S HELPING REBUILD LIVES AFTER GRENFELL

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

Editor: Kim Scott
Editorial: 020 7647 3627
Email: bulletin@rcn.org.uk
Web: www.rcn.org.uk/bulletin
Address: 20 Cavendish Square, London W1G 0RN
Classified advertising
Tel: 020 8423 1333
Fax: 020 8423 4382
Email: advertising@rcni.com

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Proud to support Pride

RCN members and staff are attending Pride events throughout the summer to celebrate lesbian, gay, bisexual, trans, questioning and intersex (LGBTQI) culture and pride. The first parade took place in Birmingham last month with more scheduled across the UK.

The RCN is extremely proud of the diversity of the nursing community, and champions equality, human rights and inclusion in the health and social care sector. Visit www.rcn.org.uk/proud

Changing perceptions

The RCN is working with NHS England to transform perceptions of nursing in a bid to reignite pride in the profession and promote it as a positive career choice. Twelve 30 day challenges were launched at RCN Congress in Belfast, with the first being to sign up as a nursing ambassador. To get involved visit <https://nhs70.crowdicity.com>

Subs vote passed

RCN membership fees will stay the same following a vote at the Annual General Meeting last month. Members authorised RCN Council to set member subscription fees for a further five years. It's been agreed that rates will remain frozen until at least January 2020 with any increases after that kept as low as possible.

Axe NHS charges for overseas nurses

The RCN will campaign for overseas nurses working in the NHS to stop being charged to receive care themselves. It follows a debate at RCN Congress where member Evaline Omondi shared her own experience of being asked to pay £3,600 up-front to cover health care fees for herself, her husband and four children for a three-year period. The bill forced her to take her two youngest children out of school in the UK and send them back to Kenya.

"The introduction of the surcharge fee was an awful moment," she said. "The fees had to be paid immediately, so we had to take out loans to cover them which still affect my family to this day."

"On top of the visa charges and child care costs, we could not pay the fee and my children had to move back to Kenya. A family who came together is now in pieces, scattered all over the place."



The introduction of the surcharge fee was an awful moment

Find out more and watch the Congress debate at www.rcn.org.uk/congress/agenda/overseas-nurses



A barking good idea

The RCN has launched the first ever nationwide protocol for using dogs in health care. It provides evidence-based best practice criteria so that hospitals and other health settings can introduce animals into the care environment.

By following the protocol, services will be able to ensure the safety of patients, staff, dogs and their owners, while allowing patients to reap the benefits that animal therapy can bring.

Visit www.rcn.org.uk/working-with-dogs

Nursing pay

NHS pay deal vote results announced soon

Voting has now closed for members working for the NHS in England to have their say on the proposed pay deal. The results will be revealed on 8 June. The deal proposes a 6.5% minimum pay rise over three years for all nursing staff on Agenda for Change contracts in England. Visit www.rcn.org.uk to find out how members voted and what will happen next.

Prison spice epidemic puts nursing staff at risk

The RCN has demanded urgent action to protect prison nursing staff who are being exposed to the drug spice.

Nursing staff are often first on the scene when prisoners need emergency care, and under current guidance, they're expected to enter cells before the fumes from prisoners smoking spice has cleared.

RCN members have been suffering the effects of inhaling the drug for hours following exposure, with some unable to drive home after their shifts. In at least one case, a nurse was taken to A&E by ambulance after being knocked unconscious by the psychoactive fumes.

"After attending to a patient, I've suddenly felt dizzy, nauseous, almost like the world has zoomed out," said one member. "If this happened in a hospital, there would be uproar and investigation after investigation. I feel like it's being swept under the carpet. There's not enough being done." The RCN is soon to meet with the Chief Executive Officer for Her Majesty's Prison and Probation Service to address the issue.

'We must stop this'

RCN Chief Executive announces launch of major safe staffing campaign this autumn in keynote speech at Congress



Reflecting on the devastating accounts of nurses stretched to the limit, Janet Davies stressed that something must be done to address unsafe staffing levels.

"We know our patient outcomes are better when there are more nurses to care for them," she said. "The current shortages are not only dangerous but a vicious circle too.

"Poor staffing levels are the number one reason for working-age nurses leaving the NMC register. Good nurses do not want to do a bad job. We must stop this."

She announced that the RCN would be launching a campaign this autumn to demand safe staffing levels and accountability set in law for every part of the UK. The campaign will be informed by experts with the aim of extending existing laws and introducing new ones where needed.

Though nurse staffing legislation already exists in Wales, and Scotland is on a path to enshrine safe levels in law, Janet was

adamant about going further. "We need it in every country to empower nurses, contribute to safer care and better clinical outcomes for our patients," she said.

The announcement was made on the day a new RCN poll revealed the extent of public concern over nurse staffing levels. It showed that three out of four people in the UK think there aren't enough nurses to care safely for patients in the NHS. Those surveyed in England also thought employing more nurses should be the Government's top priority if extra funding for the NHS is found.

