

# RCN BULLETIN

ISSUE 396 SUMMER 2022  
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Royal College  
of Nursing

## WELLBEING

Five ways to combat  
compassion fatigue

## CAREER

Inside care home  
placements

## ADVICE

How to make a flexible  
working request

## ACTION

Our fight for ethical  
overseas recruitment

# DNA DETECTIVES

HOW TO USE YOUR PATIENT'S FAMILY TREE  
TO PROVIDE MORE TAILORED CARE



This issue of *RCN Bulletin* went to press on 26 May.

Find the latest information from the RCN: [rcn.org.uk](http://rcn.org.uk)

Pat Cullen

## A moment with Pat

Colleagues, as you read this, it's likely we'll be just days away from the start of our flagship nursing conference – RCN Congress – in Glasgow.

It'll be the first time in three years that we've been able to hold an event of this scale and significance in person, and my first opportunity to speak to members directly about my vision for this role.

Congress is such a unique and enriching experience for those able to attend, and this year we're expecting thousands to join us to learn, debate the profession's most pressing issues, and network.

You can benefit from joining us online too – all the speeches, debates and learning events will be livestreamed – and you can catch up on demand afterwards as well.

I'll be using my speech at Congress to outline my priorities and commitment to you. Later this year, we'll be releasing a five-year strategy for the RCN, and with your support, it will be the most inclusive and ambitious in our history.

For nursing to keep advancing, the true potential in every one of us must be reached. Our appetite to learn and develop must be matched by opportunities to do so.

That's why this summer, the RCN Group is launching a new portal that brings together over two thousand pieces of learning and guidance into one place for the first time.

The RCN I lead will have professional development as a fundamental part of what it means to be a member – no matter your role or point in your career. We'll empower the nursing workforce and embed a learning culture within health care delivery so all members can realise their goals.

At Congress, I'll also be revealing details of a new report about your experiences of safe staffing.

Tune in at 11.45am on Monday 6 June to find out how we'll use it to fight for change:

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

**Pat Cullen**  
RCN General Secretary  
& Chief Executive

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### Story to tell?

Don't forget, this is your magazine. If you've got a story to share, or there's a topic you'd like to see covered in a future issue, get in touch. Send an email to [bulletin@rcn.org.uk](mailto:bulletin@rcn.org.uk)

Catch up on all the latest from *RCN Bulletin* online: [rcn.org.uk/bulletin](http://rcn.org.uk/bulletin)

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## NHS pay deal expected soon

The UK government is due to announce what pay rise NHS staff in England will be awarded for 2022/23 in the coming weeks. The decision will have an impact on what funds are available for an NHS pay rise in other UK countries and an announcement by the Welsh government is expected to follow.

The Scottish government is negotiating NHS pay directly with unions, with talks having started recently. The situation in Northern Ireland is complex as at the time we went to press, a government hadn't been formed following elections in May.

We're demanding a pay rise of 5% above inflation for NHS staff across the UK. Keep up with the latest news: [rcn.org.uk/news](https://rcn.org.uk/news)



### Our fight goes on

We've pledged to keep campaigning for the nursing workforce crisis to be fixed after a new law for England was passed without key changes to make government ministers more accountable for safe staffing. The Health and Care Bill received Royal Assent in April and sets out key changes to reform the delivery and organisation of health services. Find out more: [rcn.org.uk/health-and-care-bill](https://rcn.org.uk/health-and-care-bill)

Meanwhile, in Scotland, we're putting pressure on the government to implement the Health and Care (Staffing) (Scotland) Act 2019, which has been delayed due to the pandemic. We've lodged a petition with the Scottish parliament calling for action: [rcn.org.uk/safestaffing/scotland](https://rcn.org.uk/safestaffing/scotland)

In Wales, our petition demanding the Nurse Staffing Levels (Wales) Act 2016 be extended to community and mental health nursing has hit 10,000 signatures, meaning it'll be considered for a debate in the Senedd. Learn more: [rcn.org.uk/safestaffing/wales](https://rcn.org.uk/safestaffing/wales)



