

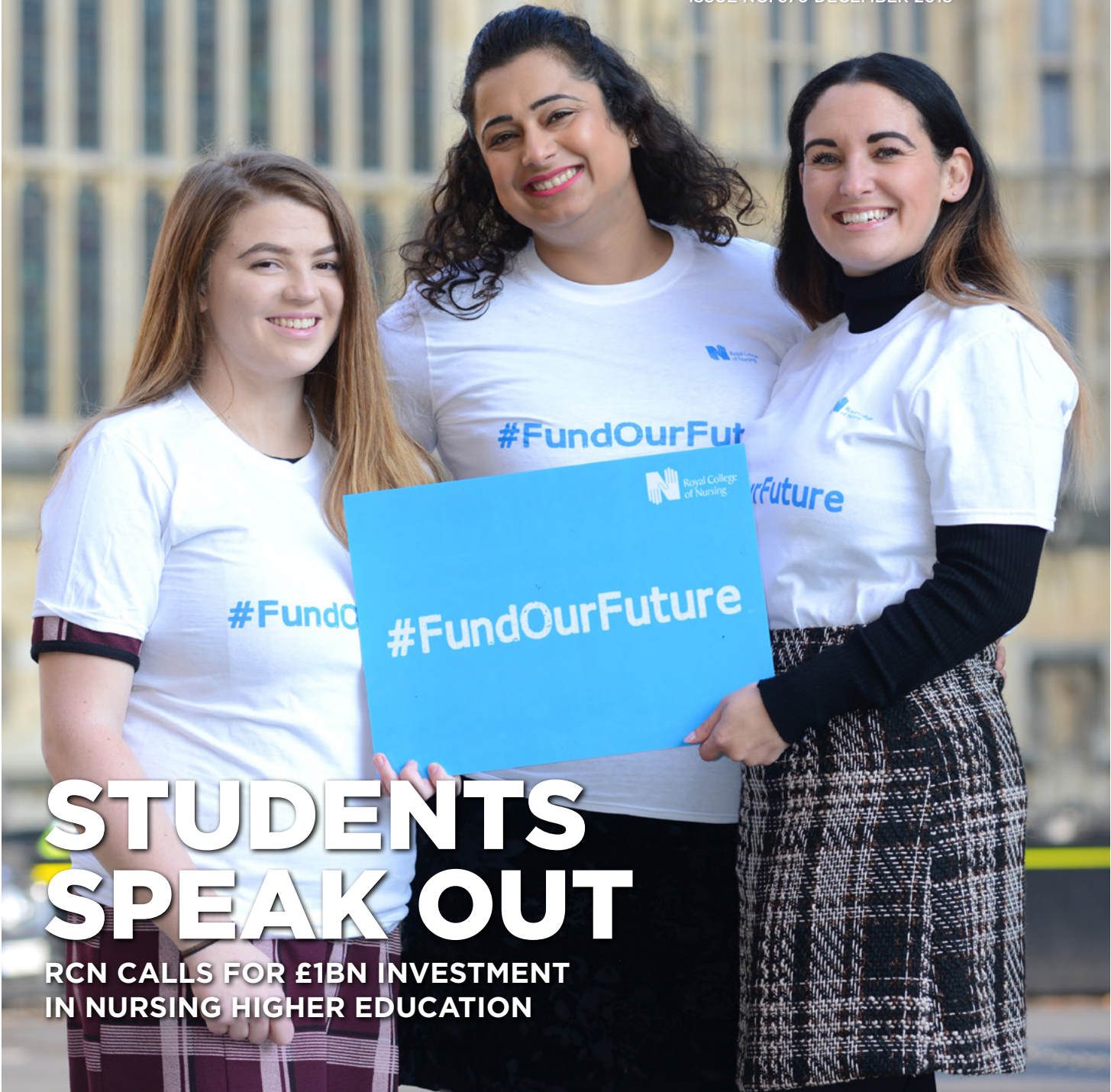


TACKLING SEPSIS IN THE COMMUNITY  
P9 FEATURE

NURSING IN A NATURAL DISASTER  
P12 FEATURE

A DIGNIFIED DEATH FOR EVERYONE  
P14 FORUM FOCUS

ISSUE NO. 370 DECEMBER 2018



# STUDENTS SPEAK OUT

RCN CALLS FOR £1BN INVESTMENT  
IN NURSING HIGHER EDUCATION

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

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## Hancock will 'look at' safe staffing law

Health Secretary Matt Hancock has acknowledged the need for more nurses and said he's determined to tackle staff shortages. He said he would look at the possibility of introducing safe nurse staffing legislation in England, but had reservations about how long it would take. He was talking at an RCN event where he announced new measures to better protect nursing staff from assaults. We quizzed him while he was in the building. Read the full interview at [rcn.org.uk/bulletin](http://rcn.org.uk/bulletin)

## Settled status for EU workers

The Home Office has promised that EU nationals working in the UK will be granted settled status no matter what happens next with the Brexit deal. It has also agreed to prioritise the applications of health and social care staff in a national pilot of the settled status scheme. The RCN has campaigned for both things and will be supporting members who choose to take part in the pilot. Visit [rcn.org.uk/blogs](http://rcn.org.uk/blogs) to find out more.

## Help transform the perception of nursing

Sign up to be a nursing ambassador to help showcase all that is great about the profession. Go to [nhs70.crowdfunder.com](http://nhs70.crowdfunder.com) to find out more and take on one of the 30-day challenges. In December this is mentoring a more junior colleague.

## Northern Ireland pay negotiations reach crucial stage

As *RCN Bulletin* went to press, the results of a member consultation on industrial action over the continued lack of a pay deal for Health and Social Care Service (HSC) staff in Northern Ireland were being considered. Northern Ireland is the only country in the UK still not to have received a pay award for 2018-19.

RCN Northern Ireland Board Chair Fiona Devlin said: "Nurses' pay in Northern Ireland has fallen significantly behind the other three UK countries, despite us supposedly having a four country framework for pay, terms and conditions."