"The reason we have so many vacancies is because of short-sighted cost-cutting and ineffective workforce planning based on affordability rather than the real needs of our population," Janet added. "This situation results from a failure of politicians and policymakers – with an inability to recognise the value of nursing, an unwillingness to listen to those who are working in the service, and a lack of political will to address it."

4 DOING THE ROUNDS

Fiona wins *One Show* award

RCN member Fiona Chaâbane has been honoured for her work as a younger onset dementia specialist nurse



As one of very few nursing specialists in the UK with expertise in younger onset dementia, Fiona was featured on the national BBC programme, *The One Show*, last month, winning their nursing and midwifery NHS Patient Award.

Fiona works with people with cognitive disorders, with a focus on complex, younger-onset and

atypical dementias and says she feels very privileged to have won. “To have been nominated for this award by members of a carer support group that I run indicates to me that the work I do is valued, has meaning, and is helpful to my patients and their families.”

She adds: “I’m very proud to have been put forward for an award

by people facing such difficult circumstances in their own lives yet who have taken the time to honour me and the work I do.”

Fiona says she gets job satisfaction from getting to know a patient in the context of their family or support network and being able to respond to changes in their condition.

“The impact of neurodegenerative disease in a younger person cuts across generations and relationships, services and care boundaries,” she adds.

Meanwhile, members working in the medical team at the Royal Papworth Hospital were also credited in the NHS Heroes Awards broadcast on ITV. They won the pioneering hero category for carrying out the first transplant operation in Europe to use a non-beating heart.

“

This indicates my work is valued, has meaning and is helpful to my patients

📺 Watch a BBC film about Fiona’s work at <https://tinyurl.com/yb3wrb5a>. Read more from members who work in the organ transplant team at the Royal Papworth Hospital at www.rcn.org.uk/transforming-lives

Remarkable members

The opening ceremony of Congress saw members honoured for their exceptional contributions to nursing and the RCN. Representative of the Year Awards were presented to stewards, learning reps and student information officers who have made a real difference. Seven members were given Awards of Merit for their outstanding voluntary service to the RCN and four RCN Fellowships were awarded in recognition of individuals’ experience, accomplishments and dedication. Visit www.rcn.org.uk/opening-ceremony for more.

‘Nursing saves us’

In a beautifully compelling speech at RCN Congress, nurse and author Christie Watson brought members to tears as she shared the poignant moments that have shaped her definition of the profession.

“Nursing saves us,” she said. “Nursing is faith in humanity and tolerance and respect for every single human being regardless. Nursing reminds us of the only things that will matter to all of us in the end. Nursing reminds us that even when we’re at our most vulnerable, afraid and alone, we’re not alone at all. I cannot think of a more important job.”



The big picture



Members celebrate Nurses' Day on 12 May at RCN Congress in Belfast.

MEET THE MEMBER



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

Name: Goncalo Ribeira

Role: Nurse in a care home

Sum up what you do in a sentence
Assisting residents with all their needs.

How long have you been in nursing?
17 years

Why did you choose the profession?
I always wanted to be a nurse.

How did you get where you are now?
I worked in Portugal for 15 years but moved to Northern Ireland two years ago for new challenges and new opportunities.

If you weren't a nurse what would you be? I have never thought about anything else. Nursing is my focus. But if I could do anything I'd travel the world.

What's the best bit about your job?
The interaction with people.

And the worst? Pressure/paperwork/bureaucracy/lack of staff.

What helps you get through a difficult day at work? Family and achieving my targets.

Who would play you in a film?
Morgan Freeman.

www.rcn.org.uk/myrcn



PATIENT PERSPECTIVE



Steve Colborn has suffered symptoms of multiple sclerosis (MS) for more than 35 years but it wasn't until more recently that his health began to deteriorate

“ Five years ago I was diagnosed with secondary progressive MS, which has caused my symptoms to get steadily worse. I'm now in a wheelchair, have very little power in or control over my left hand and one of my eyes doesn't work so well. I have extreme spasticity, which causes excruciating muscle cramps and rigidity in my legs.

Two years ago I was at rock bottom. To be honest, I was suicidal. I called my specialist nurse, Barbara Wingrove, and was incoherent on the phone. She saw me that afternoon and listened to

me pour my heart out about how much my health and life had deteriorated.

She understood. She really listened and she said she would do all that she could to help me. It was Barbara who got me onto the trial of Sativex, the first cannabis-based medicine to be licensed in the UK. It's the only treatment that's proved effective and I want to thank her for all that she's done. I only wish now that it was more readily available and that I didn't need to fight to get access to it.

Sadly, there aren't enough specialist MS nurses and since moving to a different hospital I'm no longer under the care of one. Their work is so vital. I do hope there's more investment in them soon.