5-9 June  
FREE

Our flagship nursing conference is back

Watch live debates, keynote speeches and lectures, plus catch up on demand. See the full programme and register: [rcn.org.uk/congress](https://rcn.org.uk/congress)

Book now to attend virtually

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## TOP FIVE

### New resources

1. **Raising concerns toolkit.** Online resource to help you escalate issues at work: [rcn.org.uk/raising-concerns-toolkit](https://rcn.org.uk/raising-concerns-toolkit)
2. **Menopause at work.** What employers should be doing to support people through this life change: [rcn.org.uk/menopause-at-work](https://rcn.org.uk/menopause-at-work)
3. **Neurodiversity guidance.** Advice to support nursing staff and students who are neurodiverse: [rcn.org.uk/publications](https://rcn.org.uk/publications) (code 010 156)
4. **FAQs for international nursing staff.** Covering registration in the UK, employment contracts, working through agencies and more: [rcn.org.uk/international-nursing-FAQs](https://rcn.org.uk/international-nursing-FAQs)
5. **Immunisation services delivery.** Practical and clinical guidance for vaccine administration: [rcn.org.uk/immunisation-services-delivery](https://rcn.org.uk/immunisation-services-delivery)

## Did you know?

It's been a year since we launched our Nursing Workforce Standards, which outline what's needed to ensure services are properly staffed, safety is prioritised, and nursing professionals are supported to perform their best. They're being used by members to fight for change in their workplaces. Find inspiration for how they could support you: [rcn.org.uk/nwf-case-studies](https://rcn.org.uk/nwf-case-studies)

## MILEAGE RATES MISSION

We've been campaigning to get mileage rates increased for nursing staff who use their cars for work. As the fuel crisis continues, the cost of petrol remains high, leaving many members out of pocket. We've helped secure a temporary increase of 5p per mile for NHS staff in Scotland and Wales, and negotiated with employers elsewhere to get staff compensated. We'll continue to push for a national agreement on NHS mileage rates as well as campaign for extra payments in social care: [rcn.org.uk/mileage](https://rcn.org.uk/mileage)

## Fill your basket for less



**Working hard to keep patients safe? We'll help you save money on your weekly shop.**

Fill your trolley and spend less on your weekly shop with 5% off at Sainsbury's, 4% at Tesco and 4% at Morrisons. Simply purchase a reloadable shopping card from RCNXtra and start saving.

*Xtra benefits. Xtra easy.*  
[rcn.org.uk/member-discounts](https://rcn.org.uk/member-discounts)



BIG PICTURE

Our Royal Patron Queen Elizabeth II, a staunch supporter of nursing staff and the Royal College of Nursing throughout her long reign, visiting our London headquarters in Cavendish Square in 1945.

**‘We must start conversations about gender’**

If you asked nursing staff, what are the most uncomfortable things to talk to patients about? They’d likely say: death, cancer, sexuality and gender.

Given that gender is such a key part of who we are as individuals, if we don’t have those conversations, we’ve failed to achieve patient-centred care.

As nursing staff, every single one of us should be working to ensure that people feel their unique health needs are met with dignity, respect and humanity.

Trans people deserve to have our identities acknowledged.

If gender isn’t discussed, issues may arise when we require care on a gender-segregated ward. Or when we’re seeking treatment related to the reproductive system we were born with.

Having these conversations needn’t be hard. When I first see a patient, I ask: how would you like to be addressed? That allows them to say: “It’s Bill, not William. It’s Mr or Ms or Mrs. It’s she or he.”

Once you know, you can address that person correctly and respectfully and find solutions to care-related issues. We also need to question our assumptions. Where did our ideas of male/female and feminine/masculine come from? How do we interact with people whose sexuality or gender differs from our own?