The RCN took the unprecedented step of asking members working within the HSC in Northern Ireland if they would be prepared to be balloted formally on industrial action. Voting closed on 26 November.

“

We believe that enough is enough

Fiona Devlin, RCN Northern Ireland Board Chair

🕒 Visit [rcn.org.uk/northernireland](http://rcn.org.uk/northernireland) to find out the latest developments

## New RCN President and Deputy President elected

Anne Marie Rafferty CBE FRCN has been elected the next President of the RCN, and Yvonne Coghill CBE FRCN has been elected Deputy President. They will take up office in the New Year and serve terms of two years.



Anne Marie (pictured) is Professor of Nursing Policy at the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care at King's College London. She said: "I'm thrilled to have been elected. It is a huge privilege and I'm looking forward to supporting the profession in the best way that I can."

Read more at [rcn.org.uk/news](http://rcn.org.uk/news)





**LEAD  
GOVERN  
INSPIRE**

## Vote now in RCN Council elections

You have until 11 December to choose who you want to represent you on the RCN's governing Council. Elections are for one-year terms from 1 January in the following constituencies: East Midlands, London, Northern, Northern Ireland, North West, Scotland, South East, South West, West Midlands, Yorkshire & the Humber and health practitioners.

Voting papers have been sent in the post and should be returned as soon as possible. Acting RCN Chief Executive Dame Donna Kinnair said: "As the nursing profession faces some of the most significant challenges in a generation, we need a strong Council to help steer the RCN forward. Please exercise your right to choose who takes on this important role."

Visit [rcn.org.uk/elections](http://rcn.org.uk/elections) to find out more.

## Get your issue aired

Have you got a burning nursing issue that needs addressing on a national scale? RCN Congress is your chance to be heard. Make sure you submit the issue as an idea to be debated at Congress 2019 in Liverpool before the deadline of 6 January.

Every year at the RCN's flagship event, members from across the UK discuss a wide variety of issues affecting nursing staff, with many debates leading to further RCN work. Agenda items this year included the use of body cameras, robots in health care and the legalisation of cannabis.

Find out what makes a good agenda item and how to submit one at [rcn.org.uk/congress](http://rcn.org.uk/congress)

# Will you join our student nurse funding campaign?

We want at least £1bn a year invested into nursing higher education in England



The RCN has launched a campaign calling on the Government to prioritise funding for nursing higher education in England. Led by RCN student members, the *Fund Our Future* campaign aims to raise awareness of the pressures faced by nursing students and force the Government to look again at how it funds student nurse education.

It seeks to influence plans for how extra funding for the NHS will be spent over the next 10 years and help stop the catastrophic fall in nurse numbers.

You can support the campaign by emailing your MP and asking them to write to Health Secretary Matt Hancock and NHS England Chief Executive Simon Stevens, calling on them to put a minimum of £1bn a year back into nursing higher education.

This is the amount removed from student nurse funding when the bursary was scrapped in England in 2016. Applications to study nursing have fallen by a third since then.

Student members met with MPs to share their stories at a lobby of parliament organised by the RCN last month. Richard Bentley said: "Student nurses are struggling and it's getting harder and harder to manage. As a mature student, I left a well-paid job to pursue nursing and have a family to support and a mortgage to pay. Financial stress has nearly cost me my marriage and my studies."

The lobby preceded a Westminster Hall debate led by Eleanor Smith MP, a nurse by background. During the debate Health Minister Stephen Hammond committed to consulting on the proposals the RCN has put forward on the future funding of nursing higher education.

Find out more at [rcn.org.uk/fundourfuture](http://rcn.org.uk/fundourfuture)

**It was recently announced that the bursary for nursing and midwifery students in Scotland will increase to £10,000 a year by 2020-21. Nursing students in Northern Ireland and Wales continue to receive bursaries.**

## 4 GOOD NEWS

# Members supported to improve care for minority communities



Three RCN members have recently been given Mary Seacole Awards to fund projects that improve the health of people from black and minority ethnic (BME) communities.

Dr Thomas Currid (pictured) received a development award to explore the mental health needs of Irish Travellers in England. Thomas, a senior lecturer at

the University of Essex, says the award will help him raise awareness of the holistic health needs of this community.

He says his research will provide insight and knowledge to professionals who come into contact with Irish Travellers with the aim of making a difference to their lives. "They are a very

marginalised group of people with poor health and social care outcomes. This award will help me try to change this," he said.

Katie Worley also received a development award. Her work will raise awareness of maternal mental health issues for Punjabi speaking mothers in Slough. She aims to develop an evidence-based approach to the identification and assessment of mental health needs.

Obrey Alexis, a senior lecturer at Oxford Brookes University, will use the funding from his leadership award towards his research project on black men's experience of prostate cancer care.

The awards are funded by Health Education England and administered jointly by the RCN, the Royal College of Midwives, Unison and Unite.

Development awards provide up to £6,250 towards projects. Leadership awards of up to £12,500 give recipients the opportunity to pursue their work and enhance their leadership skills.

“

Irish Travellers are a very marginalised group of people with poor health outcomes

🕒 Applications for the 2019 Mary Seacole Awards open on 4 February. Visit [www.nhsemployers.org/maryseacole](http://www.nhsemployers.org/maryseacole)

## RCN launches network for newly qualified nurses

A new RCN Facebook group has been created to support members during their first year as registered nurses. Outgoing Student Member of RCN Council Charlotte Hall came up with the idea after starting her first nursing job. "Making the transition from student to newly qualified nurse is daunting. This network will provide a space to debrief in a safe environment and discuss any concerns." Visit [tinyurl.com/rcnnqn](http://tinyurl.com/rcnnqn) to join.

## Simply the best

The search for the best of the best in nursing has begun with the launch of the RCNi Nurse Awards 2019.

Nurses, students and health care assistants are invited to share their innovations and expertise by entering the awards which celebrate their contribution to improving patient care.