See page 8 for more.

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



David Ferran
Registered nurse

The historic lack of men choosing nursing as a career has been discussed many times but latest statistics show that men make up just 10.8% of the NMC register.

Why have we failed to address this? Is it because we don't know how to go about it, or do we believe the lack of male nurses doesn't have a negative effect on patient care?

A patient's right of choice is one we're all required to uphold so we need to ensure the nursing workforce is as diverse as the patients we care for.

This is not an attempt to coax men into nursing, it is about showcasing our profession to men who wrongly think their gender is a barrier.

We need to challenge the use of language like "male nurses". We are not male nurses, we are nurses. Using our gender as a prefix to our job title implies there is something unusual about our role. There isn't.

This is not a "battle of the sexes" issue; we all have a unique contribution to make, and our diverse nature is what helps us truly relate to our patients.

We have a vast population of great potential nurses who simply don't realise how rewarding this profession can be. It's time for that to change.

www.rcn.org.uk/men-in-nursing



What you've been saying

Take a break

I was astounded by the letter from student nurse Rebecca in the last issue of *RCN Bulletin*, who stated she wasn't getting breaks on placement. The most important part of a shift lead's role is to ensure the wellbeing of their staff. If nurses don't get their breaks then they're in no fit state to look after their patients. A student being indoctrinated into this terrible practice of missing breaks makes my heart sink.

I left my previous job partly because the matron would walk around the department and if he saw a coffee cup he would throw the contents in the sink. This behaviour is deplorable. I am now the lead nurse in an urgent care centre. I value my staff and ensure they all have breaks and a drink, as hydration is of utmost importance. It's time this ridiculous culture was stopped. Look after your staff and they will give the best care to their patients.

Nancy, by email

Not all it seems

"Integrated care" sounds good – it's supposed to cut costs while putting patients at the centre of care. In reality it's a smoke screen for a massive reorganisation of the NHS.

New models of care, such as integrated care systems, are being set up, each bringing different service providers and health care staff together as one local organisation that will share financial risk. Yet there is no robust evidence that these new systems will improve patient care, or reduce costs. And plenty of nurses and others are already quietly working across boundaries in a multi-disciplinary fashion, putting each patient at the centre of what they do. They need more time and resources, not another system reorganisation.

Paradoxically, "integrated care" means more fragmentation of the NHS and greater use of private providers offering worse terms and conditions for staff.

Jan Savage and Gay Lee, by email

QUOTE OF THE MONTH

If you accept poor care, then you're enabling health inequalities to thrive and avoidable deaths to happen

RCN member Jim Blair on how diagnostic overshadowing is having an impact on people with learning disabilities. Read more at www.rcn.org.uk/diagnostic-overshadowing

FOUR THINGS TO DO IN JUNE

1. Check the RCN website for the results of the NHS pay deal consultation in England: www.rcn.org.uk/nursing-pay
2. Read exclusive online features covering some of the debates from RCN Congress: www.rcn.org.uk/magazines
3. Experience a fun evening of being a Victorian nursing student in 1900 at a free event at RCN HQ on 18 June: www.rcn.org.uk/please-matron
4. Take a look at the new RCN protocol on working with animals in health care settings: 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

HOT TOPIC



How can nursing staff avoid compassion fatigue?

It depends a lot on staffing levels. Mental health services have been diminished, which makes things difficult. If you're respected and rewarded in your area, compassion is easier to maintain. One-to-one time with patients is also essential. **Dean McShane, mental health nurse**

It's vital to remain focused on what the individual needs and not get dissuaded by what commissioners and others may say. **Hamish Kemp, care co-ordinator**

As nurses, we always do our best – it's our duty of care. Even when under stress, it's still possible to be compassionate, and that gives us satisfaction. **Patricia Odiatu, community nurse**

I think nursing staff always have compassion. You might feel physically fatigued or distressed because you

can't accomplish certain outcomes for your patients, but I've never met a nurse with compassion fatigue. **Sybil Bannister, clinical research nurse**

The key is support from managers, leaders and staff. Be organised and work as a team so that you can take your breaks, and keep drinking plenty of water. There's a great initiative called HALT (Hungry, Angry, Late, Tired) that encourages nursing staff to take their breaks. **Kafeelat Adekunle, community matron**

Certain diagnoses such as personality disorder can be very difficult to manage. It's easy to forget the person's background, switch off and end up just firefighting. Talking to your peers, reflective practice and clinical supervision are all essential. It's important to understand the patient as a whole person, not just a diagnosis. And remember to take time out and do nice things for yourself. **Georgina Jones, mental health nurse**

MESSAGE TO MEMBERS



Janet Davies RCN Chief Executive

Congress never ceases to amaze me. The passion, dedication and enthusiasm of our members is remarkable and to be admired. We heard some fascinating, and sometimes contentious, debates in Belfast, covering everything from nursing pay, public toilets, body cameras and cannabis. The personal stories members shared demonstrated their commitment to the profession and I'm so proud to have been among them, fighting hard for the recognition nursing deserves.