If we’re not doing more to educate people, we’re not going to reverse the problem. Nursing staff at every level must make gender a routine consideration in care.

**Liz, retired nurse**

Read more from Liz on the importance of pronouns: [rcn.org.uk/gender-conversations](https://www.rcn.org.uk/gender-conversations). Find the RCN’s Respect Charter: [rcn.org.uk/respect](https://www.rcn.org.uk/respect)

**Personalised uniforms**

My university has paid for all first-year nursing and health care students to have our names embroidered on our tunics.

When you’re just starting out as a nursing student, confidence can be a challenge. Seeing my name embroidered on my uniform has made me feel part of the team and recognised as a professional.

When we’re out on placements everyone can see at a glance who we are. Staff have commented on how helpful it is and patients have welcomed it too.

Of course you introduce yourself when you meet a patient, but if they’re feeling a bit anxious, they’re unlikely to remember your name and role.

Students in other years at my university are still using name badges, but I think embroidered uniforms have some clear advantages. Infection control is so important and badges must be sterilised regularly.

Badges with magnets can also interfere with electronic devices. They can wear out and begin to look tatty. Sometimes placement providers can forget to give you one, or you lose it.

Having a tunic with my name embroidered on it is personal to me – it’s something I know is mine.

It makes me feel proud.

**Ronan, nursing student**





Members celebrated Nurses' Day on 12 May, using this year's theme #BestOfNursing to showcase the incredible work nursing staff do every day across the UK. Find out more and watch our specially made film: [rcn.org.uk/nursesday](http://rcn.org.uk/nursesday)

Proud to be a nurse!  
A privilege to be accepted into people's lives to help them work through the tough times.  
Sian



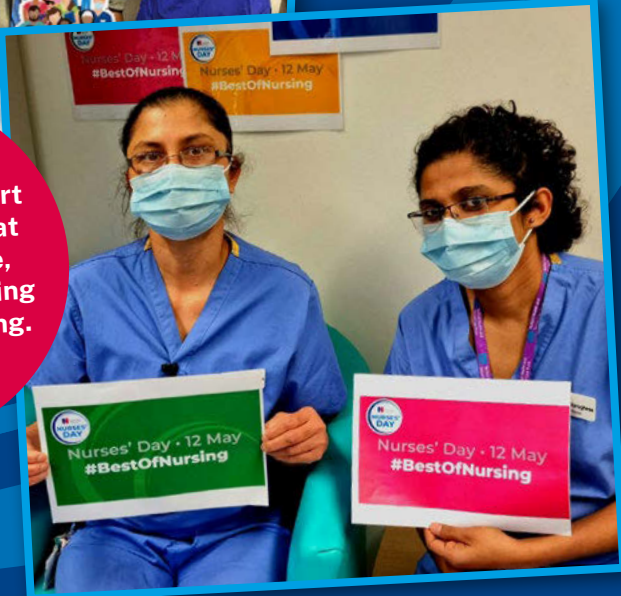
What an honour it is to be a nurse and make such a difference.  
Jenny



Thank you to each and every one of you for all you do.  
Natasha



Privileged to be part of a profession that is compassionate, dynamic, questioning and forever learning.  
Donna



# Genomics: exploring the family tree

How this growing branch of health care can help you find inherited risks and provide more tailored care

Illustration by  
Andrea Ucini

Genomics is the study of the whole genome, which comprises all the genetic information of an individual. This information can help to support diagnosis of a health condition, predict the likelihood of developing a condition in later life, and inform treatment pathways.

It's increasingly becoming part of mainstream care, and Tracie Miles, Associate Director of Nursing and Midwifery at the NHS South West Genomic Medicine Service Alliance, encourages all nursing staff to know the basics.

## The 'Jolie' gene

Many people's first introduction to genomics was when actress Angelina Jolie went public about an inherited mutation in her BRCA gene in 2013.