Entries are open to individuals and teams in 18 categories covering the diversity of nursing. The deadline for entries is 1 February. Visit [rcni.com/nurse-awards](http://rcni.com/nurse-awards)



## The big picture



Outgoing RCN President Cecilia Akrisie Anim leaves the role at the end of December after four years. Cecilia is the first black person to be elected RCN President and says: "I would like to be remembered as the woman who got things done, never afraid to speak her mind."

### MEET THE MEMBER



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

**Name:** Sandra Aitcheson

**Role:** Nurse consultant for older people

**Sum up what you do in a sentence**

Ensure safety, quality, service improvement, good patient experience and leadership.

**Describe your job in three words**

Challenging, fulfilling, privileged.

**How long have you been nursing?**

35 years.

**Why did you choose the profession?**

I always wanted to be a nurse. I used to love caring for my dolls. I just have a caring personality and it's a vocation.

**What's the best bit about your job?**

The patients.

**And the worst?** The bureaucracy.

**What helps get you through a difficult day at work?**

My colleagues. They're good fun and offer support and empathy.

**How do you unwind?** Shopping! Or spending time with friends and family.

**If you could have a superpower what would it be?** To make people be kinder to each other.

## PATIENT PERSPECTIVE



### Specialist nurse Alexia Zeniou feels lucky to be alive after she was diagnosed with severe bacterial meningitis and secondary acute reactive arthritis

It was extremely hard being a patient knowing all I did about the seriousness of bacterial meningitis. At times I wished I didn't have this knowledge, but I know it helped me fight for myself because I voiced what my diagnosis might be and what treatment I needed.

Being the patient in this situation, I cannot stress enough the importance of maintaining dignity. It doesn't matter who you are, always knock and check before entering a patient's room. Due to the meningitis, I couldn't see at times and it was terrifying to have unknown people come into my room without informing me who they were and what they were there for.

Losing your independence and relying on others to complete simple daily activities, including maintaining personal hygiene or pressure areas, shouldn't result in a loss of dignity.

When your patient is unable to see things for themselves, give lots of reassurance and explain all the procedures you are carrying out. Ensure your patient has access to their call bell. I know from my own experience that it's absolutely terrifying when you need help and cannot move to seek it.

I am deeply grateful to all the hardworking staff who took over my care on the infectious diseases unit. Without their input, dedication and efforts, I wouldn't be here today. This experience has taught me so much. Never take anything for granted, enjoy every moment and be thankful for every second.

[rcn.org.uk/myrcn](https://rcn.org.uk/myrcn)





## THE VIEW FROM HERE



**Adaeze Bowen**  
Second-year nursing student

Nurses, both student and qualified, deal with stressful, challenging situations on a daily basis. We have to confront death, aggression, emotional distress and long, physically demanding work – and then go home and look after our children, pay our bills and keep a roof over our heads.

Even though I was in the last cohort to receive the bursary, I have struggled financially throughout my studies. I'm a single mum and trying to live on less than £800 a month is incredibly challenging. That constant financial stress compromises the quality of your work and the time you spend with your family.

Things are even worse since the bursary was scrapped. Not only have student nurse numbers dwindled, I've also noticed the drop in morale and motivation on the wards.

With the prospect of being saddled with a huge debt and the fact progression to a decent salary is difficult, it's no wonder fewer people are applying to train as nurses.

The Government needs to recognise that we're not simply students, but future nurses in training. The work we do is real and it has an impact on the lives of real people. We deserve to be valued by having sufficient funding and support. Without it, I honestly don't know how the future nursing workforce will survive.

[rcn.org.uk/fundourfuture](http://rcn.org.uk/fundourfuture)



## What you've been saying

### System overhaul

In as much as I agree with the quote of the month (*RCN Bulletin*, November issue, page 6) on the need for the Government to pass laws for the right number of staff to keep clients safe, I cast scepticism on the success of this call in addressing the severely haemorrhaged health care system.

I feel the Government, through the Department of Health, NHS England and UK-wide health bodies, needs to ensure the platforms are built up and set at all levels to enable safe staffing.

There is a need to address recruitment and retention issues, such as the number of valuable nurses retiring, struggling frontline staff and a streamlined overseas recruitment drive. The system requires financial and administrative resuscitation before a legislative enactment to ensure safe staffing levels.

[Lovemore Mtetwa by email](#)

### Patterns of behaviour

I was interested to read of the RCN's support for the Moving Medicine tool (*RCN Bulletin*, November, page 3). It seemed to echo the sentiments of Health Secretary Matt Hancock in his recent speech discussing preventative health care, which outlined his wish that people take greater responsibility for managing their own health.

While it is clear that physical activity is beneficial, the evidence supporting health education as a method of changing behaviour is weak. People are well aware that they could be more active, eat healthier or stop smoking. In most instances, a discussion is unlikely to change their behaviour in any lasting way.

As nursing staff we must understand that socioeconomic and cultural factors influence our patterns of behaviour and furthermore we must advocate for our patients in seeking change.

[William Ball by email](#)

### QUOTE OF THE MONTH



I'm excited about the prospect of working with members to make the RCN the best it can possibly be

**Yvonne Coghill CBE FRCN, who was recently elected the next RCN Deputy President**

### FOUR THINGS TO DO IN DECEMBER

1. Improve the environmental impact of care in your workplace by attending the free RCN event on 14 December: [rcn.org.uk/small-changes-event](http://rcn.org.uk/small-changes-event)
2. Read *RCN Bulletin* online: [rcn.org.uk/bulletin](http://rcn.org.uk/bulletin) then opt out of your print issue: [rcn.org.uk/go-green](http://rcn.org.uk/go-green)
3. Be part of our campaign to fund future nurses and update your social media profile with [#fundourfuture](https://twitter.com/fundourfuture)
4. Join one of our nursing forums for free online and help shape the future of your nursing specialty: [rcn.org.uk/forums](http://rcn.org.uk/forums)