Congress highlights the real issues facing the profession and provides clear instruction about what the RCN needs to prioritise. This year our focus will be on campaigning for safe staffing levels and accountability set in law for every part of the UK. We'll also be working to ensure all nursing staff, wherever they're based, and whoever they work for, are paid fairly.

Following the debates at Congress, we'll also be seeking to preserve the field of learning disability nursing, working with employers to improve working conditions for prison nursing staff and lobbying the Government to waive health surcharges for overseas nurses working in the NHS.

It was a busy few days in Belfast but now the hard work really begins. Nursing is a proud, powerful and innovative profession. Congress is a true demonstration of that.

www.rcn.org.uk/congress



Helping parents understand SIDS



Desiree Deighton has designed a booklet to help explain Sudden Infant Death Syndrome (SIDS) to parents who don't speak English

I became interested in this as there are currently no leaflets or guidance available for non-English speakers, with explicit "how-to" images. Yet in Bradford, where I work, there are high levels of poverty, deprivation, prematurity and low birth weight, so infants are at an increased risk of SIDS.

As well as making SIDS easier for nurses to explain to parents with no English language during discharge, it could also save time on repeated home visits to re-explain the SIDS prevention.

The Bradford Innovation Group is interested in launching the booklet in my trust but I think it could be used in other areas with similar demographics too.

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

I hope the *Safe Baby Book* I'm working on will be used by nurses, with an interpreter, to communicate the importance of SIDS prevention and safe sleeping guidelines.

It's picture-based with explicit step-by-step health messages for the nurses to follow, featuring characters representing a wide range of ethnicities. It's been designed to clip into the front of the Infant Health Record, so parents can continually refer to it.

Legalising cannabis

Nurses join the debate over decriminalising the drug for medicinal use

Steve is 55 and has secondary progressive multiple sclerosis (MS). His main symptom is spasticity, which causes excruciating cramps and rigidity in his legs. He can no longer walk. He struggles to sleep.

Four years ago he got some relief. His MS specialist nurse got him on a one-month trial of Sativex, the first cannabis-based medicine to be licensed in the UK.

“It hugely improved my quality of life,” says Steve. “It decreased my level of spasticity by 60% and I was able to walk and exercise again. My mood improved, I was happier and I began to regain some independence.”

Since then Steve’s only been able to afford seven months’ supply of Sativex. Because while it’s licensed for the treatment of muscle spasms in the UK, it’s not available on the NHS in England.

“I’ve known people grow their own cannabis to

put into chocolate, bake with or vape,” says Debbie Quinn, who worked as an MS specialist nurse for 12 years. “Sativex is so difficult to get hold of that people often buy cannabis illegally as a last resort to alleviate their symptoms.

“Doing that has risks – you don’t know whether it’s true cannabis or what strength it is – but it’s a risk people are willing to take. For me, medicinal cannabis has value, but it should only be used when other treatment options have been exhausted.”

The need for control

The unregulated use of the drug makes it difficult to provide holistic care, with some people reluctant to admit to their use of illegal cannabis, says Debbie. “There’s no control at the moment, no ability to monitor the use of cannabis alongside other treatments for MS. If it was legalised and prescribed, it would be much safer and would enable us to better care for our patients.”

The calls for cannabis to be decriminalised for medicinal use have been gathering pace. Last year the MS Society became the first health charity to change its position

on the issue and proactively campaign for cannabis to be legalised for the relief of pain and muscle spasms.

And while the UK Government says it has no plans to legalise cannabis, citing the harm it can cause individuals and society, political support for a change in the law is growing.

Now the RCN has joined the debate. At its annual Congress in Belfast, members argued the merits of decriminalising cannabis for medicinal use, and called on its leading Council to lobby governments for a change in the law.

“Over 40 countries, including Germany, Italy and Canada, have decriminalised cannabis in some form,” says Tracey Risebrow, the RCN member who proposed the debate. “There’s evidence of its medical benefit for a number of conditions and we have a duty to explore whether our patients might be helped by nurses putting their weight behind the issue.”

For Steve, it’s about reclaiming his life. “Sativex made me feel human,” he says. “My spasms were more in control and I could begin to enjoy small pleasures again. I didn’t feel high. I didn’t have hallucinations.

“But I was able to relax. It improved my quality of life. And if that’s not what decisions about treatments are made on, I don’t know what is.”

“

Medicinal cannabis has value, but it should only be used when other treatment options have been exhausted

🔗 Visit www.rcn.org.uk/congress-dailybulletin to read an extended version of this feature.

Words by Kim Scott

Five minutes with...

...Christie Watson, nurse and author of *The Language of Kindness: A Nurse's Story*

What drove you to write a book based on your experiences of being a nurse?