The BRCA gene is a tumour suppressor gene, responsible for repairing DNA. A mutation, change or alteration in this gene makes the patient more at risk of certain cancers, such as in the breasts, ovaries and fallopian tubes, and a patient with a BRCA mutation might go on to have risk-reducing surgery.

"Angelina's story raised considerable awareness of genomics," says Tracie, who was a gynaecological cancer specialist nurse at the time.

Following the news, Tracie soon saw many ovarian cancer patients asking her about the 'Jolie' gene. That's when she decided to improve her knowledge of genomics to offer better patient-centred care.

## Moving it mainstream

There are seven regional genomic medicine service alliances in England, each aligned with seven genomic laboratory hubs – where the genetic tests are carried out. Each of the devolved nations have their own genomic testing network.

Their goal is to roll out genomic testing within secondary care, as part of a treatment pathway, reducing the need to refer patients to a separate clinical genetics service.

"This could take place in oncology, cardiology, even respiratory units – anywhere genetics might play a substantial role in a patient's health

outcome," says Tracie. "This new pathway is an example of mainstreaming, but it requires more staff to be trained and educated in genomics."

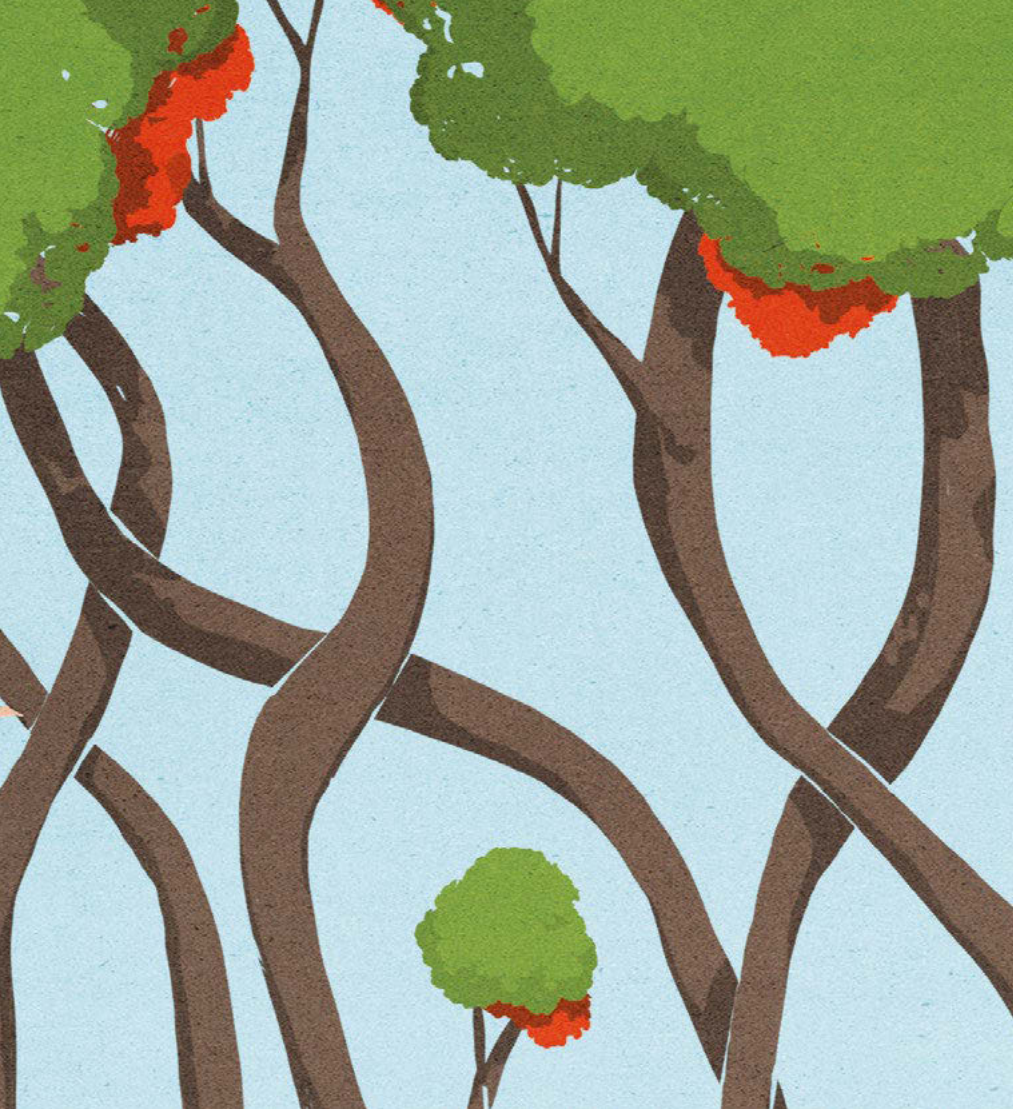
## Genomics in practice

Tracie is trained to discuss genetic testing with patients and their families – this is what she calls counselling and consenting. "Many nursing staff think they haven't got time to train, haven't got time to counsel and consent patients, haven't got time to learn," says Tracie. "But there are so many clinical reasons to encourage genomics education."

There are many different conditions and syndromes linked to cancer risk that testing can spot.

Lynch syndrome, like BRCA, carries a higher risk of colorectal and endometrial (womb) cancers. "We know that womb cancer is often the signal cancer in Lynch syndrome," says Tracie.

"We might be able to successfully treat a patient for their womb cancer, but if we don't offer testing for Lynch, we could miss the opportunity to spot another cancer early, and the patient



“

## Genetic testing can be a gift to families

### **i** Find out more

Health Education England runs a Genomics Education Programme to help health professionals make best use of genomics in their practice: [genomicseducation.hee.nhs.uk](https://genomicseducation.hee.nhs.uk)

Genomics sits within the RCN's Public Health Forum and we have a handy online subject guide for members: [rcn.org.uk/genomics](https://rcn.org.uk/genomics)