### 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](mailto:bulletin@rcn.org.uk)

## HOT TOPIC



### We asked members on Twitter, what has been your proudest moment in nursing this year?

Graduating after five long years of nurse training, 12 sessions of chemo, three surgeries and two rounds of radiotherapy in the middle of it. [@MissLucyMay](#)

Supporting a very anxious new mum who has a learning disability, autism and a metabolic disorder to safely deliver her son. Excellent joint working with her family, midwives, health visitor, social workers and learning disability team. [Sue Chapman](#)

My first day as a registered nurse after my return to nursing course. After years of home educating and doing daily therapy for my two beautiful autistic children, it is wonderful to be back and able to provide nursing care for my patients in cancer services. [Angela Lord](#)

Being given the privilege to accompany people in, what I can only imagine to be, the hardest journey of their lives and provide the support, care and compassion they need to be able to stay at home comfortably with their loved ones at the end of their life. Nothing more rewarding. [Sarah Claringball](#)

It may seem insignificant in the light of the incredible work nurses do, but, as a third-year student on my final management placement in the community, having my mentor say that any nursing team will be lucky to have me is my proudest moment. [Ali Holland](#)

Every day I'm proud of being able to help people. I am proud of my colleagues and the patients I see striving to overcome illness. My proudest moment is still qualifying and graduating, without that moment none of the others would be possible. [Pearl Avery](#)

## Communicating with patients with complex needs

We need to find ways to reduce patient and staff anxiety, says Ewout van Sabben

I decided to train to become a children's nurse in the UK but previously I qualified as a residential support worker in the Netherlands, where you have to study for four years to work with people who have severe disabilities. I'm now in my final year of training and unfortunately, I've witnessed how anxious nursing staff can get when communicating with a patient with physical or learning disabilities.

Many organisations have published guidelines emphasising the care needs around individuals with learning disabilities and complex communication needs. But these guidelines and standards don't guarantee the development of nursing skills and knowledge. Families

and carers report problems in getting health professionals to take into account crucial information about the needs of the person with a learning disability.

I think it would be helpful to have a toolkit to help nursing staff communicate with these patients. It would provide tips on how to communicate effectively and personally, what to do and what not to do, as well as outlining websites for up-to-date information on communication needs and potential ways to help. Communication champions could also be trained in the use of the toolkit, help implement it and provide training for other staff.

Patients with complex needs should arrive with completed hospital passports, but sometimes these are not comprehensive enough. So the toolkit could help reduce staff anxiety, improve the relationship between carer and patient, and make a patient's hospital stay a less unpleasant experience.

*These ideas were submitted as part of the RCN's Celebrating Nursing Practice project.*

## MESSAGE TO MEMBERS



### Donna Kinnair Acting RCN Chief Executive

The RCN's campaign to increase funding for student nurses in England is making waves in the corridors of power. Last month our student members descended on Westminster, keen to make politicians understand the true cost of taking on a nursing degree. Their stories of financial hardship hit a nerve and the Government has agreed to work with us on the costed options we've come up with to improve financial support for nursing students.

Through their commitment to retain the bursary and consider plans to better support students on clinical placements, Scotland and Wales are helping to highlight the minimal efforts being made in England.

Health Secretary Matt Hancock has said he's "willing to look at anything" to address nurse shortages. He can start by setting aside the £1bn a year we feel is needed to help improve access to the nursing degree. The degree route remains the quickest and safest way to grow the nursing workforce. And that workforce needs to grow rapidly. With the number of nursing vacancies set to rise to 48,000 in five years, there couldn't be a more urgent priority.

People often ask what the RCN does. And this is it. We influence, we empower, and we drive change. So please add your voice to ours and together we'll show the Government we're a force to be reckoned with.

[rcn.org.uk/fundourfuture](http://rcn.org.uk/fundourfuture)



# 8 FEATURES

## An unfair fee for overseas staff

The RCN is campaigning to make nursing staff exempt from a charge international workers have to pay to use the NHS. We speak to Johanna, a Filipino nurse, to find out why

Johanna has been working as a nurse in the NHS for almost three years. She moved to the UK from the Philippines in 2016 and has been paying National Insurance and taxes, both of which help fund the NHS, since she received her first pay cheque.

In January, she will need to renew her working visa which means she'll once again have to pay the Immigration Health Surcharge (IHS); a fee non-EEA (European Economic Area) nationals must pay per year of their working visa to use NHS services. A fee which, under government plans, is set to double from £200 to £400 next year.

The RCN is campaigning to see the IHS waived for overseas nursing staff like Johanna, who are working in the UK, and their dependents.

"It hurts to think we're not valued by the Government," says Johanna. "When I'm at work, I feel like my patients do value my contribution. They're appreciative and know I'm helping to keep the NHS running. It's sad the Government doesn't feel the same."

In Johanna's unit, three in 10 members of nursing staff are from countries outside Europe. Elsewhere in the UK, international nurses make up a significant amount of the workforce too. As of September this year, there were 70,491 nurses and midwives from outside the EEA on the NMC register.

Johanna says: "Nurses are included in the shortage occupation list. We're helping with the nursing shortages and



yet we're forced to pay twice for a service we're a part of. I don't mind paying for the NHS. It's important that we do but we're already paying for it with our National Insurance and tax payments just like everybody else."

The IHS – which has to be paid up front – is already a huge financial burden for many, especially for families who must pay the fee for every family member for each year of their working visa. For a family of five, the cost is £1,000 a year and this is set to soar to £2,000 in 2019.

Some of Johanna's friends and colleagues have had to make the difficult decision to leave their immediate family back home as it's not financially viable for them to pay.

Overall, Johanna says her experience of working as a nurse in the UK has been positive: "It's been a good move for my

career and a great experience. I've specialised, my friends have been promoted and we've had amazing support from our managers and employer."

### RCN campaign for change

The RCN has launched an online tool to help members and the public quickly find and email their MP, asking them to write to Home Secretary Sajid Javid MP, urging him to waive the IHS for non-EEA nursing staff.