I've always wanted to write something about nursing, and I've always wanted to write non-fiction, so when my agent suggested the idea, it just made sense. I went to the library and researched other medical non-fiction – and it's a big genre, but guess what – there isn't one single nurse's voice. How shocking is that? I think it speaks volumes about how we don't value nursing. We need nurses' voices to start filling that huge hole. This book is about celebrating nursing – I've written it for all nurses.

Which is more challenging – nursing or writing?

Nursing! Of course, without a doubt. After I won the Costa Prize a journalist asked me what I was most proud of and to that question my answer will also always be nursing. Yes, I am proud to be an author and it's a real privilege to write books, but to be a nurse is the greatest privilege of all.

Can you be taught compassion and kindness?

I don't think you can be taught it. You can be taught technical and academic aspects of nursing, but kindness you are born with. You can also be taught coping strategies for the days you're not feeling great. But I think you are an intrinsically kind and compassionate person or you're not.

How do you hope to change public perceptions of nursing with your book?

People don't understand what the job is or how much it demands. They don't give much thought to the fact that for a nurse to be a good nurse they have to be with their patients emotionally every single day. I hope the book acts as a reminder about what a brilliant job nurses do. For everyone who's read it who isn't involved in nursing, it's almost like the penny has dropped and they've realised that when their aunt or brother was in hospital it's the nurse that they remember the most. People always remember a nurse.

About Christie

Christie Watson was a nurse for 20 years. She worked in a variety of health care settings, but spent most of her career in paediatric intensive care in large NHS hospitals before becoming a resuscitation nurse. Christie now teaches, writes and advocates for nursing. Her first novel, *Tiny Sunbirds Far Away*, won the Costa First Novel Award and her second novel, *Where Women Are Kings*, was also published to international critical acclaim.

Go to www.rcn.org.uk/congressdailybulletin to read an extended interview with Christie.

Interview by Sophie Lowthian. Picture by Peter Clark

Rebuilding lives after Grenfell

14 June marks a year since the devastating fire at Grenfell Tower in London. RCN members talk about how they're helping people recover as part of the specialist NHS team set up there



A tragedy that struck on an unprecedented scale, killing 72 people and affecting many more, the Grenfell Tower fire has had far-reaching effects. Amid the outrage, heartbreak and trauma, nurses have been on the ground trying to bring some hope for recovery to those affected in the community.

One of the first steps taken by Central and North West London NHS Foundation Trust (CNWL) was to put together a nurse-led outreach team. In the immediate aftermath of the fire, initial aims were to offer mental health first aid to survivors, but it wasn't straightforward.

“Our first barrier was – and still is – engaging people in the community with the idea of treatment. A lot of people don't want to talk,” says Emma Kennedy (pictured above), mental health nurse and outreach team manager.

“In this situation, there was no model to follow so one of the biggest challenges has been finding creative ways to gain the trust of a distrusting community and working flexibly to respond to needs as they arise and develop.”

Offering services to the bereaved and the survivors was the initial priority and one that was easier

to manage. It became more complicated trying to find a way to reach witnesses and other local residents, families and children affected.

The team began by attending community events, wearing green Grenfell hoodies to make their presence and availability known. The response from these identified that there was an immense need for support within the wider population and so they set up a street screening programme, knocking on doors and talking to people.

Trauma symptoms were even more prevalent than anticipated and what quickly became clear was the number and complexity of health needs. It hasn't simply been a case of treating the ongoing mental health issues that have arisen. As is often the case, the team are also coming across a myriad of physical health conditions that are inextricably linked with mental health.

“The unique quality of our team is that we're able to identify and treat the pre-existing emotional and mental health problems that are often giving rise to further health conditions as well,” says Emma.

Time challenges of trauma

So far, almost 6,500 people have had contact with the outreach team, with more than two-thirds going on to accept assistance and wider health referrals.

Whereas initially, people were slow to trust and engage, they now seem to be anticipating the arrival of

“

We thought we'd be done within a few months but people process at their own pace

🔗 Read an extended version of this feature at www.rcn.org.uk/bulletin

Words by Leah Williams. Pictures by Justine Desmond

the outreach services with many saying they were simply waiting for the team to come to them.

“We thought we’d be done within a few months but we’ve found that people process at their own pace and you can’t force them to talk about a traumatic experience. We’ve watched, made sure they’re safe, and we’ve waited. Sometimes they trickle in and then there are surges.”

Changing the discourse

What has become clear to Emma’s team over the past year is that the needs in the community go beyond the Grenfell repercussions; their work has highlighted how vital and successful a proactive, preventative model of health care can be.

“We have a different approach to other services,” Emma says. “We’re taking health care questions into people’s homes, which is something new. There is a preventative conversation that can be had in their own personal space, giving them the empowerment needed to access health care.”