Words by Becky Gilroy

could be back in hospital requiring more complex intervention.

### More than cancer

“Nursing staff might think genomics is a job for genetic counsellors, and they might feel intimidated by the subject if they don't know much about it.

“But genomics can play a role in so many areas. Respiratory nurses, for example, don't need to know about gynaecological or cardiac genomics, but they should know about genomics in their field and signpost patients accordingly.

“We don't have to become experts, but genomics has moved from niche to necessity. We are seeing an element of genomics in so many care pathways.”

The COVID-19 pandemic has also highlighted the important role genomics plays. “The language we hear on the news is about genomics – things like variants, for example – have made the general public familiar with the concept of genetic mutations. We developed the COVID-19 vaccine because we understand how DNA works. We are generation genome.

“Our patients are savvier and more able to hear the genomic message, so now is the time for more nursing staff to get on board.”

### Talking about genetics

Genomic literacy means having a level of competence and confidence to talk about genetics.

“Family histories can be complicated, but nursing staff are already listening to family histories every time they meet a patient,” Tracie says.

“They're at their bedside, in their home, or preparing them for surgery, and patients will already be telling staff about themselves, their health, and their loved one's health. They've already started taking a rudimentary family history.”

For example, a nursing assistant might be talking to a patient on a cancer ward. The patient might mention they have cancer in the family.

In this instance, that nursing assistant's genomic literacy might simply be understanding that the patient is talking about genomics and recognising that they might not be able to help them any further.

They can respond: I understand you want to talk more about your family history, and you might be thinking there's a genetic link. This is not my field of expertise, but I can introduce you to another health professional who can take the conversation on further.

### Beyond one patient

“Genomic testing can be a gift to families,” says Tracie. “It allows you to future-proof family health to a certain extent. It can help with cancer surveillance, predict diabetes, and it allows us to reduce the risks of cancer. We're not just testing the patient, we're testing their wider family.”