Johanna says: "I'm so thankful that the RCN's campaign has made it easier for me to circulate information that allows people to support this cause. I've sent messages to friends, friends of friends, anyone I can think of, asking them to contact their MP.

"If the surcharge was waived, I would feel so valued, and I know so many others would feel the same."

“

If the surcharge was waived, I would feel so valued

### Take action

Visit [rcn.eaction.org.uk/lobby/takeactionihs](https://rcn.eaction.org.uk/lobby/takeactionihs) to email your MP today and ask them to take urgent action to waive the Immigration Health Surcharge for non-EEA nursing staff.



## Tackling sepsis

Eve Lightfoot, the RCN in Wales Nurse of the Year, is supporting community nursing staff to recognise and respond to the signs of sepsis, helping save lives and improve outcomes

“Sepsis is destructive and can develop rapidly so it’s essential to recognise acute deterioration and act fast,” says Eve Lightfoot, a community infection prevention nurse in south Wales.

When Eve started working in the community six years ago, she realised that district nurses are in a unique position to spot the early signs of sepsis and start treatment. They can also help support patients with their recovery from sepsis.

However, district nurses didn’t have training to recognise sepsis or the tools to test for it. And back then sepsis wasn’t perceived as being a problem in the community, so it was difficult to get people to listen or make changes.

Then in 2015 a *Just Say Sepsis* report identified that more than 70% of sepsis starts in the community. So when Eve started working on her specialist practitioner qualification and followed this up with a research internship, she had the platform she needed to take her case forward.

Her work is leading to change across Wales. She’s written a teaching package with patient stories, which she’s delivered to more than 100 community nurses. And as a direct result of her work, a Community Situation, Background, Assessment Recommendation (SBAR) template and National Early Warning Score (NEWS) are being implemented and incorporated into local community documents and GP admission criteria.

Eve believes that improved communications mean improved patient safety, so she’s formed a

workplace group to redesign the nursing transfer of care document, involving other colleagues from different specialties in the acute and community teams.

The redesigned form will follow a SBAR approach and include important information such as the last set of observations, the NEWS and the patient’s do not attempt resuscitation status. The form will be used by hospital staff to give a clearer understanding of the patient’s condition when transferring a patient to the community. It will also be used by community nurses transferring a patient into another setting, such as a nursing home.

“The role of the district nurse is evolving, with much more complex care now being provided. We must empower nurses with the right tools, equipment and knowledge,” Eve says.

With her education programme on sepsis recognition now being

provided to district nurses across the three counties, and extended to care homes, Eve’s turning her attention to better understanding and supporting the needs of people who have survived sepsis.

### Supporting survivors of sepsis

“Physically and psychologically sepsis can have a huge impact on individuals and their families. After being discharged, patients can suffer from post sepsis syndrome and find it very hard to go back to work or carry on doing everyday things,” she explains.

These patients can be left unsupported as they don’t necessarily need specialist follow-up appointments. “Not all patients are physically or emotionally well enough to be able to leave their home to attend a support group,” Eve says. “So we must find a way of equipping them with knowledge and signposting them to the right services, to ease their anxiety and discomfort.”



Sepsis is destructive and can develop rapidly. It’s essential to recognise acute deterioration and act fast

🕒 Eve was named the RCN in Wales Nurse of the Year last month. Find out more about the awards at [rcn.org.uk/wales](http://rcn.org.uk/wales)



**READ MORE ONLINE**  
[rcn.org.uk/bulletin](http://rcn.org.uk/bulletin)

# 10 FEATURES

## Celebrating our cover stars

As we get set to welcome a new year of nursing, we take a look back at some of the magnificent members who graced the *RCN Bulletin* front cover in 2018



### JANUARY

In January we spoke to Helen Cherry about being a deaf nurse in a world that's predominantly set up for the hearing. In 1977, Helen became one of the first deaf people to begin nurse training. "One of the things that took me into nursing was that I knew what it felt like to be misunderstood. This has allowed me to empathise and help patients overcome anxieties," she says.

### APRIL

Our April cover star Sadie Von Joel spoke to *RCN Bulletin* about her role providing hope to patients awaiting an organ transplant. Sadie is a transplant co-ordinator at one of the largest heart and lung transplant centres in Europe and assesses whether people are eligible for a transplant. "It's a very special moment when you tell someone a transplant will go ahead," she says. "You've built up a rapport with this person, got to know their family and know what a difference this will make to their lives."



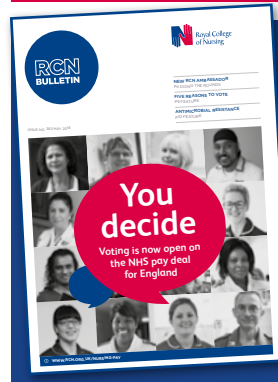
### FEBRUARY

With it being the month of romance, we met couples who found love through nursing. Cover stars Saana and Rebecca met while working in the intensive care unit of London's University College Hospital. "We're not short of difficult days and experiences due to the nature of our jobs," says Saana. "We were both working on the night of the London Bridge terror attack and it was a very shocking and upsetting shift. It was nice to go home together after that and be able to fully understand what each other had been through."



### MAY

We asked members working for the NHS in England to vote to accept or reject a three-year pay deal. The pay offer followed the RCN's campaign to scrap the 1% cap on NHS pay and our cover featured nursing staff from all different specialties with the headline: You decide.



### JUNE

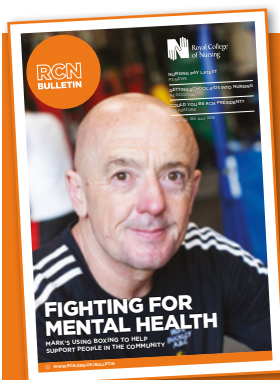
14 June marked a year since the devastating fire at Grenfell Tower in London. One of the first steps taken by the local NHS trust was to put together a nurse-led outreach team. We spoke to some of the team members including Emma Kennedy, a mental health nurse and outreach team manager. Initial aims in the aftermath of the fire 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," says Emma. "A lot of people don't want to talk."