In North Kensington, around 7% of people suffer with Type 2 diabetes, which only accounts for those receiving treatment and could be significantly higher. This is thought to come down primarily to lifestyle and mental health issues that impede them from pursuing preventative care.

“This isn’t something that’s insurmountable. In fact, we could potentially eradicate this kind of illness and save the NHS a lot of money in the long run,” Emma continues. “Through our work we now have people going to their GPs when they need help instead of feeling alienated by the system. It’s a futuristic model, which certainly needs to be targeted with clear outcomes, but it would be amazing to use

this learning as an opportunity to change the discourse in North Kensington and beyond.”

For now, the Grenfell team continues to work tirelessly and, as the one-year mark approaches and the tower is almost fully covered from sight (and set to be demolished by the end of the year), services are expanding rather than slowing down.

Not only do team members aim to provide both mental and physical health care to everyone affected by the fire, they’re also creating an empathetic, humanitarian representation of health care services in which the community can trust.

“That’s really what people want,” Emma concludes. “It’s the way care is delivered that has the greatest impact. Really listening and valuing people, rather than treating them simply as a survivor or ‘the bereaved’, is how we’re trying to make a difference every day.”



Expanding services

The latest addition to the team is Marie Hennessey, a school nurse who will be the first dedicated liaison between the 30 plus schools in the area and the Grenfell team.

“I’ve always had a special interest in emotional wellbeing,” Marie says. “When I saw this post, I knew it would offer the opportunity to really approach school nursing from a fresh perspective and address the health of young people in the area holistically.”

The multi-disciplinary nature of the Grenfell team is what seems to have made it so unique and successful so far. Complementary services

working together are better able to create a full treatment pathway and staff benefit from each other’s expertise.

Working alongside both school nurses across the surrounding boroughs as well as with the CAMHS team at Grenfell, Marie will be the joining factor that ensures children are able to access any help and support they might need.

“As a school nurse, you create a link and establish trust with the young people and their families so we’re in the ideal position to act as first point of contact and then refer them on to wider Grenfell team services.”



This new role is just another way that the Grenfell team is trying to diversify and reach as many people as possible.

“The support is out there,” Marie concludes. “We just want to keep reaching the people that need it and hopefully my role brings us another step closer.”

12 FEATURES

Body cameras

Would they make it safer for nurses and patients?



Evidence shows that nursing staff are more likely to face violence and aggression at work than people in other professions. At RCN Congress in Belfast last month members deliberated whether the use of body cameras in clinical settings could help combat this.

Sarah Seeley, who led the debate, says: "It's a question of improving safety – not just for staff but for patients too. Lots of professions already use body cameras, like the police and some security staff in hospitals. The feedback is positive. People on both sides feel safer and it can be a deterrent to aggressive behaviour, so why shouldn't we use them more widely?"

Other members have reservations. "The use of body cameras raises some serious ethical issues for nursing," says Maura Buchanan. "Nurses are one of the most trusted professions so how would that change if we used cameras? I would need to see real evidence that this would stop violence."

"They would need to be used at the right time, in the right place and with the right group of staff," agrees Sarah. "Every setting would need to be individually assessed with a proper policy and guidelines put in place. I'm not suggesting that all nurses should wear body cameras but in some cases, they could bring benefits."

Tackling violence

Figures show physical assaults on NHS staff in England rose by nearly 10% last year with more than 56,000 attacks reported.

Sarah, who works in A&E, says: "We see quite a lot of aggressive behaviour and body cameras could act as a deterrent. Footage could be used to reinforce any zero tolerance agreements we have in place, or in the case of a serious assault, be used as evidence."

This will become more significant if the Assaults on Emergency Workers (Offences) Bill is passed. It includes proposals to make it a specific offence to physically

assault health care staff in England and Wales, with tougher sentences for people who carry out such attacks.

Helping patients feel safe

However, research conducted at an inpatient mental health unit in Northampton last year found there to be other benefits to using body cameras. The study at Berrywood Hospital saw clinical staff wear them when responding to alarms on the unit. Both staff and patients said they felt safer and the number of violent incidents and use of restraints decreased.

Lindsay Bennett, a mental health nurse and one of the study leads, says: "We'd been thinking about how CCTV and cameras could help with de-escalation or with investigating complaints for a while. Service users were already using their phones to film interactions with staff but we needed a system for everyone."

Not only did the number of violent incidents decrease, using body cameras also helped improve relationships between staff and patients.

"They can be a deterrent for violence and aggression in some cases," says Lindsay, "but for us this is about improving care. When staff watch footage of themselves in a situation, they realise what they could improve on. It's difficult to see this in the moment when emotions are running high but watching something back can give you an invaluable insight to how you can change your own behaviour and get better at helping someone who is in distress."