If testing picks up an inherited change, then the family can be offered predictive testing to see if they too carry an alteration or mutation.

“This gives the family members the option to understand the implications of predictive testing,” Tracie explains.

# Five ways to combat compassion fatigue

Emotional resilience coach and former frontline nurse Jayne gives her top tips on understanding and overcoming empathy-sapping exhaustion

“When you work in nursing, you’re an emotional athlete. And in the same way athletes look after themselves to win the race, they also look after themselves so they don’t get hurt,” says Jayne Ellis.

“What you’re being asked to do emotionally is huge, and we have to take better care of ourselves.”

After working as a nurse for 30 years, Jayne stepped away from a frontline role five years ago. Her first-hand experiences of compassion fatigue mean she’s acutely aware of the emotional toll of working in a caring role and is passionate about raising awareness.

“At my lowest ebb I sat on the kitchen floor, wondering what to do,” says Jayne, recalling her breakdown.

“Nursing had just about broken me. The huge workload, chronic understaffing and keeping going for longer than I should have had once again resulted in a massive panic attack.”

Jayne says she followed the conventional wisdom of taking sick leave, counselling and prescribed medication and returned to work as “mended”, but each time she discovered nothing had changed.

“At the time I didn’t realise that what I was experiencing was this thing called compassion fatigue. Because I didn’t know what it was, I didn’t recognise the symptoms.”

## What is compassion fatigue?

Jayne says it was first written about in the late 1980s by psychologist Charles

Figley, who described compassion fatigue as the inevitable consequence of being immersed every day in other people’s suffering.

“It’s the physical and emotional reaction to the trauma you witness,” she adds.

“It’s an occupational hazard. The symptoms will ebb and flow depending on what you’re being asked to do, the intensity of the conditions you’re working in and also what’s going on at home.

“Obviously, the pandemic has shone a light on the issue, but it’s been a problem for a long time.”

## What are the symptoms?

Symptoms include a constant feeling of anxiety, finding it difficult to relax and switch off, feeling breathless and unable to sleep. “People tend to start micro-managing – not just at work, but at home too,” adds Jayne.

“On the outside people may seem very organised but underneath they’re peddling like hell as they’re on this adrenaline treadmill. To step off and relax is very hard.

“They may tip into feeling irritable and fly off the handle at small things or start to feel withdrawn and detached. It’s the feeling of having given everything and being emotionally spent.”

The constant stress, Jayne says, can affect the immune system, with some people experiencing multiple minor illnesses, or headaches and back and neck pain.

## Can you recover?

With help, you can, says Jayne. “A big first step is recognising what compassion fatigue is. I’ve developed training\* to address the emotional impact of nursing, with sessions covering the stress response, as well as emotional resilience and self-compassion.

“I help people develop an individualised care plan and look at what can be done organisationally. Too many organisations go for a reactive approach to emotional health and safety. The balance needs to shift to 90% proactive and 10% reactive,” she adds.

“It’s so uplifting to hear from people who’ve become kinder to themselves and their colleagues as a result of my training – that it’s brought more kindness into their work.”

It’s this feedback that motivates Jayne to keep raising awareness of the issue and continue campaigning for emotional health and safety to have equal status to physical health and safety in every industry across the UK. “By the time I retire, I want emotional health and safety training to be mandatory – that’s what I’m going for,” she says.

*Words by Sophie Goode*

*\*Jayne’s training isn’t accredited or endorsed by the RCN*

 Find out about our free counselling service: [rcn.org.uk/counselling](https://rcn.org.uk/counselling)



**1 Be kind to yourself** – especially when you're experiencing a lot of stress at work. Spend at least 10 minutes a day doing something you love away from work – be it time in nature, walking, or time with friends – something that will refill your emotional cup.

**2 Think about food intake** – instead of feeling stressed and turning straight to the sugary snacks, be mindful of eating healthily and regularly to refuel yourself.