### MARCH

In March we covered the RCN members who joined tens of thousands of protesters in London to fight for the future of the NHS. The protest culminated in a rally opposite Downing Street where RCN President Cecilia Akrisie Anim delivered a passionate speech. "Nursing staff are bearing the brunt of the enormous pressures facing the NHS," she said. "Staff at every level are experiencing burnout and many of our colleagues are turning their back on jobs they love."





## JULY

We met Mark Field who is using boxing to support people in the community after being dealt a life-changing blow in his late 20s. He'd been juggling his job as a health care assistant with a successful amateur boxing career and had just made the decision to go pro. But a brain scan ahead of a fight with legendary boxer Joe Calzaghe left his

dreams in shatters when it showed a frontal lobe cyst that could burst with just one punch. With time, support and medication, Mark recovered. He set up an amateur boxing club in north Wales and decided to become a psychiatric nurse. During his training he suggested to the consultant he was working with that boxing could help his clients. It's now 23 years since the club began and hundreds of people have passed through its doors.



It's a very special moment when you tell someone a transplant will go ahead. You've built up a rapport with this person, got to know their family and know what a difference this will make to their lives

Sadie Von Joel

## AUGUST

We caught a glimpse into the life of senior nursing lecturer Iain Keenan who volunteers for the RNLI, the lifeboats charity. Southend is one of the UK's busiest coastal lifeboat stations and Iain is sometimes on-call when he doesn't have teaching commitments. Call-outs can range from general first aid to people experiencing mental health issues. "I've never been one for an adrenaline rush, but I'm normally the one who gets called out to people in distress as the rest of the crew know I'm a nurse and have the skills to remain calm in these kinds of situations," he says.



## SEPTEMBER

In September, we asked what needs to happen to secure the future supply of nurses and continue to attract students like our cover star Rupert Davies to nursing. Rupert is an adult nursing student who left his accountancy career of 13 years for a more fulfilling role in nursing. "The main obstacle was the shift from a well-paid career to life as a student nurse, and the financial implications for my family," says Rupert. Despite that, Rupert says the satisfying feeling after a long placement shift outweighs anything he felt in his previous career.



## OCTOBER

We interviewed members who helped develop a new law in England and Wales to better protect nursing staff from assaults. In 2016, RCN UK Safety Reps Committee member Ali Upton attended a branch meeting where a member raised concerns that assaults on nursing staff didn't always result in prosecution.



With committee colleagues Billy Nichols and Denise McLaughlin, Ali took the issue to RCN Congress where they gained widespread support. Fast forward to this November, and the Assaults on Emergency Workers (Offences) Act 2018 makes it a specific new offence to assault emergency workers and health care staff who provide NHS-funded care.

## NOVEMBER

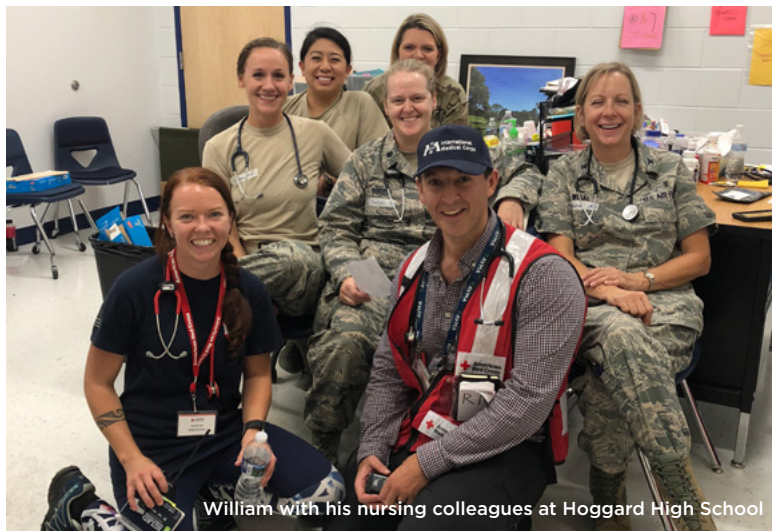
To highlight Transgender Awareness Week we looked at the work of members who care for people seeking treatment to bring their body into alignment with their gender identity. Lucy Evans, who featured on the cover with Iffy Middleton and Holly Mortimer, is a specialist nurse with the endocrine team at a London gender identity clinic. It's her role to monitor the physical effects on people having hormone therapy. "It's such a varied, exciting and innovative role," she enthuses.





## Nursing in a natural disaster

RCN member William Cobb spent eight weeks caring for victims of Hurricanes Florence and Michael in North Carolina as a volunteer for the American Red Cross. He shares his story



William with his nursing colleagues at Hoggard High School

I was at home in Bay City, Michigan, when my branch of the American Red Cross phoned. A state call had been put out for medical services to deploy to North Carolina, where Hurricane Florence was due to hit. I agreed to go to the expected disaster scene and arrived in Wilmington on 11 September.

I was the first nurse from the American Red Cross to arrive and went to work in a temporary shelter that had already had a power outage and was providing care for older and frail people. Though the storm was yet to make landfall, people had been forced to leave their homes as heavy rain lashed the area causing widespread flooding.

There were moments in those first few days that I will never forget. The moment an 80-year-old woman discovered her disabled son had drowned in the car she escaped from. The moment a man came to me saying he'd lost his house, his belongings and his

friends who had died during the floods. These were small points in time but form part of a much larger story of human suffering, compassion, love and heroism.

### Being put to the test

My personal experience of Hurricane Florence is one that tested everything I have ever known and experienced in health care. After moving to the main shelter in Wilmington, set up in Hoggard High School, I was responsible for leading and managing the nursing team, which at times had up to 60 voluntary and military workers.

I arrived at the shelter to find about 500 people displaced by the hurricane. Confusion, panic and fear could be seen in the eyes of each of them. A team of county nurses had been dispatched to begin the operation of medical coverage and this amazing team had built an intake area and triage unit which operated 24-hours a day.