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They can be a deterrent for violence and aggression in some cases

🗨️ What do you think about nursing staff using body cameras? Email your views to bulletin@rcn.org.uk

An extended version of this feature is online at www.rcn.org.uk/congress/dailybulletin

Words by Zara Davies. Picture supplied by Calla: www.calla.co

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Highlights from CONGRESS DEBATES • LEARNING • EXHIBITION 2018

From resolution to animation

The District Nursing Forum launched a new film at their fringe event at Congress. The animation, *District Nursing - Driving Quality Care at Home*, aims to encapsulate the importance of district nursing.

It was produced following a resolution at RCN Congress two years ago.

Julie Green, Chair of the forum, said: "This excellent animation is aimed for use with patients and their families and carers. It seeks to summarise aspects of care delivery by district nursing services across the UK. It covers some of the key issues, including the range of staff that form the immediate community team, the importance of multidisciplinary team working, care for housebound patients and the holistic nature of the quality care that we deliver."



Preserving learning disability nursing

The RCN will campaign to preserve the field of learning disability nursing after the forum for the specialty proposed an emergency debate at Congress.

Many learning disability nurses spoke passionately about their profession and members voted

unanimously to take the work forward. Ann Norman, RCN professional lead for the forum, said: "Congress support for this as a critical issue was amazing."

"Never has there been such a strong and clear mandate to support the learning disability nursing branch."



The importance of self-care

The Nursing in Justice and Forensics Forum put on a well-attended event at Congress, which provided a space to discuss and build awareness of how dedicating time and attention to yourself can build resilience and a work-life balance.

During the event, they launched a new project that will consist of a series of films offering advice and practical exercises to help nursing staff use mindfulness to cope with the pressures of working life.

View the introductory film at <https://youtu.be/d45eEXLPgkQ>



How safe are our children?

The CYP Staying Healthy Forum hosted a packed event about safeguarding in collaboration with the NSPCC at Congress.

Members heard from two experts about local and national programmes, campaigns and the most recent data on the safety and wellbeing of children in the UK.

Suzanne Watts, Chair of the forum, said: "The safeguarding arena is changing rapidly. It's important for all nursing professionals to be aware of this and be armed with the knowledge and support to keep children safe. It was great to see so many members keen to learn about current key areas for concern."

Rewarding remarkable forum members

Jessica Davidson, Chair of the Nursing in Justice and Forensic Health Care Forum, was awarded one of the RCN's highest accolades – a Fellowship – at Congress.

RCN Fellowships recognise individuals who have made an exceptional commitment to advancing the science and practice of nursing and improving health care. A small number of Fellows and Honorary Fellows are appointed each year.

At the Congress awards ceremony, RCN Chief Executive Janet Davies described Jessica as a champion for social justice who has dedicated her career to clinical leadership in the criminal justice system: "She is a remarkable nurse with vision, a passion to right wrongs and tremendous energy," she said.



Janet praised Jessica's implementation of new working practices in police custody facilities in Edinburgh, which she said had brought "hope and recovery within reach of countless otherwise vulnerable people".

Jessica said the award had been a "genuine surprise," adding: "I'm still amazed." Asked what difference it would make to her practice, she said: "It opens doors. It gives me a seat at tables."

After 21 years as a registered nurse she said the fellowship would mark a milestone in her career.

"The next 21 years will be all about being an ambassador for our profession and having the courage to tackle health inequalities."

The award signalled that nursing in criminal justice settings had "arrived," she said. "We are a legitimate career choice. We always were, by the way, but maybe it will encourage others to follow."

She said: "There is so much truly excellent, patient-centred, trauma-informed care in prisons, police custody and secure settings. We're trailblazers of inter-agency practice.

"And our patients and their families really do need our care so very much. Our professionalism and abilities have shaped safer experiences for many public services."

Awards of Merit



Many other forum members also featured strongly in the annual awards ceremony at RCN Congress.

Among them was Isobel Mason, Chair of the Gastroenterology Forum, who received the RCN Award of Merit, which acknowledges outstanding voluntary service to the College.

Isobel is committed to transforming care and is a dedicated advocate for all members working in gastrointestinal

nursing. Sheila Hardy and Mary Shaw also received the Award of Merit. Sheila's award acknowledges her role as a champion for mental health nursing. A key player in the Mental Health Forum, she has sought to improve the academic rigour of the forum's work.

Mary has dedicated her career to excellence in the care of people with eye conditions. She joined the RCN Ophthalmic Forum in 1998 and was chair for 10 years until earlier this year.

WHAT I'M THINKING



Dr Debbie Porteous Education Forum member

The student population is increasingly at risk of suicide. Data shared at the end of last year found a record 134 students killed themselves in 2015. So, what is happening here? And what can we do about it?

We need to really look after our students as they come into higher education and ultimately move into the nursing profession – transitions that many really struggle with. There needs to be greater awareness of the challenges encountered and recognition of the support that students require.