**3 Spend time relaxing** – it's easy to stay on the treadmill of life but you need to take yourself down to baseline anxiety level. This could be by doing something as simple as listening to music, doing

mindfulness exercises, tai chi, or anything that helps with your breathing. Try to practise when you're not feeling stressed so you can use it as a tool when you are.

**4 Recharge your batteries** on a daily basis – refuel, relax, and sleep. When we talk to people about what it is that drains their battery most, they say lack of sleep. Wherever possible, set yourself up for a good night: [rcn.org.uk/sleep](https://rcn.org.uk/sleep)

**5 Keep on top of life admin** – having a tidy house and keeping domestic paperwork in order will help you feel able to focus on your job and less likely to worry about home life.

“

It's the physical and emotional reaction to the trauma you witness

### What should your employer be doing?

Sarah Murphy from the RCN counselling service says: "It's the employer's responsibility to provide a safe working environment as it's the nature of your work that's the main contributing factor to developing compassion fatigue.

"There's lots you can do to care for yourself. Talk to your colleagues, share experiences and don't be worried about seeking help."

Our Healthy You resources support members to lead a healthy life so you can maintain both physical and mental wellbeing.

Develop and maintain your own self-care plan to help prevent and manage emotional stress: [rcn.org.uk/healthy-you](https://rcn.org.uk/healthy-you)

### Join the debate

Members at RCN Congress between 5-9 June will discuss whether there should be increased awareness of compassion fatigue and its potential impact on patient care.

Watch the debate live online by registering in advance: [rcn.org.uk/congress](https://rcn.org.uk/congress)

Stock image

# 'Some nurses are effectively working for free'

Some employers are forcing overseas nursing staff to pay thousands of pounds in unlawful fees if they want to leave their jobs. Here's how we're fighting back

Gail is furious. As an RCN officer, she's spoken to far too many international nurses facing huge bills they shouldn't have to pay.

"Some nurses are effectively working for free after having money unlawfully deducted from their wages," she says. "These nurses are frightened. The last thing they want is to rock the boat or get involved in the UK legal system. So, with their eyes firmly fixed on securing their long-term future in the UK, they're paying. Dishonest employers are taking advantage of their vulnerable situation."

There are, of course, fees to pay when nurses are recruited from overseas. But for many, problems arise when they seek to leave their initial employment for a job elsewhere.

Suddenly, exaggerated costs appear that weren't previously discussed. Sometimes new contracts are issued, with lengthier notice periods, or containing additional fees for retrospective recruitment, travel or training. In a number of cases, existing fees have jumped to £14,000 with no evidence for the additional costs being reclaimed.

**i** Ethical overseas recruitment is one of the issues being debated at RCN Congress in Glasgow between 5-9 June. It's free for members to attend in person or online. Join the event to learn, share best practice and influence our work: [rcn.org.uk/congress](https://rcn.org.uk/congress)

“

**We have a strong legal team these employers won't want to face in court**

employer, had deductions taken from their salaries ranging from £2,000 to £9,000.”

Due to their skilled worker visa status, these nurses are reliant on employers to maintain their ability to remain in the UK. Foremost in their minds are their family commitments and their desperation to avoid any inference of wrongdoing.

“They're too frightened to do anything other than make the payments when their employers threaten them with court action. Employers are using the threat of removal from the UK if they don't pay,” says Gail. “If you're in this situation, please tell us now. Or, if you know a member who's facing this, tell them to contact the RCN urgently. We understand how frightening it must feel but we're here to help, and we have a strong legal team and immigration experts who these employers won't want to face in court.”

### What will the RCN do?

We'll advise and support members not to sign these new contracts. We'll also push employers to provide evidence of their costs. If this can't be provided, members shouldn't have to pay.

Gail adds: “Nursing staff shouldn't sign any new contracts or accept terms of employment without seeking support and advice. Employers could claim they were given authority to reclaim money if these were inadvertently signed. Anyone who's being asked to repay money should contact the RCN. We'll check to see what's payable. Please don't put up with paying extortionate fees. This wouldn't happen to nursing staff from the UK. It shouldn't happen to any RCN member.”