We could be responding to anything from minor cuts to drug overdoses to major trauma and the management of chronic conditions. It was like working in a large-scale emergency department but with nowhere to discharge patients to and nowhere to go to at the end of your shift.

After a few days of working with the county nursing team, I began to take the lead and build a plan. A paramedic named Miranda was my first team mate to arrive and we quickly got to work organising the medical needs of this large group of people. Together we devised and implemented strategies to manage the complex assortment of cases.

The days progressed and the medical needs of clients increased. My experience became all the more surreal as we saw up to 1,000 people a day, with a nursing and medical team that changed constantly, and included United States military nurses who were deployed to assist.

I spent eight weeks in Wilmington, first helping people whose lives were torn apart by Hurricane Florence and then those who were affected by Hurricane Michael, which hit on 10 October. The experience has changed my whole outlook on life. It has shown me that in utter devastation, people will rise to the challenge of helping those in need and risk their lives to support others. It has been my honour, pleasure and privilege to meet some of these amazing people who I consider heroes and friends for life.

“

The experience tested everything I have ever known and experienced in health care

🕒 International Volunteer Day is held each year on 5 December. This year it celebrates volunteer efforts that strengthen community resilience in the face of natural disasters. Visit [un.org/en/events/volunteerday](https://un.org/en/events/volunteerday)



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## A dignified death for everyone

New resources have been launched as part of a collaborative project between the RCN Pain and Palliative Care Forum, Skills for Care, Hospice UK and a family fighting for fair end of life care

The educational resources include a film, a training facilitator handbook and learning reflection templates for all nursing and social care staff who may come into contact with people approaching end of life. They aim to raise awareness of the multiple challenges that can arise when a young person with complex needs is dying.

The work was inspired by the play *Bounce Back Boy*, written by Brian Daniels, to share the experience

of Josh Cawley and his family. Josh had complex needs caused by catastrophic injuries his birth parents inflicted on him when he was a baby which left him unable to speak or move from his wheelchair. He was adopted by Lynn Cawley who cared for him until he died at the age of 22.

Josh and his family's journey has acted as a catalyst for learning and this educational package seeks to spread the message of good end of life care for people like Josh,

and to challenge a system that so easily discriminates.

Dr Kate Lillie, lead on the project from the RCN Pain and Palliative Care Forum, says: "The experience of Josh and his family highlights the cost to patients, family and friends when care needs are not fully met. The forum was delighted to be involved in this important project and hopes the resources will support all nursing staff in the care of individuals with complex needs as the end of life approaches."

“

Why is there so little flexibility in end of life care?

Find out more and download the resources at: [tinyurl.com/yb8xrhgc](http://tinyurl.com/yb8xrhgc)

### 'We had to fight hard for access to a good death'

Josh's mum, Lynn, shares her experiences that led to the educational film and resources

"Like most other children and young people with complex needs, Josh suffered discrimination in all aspects of his life. We had to fight hard for good schooling, access to health and social care and ultimately, access to a good death.

"We became aware that Josh was coming to the end of his life in February 2012 and we made plans for him to die at home as our experience of hospital care had always been negative. We didn't know that we would spend the next few precious months fighting for basic rights afforded to other young people in Josh's situation.

"Josh became very poorly and we quickly realised we were out of our depth. We asked if he could go into our local hospice but were told that Josh's care needs were too complex.

"Community nurses did what they could but Ruth and I were left to care for our dying boy without the support we so desperately needed. Josh died in his bed in the living room and we were left bereft and confused.

"Why couldn't the hospice manage Josh's complex needs? Why is there so little flexibility in end of life care and why at the very end of life was Josh not offered the same opportunities for care as his peers?"



Lynn and her partner Ruth adopted Josh in 1994



## IN THE SPOTLIGHT



### Critical Care and Flight Nursing Forum

#### Who's the Chair?

After eight years David Quail will be stepping down as Forum Chair in January. Stuart Cox, a forum committee member since 2013, will be taking on the role. Stuart joined the forum because he wanted to improve standards of care for patients by helping to produce guidance documents for nursing staff in these specialties.

#### Recent highlights?

The forum holds regular events for members. In October, it hosted a flight nursing conference which was a huge success with the largest number of attendees in the forum's history. The forum has also been awarded funding to carry out some work around reducing fatigue to improve safety for both nursing staff and patients. As part of this work, the forum now sits on a national committee representing nursing alongside other health care professionals.

#### What's coming up?

Forum members are planning two events for 2019, one for critical care and one for flight nursing. Next year, members will be producing new guidance based on their work on fatigue, and will be working to update existing resources, such as medicines management guidelines for flight nurses working on their own abroad.

#### Why join?

Stuart says: "Becoming a forum member gives you the chance to get involved in creating good, practical guidance for nursing staff working in these areas.

"Another benefit is our forum Facebook group. It has 1,600 members so it's a fantastic resource. People post questions that they can't find answers to elsewhere and share clinical information and advice. It's a really good peer support network."

Find out more about the Critical Care and Flight Nursing Forum at [rcn.org.uk/forums](http://rcn.org.uk/forums) or visit their Facebook page.

## WHAT I'M THINKING



### Dave King

#### Nursing in Justice and Forensic Health Care Forum

Restraint has been high on the agenda in mental health and learning disability nursing for a long time. The revised Mental Health Act code of practice has been a key driver in recent years. Equally significant has been the benchmarking work undertaken by the Department of Health which highlighted worrying variances in the frequency, nature, reporting and definitions of restraint.

In 2013, the forum called on RCN Congress to vote in favour of working with the four health departments to review, accredit and regulate training in physical restraint. That resolution led to the publication *Positive and Proactive Care: Reducing the Need for Restrictive Interventions*. There has been much progress since then, and work is now being undertaken to provide an accreditation process for restraint trainers.