Personal tutors and established peer support systems need to be in place to enable students to discuss concerns they may have. Every member of staff working in education and nursing practice has a responsibility to be aware of and look out for early warning signs. If you notice a student demonstrating any signs of mental health issues then please make sure you raise it with the universities and personal tutors.

If universities embrace a philosophy where support is paramount, there is a higher likelihood that emotionally vulnerable students are able to achieve their academic goals.

[www.rcn.org.uk/congress/
agenda/suicide](http://www.rcn.org.uk/congress/agenda/suicide)



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

Delivering complex care in the air

6 October

RCN HQ

20 Cavendish Square

London W1G 0RN

If you work in or have an interest in aviation medicine, attending this conference will expand your knowledge and skills in flight nursing.

“This workshop will help you develop your confidence and competence in delivering challenging medical care in the air,” says David Quayle, Chair of the RCN In-Flight Nursing Forum. “Attendees will learn about the changing issues facing

global health and how these impact upon patients requiring care abroad.”

On the day:

- explore factors affecting medical decision making in regards to what is medically appropriate versus medically necessary
- learn how airlines accommodate passengers requiring special assistance and determine who is fit to fly
- understand the commercial pilot and crew perspective on human factors and teamwork in flight
- reflect on complex cases from military, commercial flight nursing and air ambulance transfers.



📍 Book online at www.rcn.org.uk/FN18 or call 02920 546460.

Wales

Infection prevention workshop

3 July, 9:30am-12:30pm

RCN Wales

Ty Maeth, King George V Drive East

Cardiff CF14 4XZ

Described as a ticking time bomb, antibiotic resistance brings new challenges which could spell the end of modern medicine as we know it. That's why prevention of infection remains so important and why nurses have a crucial role in controlling the spread of contagious disease.

This morning seminar aims to equip members with the knowledge and skills to support effective infection prevention and control interventions in their workplace.

📍 www.rcn.org.uk/ipc-wales18

Scotland

Nursing – a career for men

28 August, 4-6pm

Room CEE2, Centre for Executive

Education, Glasgow Caledonian

University, Glasgow G4 0BA

The number of men in nursing remains low, with fewer than 10% of applicants to nursing courses being men.

Come along to this free RCN event to find out more about the history and myths of why men are under-represented in nursing, and explore the challenges and positive solutions to encourage more men to choose nursing as a career.

📍 Visit <https://tinyurl.com/y9q5ylgl> or call 0161 6626163 to register.



A care home career for life

Advanced nurse practitioner Jennifer Boyd writes about the development opportunities that exist in looking after older people in residential care

Care homes have historically been considered career backwaters, places to go when you are nearing the end of your NHS career.

But that is changing across the UK, with care homes increasingly viewed as modern, vibrant places to work. This is particularly evident in Scotland, where the charity Erskine provides a clear career structure for staff which can take them from care assistant to nurse consultant.

Erskine provides nursing, residential, respite and dementia care to UK veterans and their spouses in four homes across Scotland, and is the first in the UK to employ an advanced nurse practitioner (ANP) in a care home.

I took up the post in February 2017 and am based in the Erskine care home in Glasgow. My role is to ensure residents receive the highest standard of person and relationship-centred care, and ensure they have access to rapid assessment and treatment where necessary. I am also a qualified non-medical prescriber and am part-way through my Masters degree in advanced clinical practice.

As well as being beneficial to residents, employing an ANP reduces reliance on GP surgeries, reducing the workload of GPs. Since I have been in post, GP visits and unnecessary hospital admissions have both reduced.



In April 2017, a dementia nurse consultant was also employed at the Glasgow care home. She is an expert in caring for people living with dementia, and supports and educates staff to ensure they gain the necessary knowledge and skills to deliver high quality care.

Increasing knowledge

Having both an ANP and dementia nurse consultant enables us to adopt an early intervention model. Residents are assessed, diagnosed and treated within the home setting, leading to a more positive experience for residents and their families.

Educating staff is a huge part of both our jobs, and rather than adopting a “doing for” approach which can de-skill staff, we support staff to increase their knowledge and skills. I will become involved in a resident’s care if necessary,

but our nurses are trained to carry out initial assessments – it is all about working as a team to ensure our residents receive timely, quality care.

We have a number of newly registered nurses who choose to begin their career with us. When asked why they chose this path, they say they wanted to gain experience and knowledge in a field with high expectations and excellent support and training.

Working in an environment where residents’ care is at the heart of any decision-making gives me a massive sense of job satisfaction – we work in their home, they do not live where we work. I have also had opportunities I most likely would not have had in the NHS.

Working in the care home setting is not just a job, it is a career.

“

Care homes are increasingly viewed as modern, vibrant places to work

🕒 Jennifer (pictured in red) will be presenting a seminar on nursing opportunities in care homes at the RCNi Nursing and Careers Jobs Fair in Glasgow on 13 June. For more information visit www.rcnbulletinjobsfair.co.uk/glasgow