Last month the Mental Health Units (Use of Force) Act became law. Known as Seni's Law, after the tragic death due to restraint of 23-year-old Seni Lewis, the legislation aims to improve training, transparency and accountability in the use of restraint.

The experience of being restrained can be traumatic, terrifying, and even fatal. Take five minutes to look at Seni's Law – then take a while longer to reflect on Seni's short life and needless death.

Download *Positive and Proactive Care: Reducing the Need for Restrictive Interventions* at [rcn.org.uk/publications](http://rcn.org.uk/publications) (005 459)



## Improving understanding of endometriosis

The RCN Women's Health Forum has recently published an update to its guidance on endometriosis. This skills and knowledge framework aims to inform and enhance local practice and establish a baseline standard across the UK to improve care for women with this condition.

Wendy Norton, RCN Women's Health Forum Committee member, says: "Endometriosis is a complex illness that affects around one in 10 women, yet is often not quickly diagnosed. Care can be delayed due to a lack of awareness and understanding of the disease among health care staff. This can result in serious effects on the physical and psychological wellbeing of women with this debilitating disease."



The updated guidance sets out the importance of the clinical nurse specialist role in the diagnosis and treatment of endometriosis. It also includes a quick-glance factsheet for all health care staff, which provides guidance on how to recognise symptoms, sets out pathways of care and signposts to useful online resources.

Download the guidance at: [rcn.org.uk/publications](http://rcn.org.uk/publications) (007239)

# 16 EVENTS

For details of more events visit the region and country pages of the RCN website or go to [rcn.org.uk/events](http://rcn.org.uk/events)

## Birmingham

### Rehabilitation following trauma

**23 February**  
Birmingham City University  
Westbourne Road  
Birmingham B15 3TN

The World Health Organization estimates that 5.8 million people die each year as a result of injuries. However, this represents only a small fraction of the tens of millions of people who suffer injuries that lead to hospitalisation or treatment.

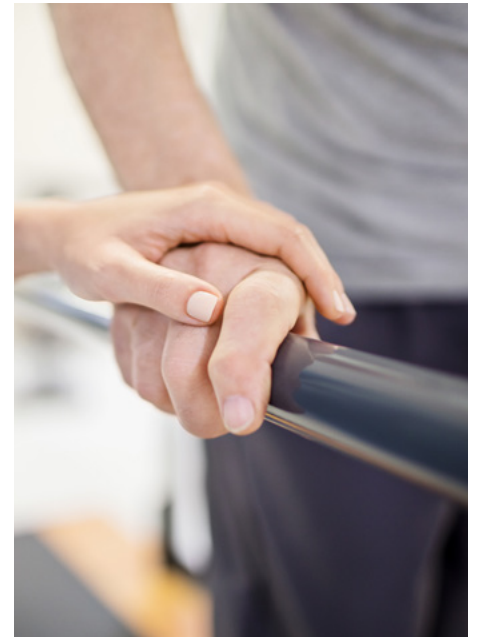
This workshop looks at some of the challenges and successes faced by those rehabilitating from their injuries, and is an opportunity to share ideas and network

with other nursing professionals who specialise in trauma care.

“Often the medical focus of trauma care is within the first few minutes, hours and days,” says Chris Carter, Chair of the RCN Defence Nursing Forum, which is running the event. “But we know that any complex trauma is a long journey that has an impact not only on the individual but their family.”

This event will help improve your practice by providing a wealth of information and updates relating to trauma care, including pain management and wound care.

📍 Visit [ren.org.uk/dn19](http://ren.org.uk/dn19) or call 02920 546 460.



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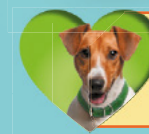
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## 60 seconds with...

...Macmillan Director of Nursing Barry Quinn, who has worked for more than 30 years in cancer and palliative care

Dr Barry Quinn started his health care career in 1985, volunteering in a hospice as a health care assistant. After being ordained as a priest he worked as chaplain to a hospice for a few years, entering nursing in 1991 after leaving the priesthood.

He has worked in cancer and palliative care for more than 30 years in hospice and hospital settings, and his previous roles include lead nurse for cancer and palliative care, consultant nurse and assistant director of nursing.

He took up his current role as Macmillan Director of Nursing and Cancer and Palliative Care at Bart's Health NHS Trust in London in April, a post he holds alongside his role as a senior lecturer at King's College London. He is also Chair of the European Oral Care in Cancer Group and is Consultant Editor of the RCNi journal *Nursing Management*.

### What are your main work responsibilities?

My trust has four hospital sites with more than 16,000 staff. My role involves supporting and developing staff and services and ensuring we respond and attend to the needs of people living with cancer and their families, and those with advanced disease.

### How did you get your job?

Throughout my 30-year nursing career I have developed clinical, leadership, academic and research skills. But perhaps the most important factor in getting this job was learning from the people I care for and the staff I lead and work with, alongside experience and training opportunities.

### Who are your clients/patients?

People living with cancer and their families, from diagnosis to treatment and recovery, and those with advanced disease.

### What do you love about your job?

Without a doubt the people I am privileged to nurse.

### What do you find most difficult?

In the changing health care environment, we can lose sight of the value of nursing and nursing leadership, what nursing as a profession brings to the health care discussion and how each nursing encounter can make a difference.

### What is your top priority at work?

The person living with illness and their family, followed closely by the colleagues I am privileged to lead.



### How have you developed your skills in this role?

Through my own experience of the ups and downs of life, the people I have met and the nursing opportunities I have been involved with.

### What has been your most formative career experience?

Taking the time to listen to the personal stories of those I have met, getting a glimpse of the person behind or beyond the illness.

### What will be your next career move?

I enjoy my current role and it is important for me to have a good work-life balance. As I get older any career move will reflect that.

### What is the best lesson nursing has taught you?

That there are some great and dedicated colleagues and there are other colleagues that I would prefer to give a wide margin to.

### What career advice would you give your younger self?

In my early 20s, a wise person told me to enjoy the journey and be less focused on the destination. This has helped me greatly.