In addition to supporting individual members with their cases, the RCN is raising this at national level, and placing the issue firmly on the Department of Health and Social Care's agenda.

*Words by Sharon Palfrey*

**GET HELP:**  
rcn.org.uk/  
get-help

Stock image

Some employers are also withholding references until fees are paid. Nurses are frightened they won't be able to start a new job without these vital documents so feel they're left with no alternative but to pay.

### Bullying tactics

Nurses aren't legally obliged to stay with these employers, but many are too scared of losing their potential UK citizenship to challenge the decisions.

Gail explains: “Employers are using bullying tactics to unlawfully take money from these unsuspecting staff. I've represented several nurses who, when they said they wished to leave an

## Deductions from your pay – what's lawful?

In some cases Gail's dealt with, fees of £3,000 for a certificate of sponsorship have been charged. This is not within the licence agreement with the Home Office.

The Employment Rights Act 1996 affords protection against unlawful deductions from wages to employees, agency workers and apprentices, but not self-employed people.

Your employer isn't allowed to make a deduction from your pay or wages unless:

- it's required or allowed by law, for example national insurance, income tax or student loan repayments
- you and your employer agree the deduction in writing
- the contract of employment states they can do this
- there's a statutory payment due to a public authority
- you've not worked due to taking part in industrial action
- it's the result of a court order or employment tribunal decision.

# Breaking free from hepatitis C

Award-winning charge nurse Kirsty is helping reduce cases of the virus in prison

“We’re caring for some of the most vulnerable and isolated people in society,” says Kirsty John, a nurse at HMP Cardiff, who’s working to eliminate hepatitis C among inmates.

Kirsty, formerly a prison officer, works hard to advocate for her patients. Last year, she was awarded RCN Wales Nurse of the Year 2021, in part for her efforts to provide COVID-19 testing for every person arriving in custody and setting up a vaccination hub within the prison.

Now she’s intent on implementing a rigorous Hepatitis Intensive Test and Treat (HITT) programme, with the aim of her prison becoming a micro-elimination site, following in the footsteps of HMP Swansea which was the first remand prison (where people are detained before trial) in the UK to achieve that status in 2019.

## What is hepatitis C?

Hepatitis C is a virus that affects the liver and left untreated can cause serious and life-threatening damage. It often doesn’t have noticeable symptoms, or the symptoms are mistaken for other conditions, meaning many people have the infection without realising.

The hepatitis C virus is spread through blood-to-blood contact, with most infections happening in people who inject drugs or who’ve injected them in the past. But there are other routes of transmission which mean it can spread rapidly in prisons.

“Quite often people are shocked they’ve had a positive result and tell me they’ve never injected drugs before,” says Kirsty. “But the lesser-known ways of getting infected, through sharing razors, toothbrushes, hair clippers and

other items, can be prevalent in a prison setting.”

To eliminate the virus, widespread testing with fast access to results is vital. Though this has been a challenge during the pandemic with COVID-19 testing taking priority, Kirsty’s ensuring that hepatitis C testing picks up pace.

Now all prisoners coming into HMP Cardiff are tested upon arrival, with a mouth swab rapid result within 40 minutes.

If prisoners get a positive result, they have an immediate one-to-one consultation so treatment can start straight away. Those who test negative or are antibody positive are enrolled on a regular testing scheme to ensure no undetected new infections fall through the net.

From then on, it’s about providing education and busting myths about hepatitis C, how it’s transmitted and treated. With modern medicines, it’s usually possible to cure the infection, and most people with it will have a normal life expectancy, but often patients are concerned about the humiliation they might face and whether they’ll recover, Kirsty says.

“Previously, the treatment was likened to chemotherapy in how invasive and intense it was, which made a lot of people very worried,” she explains. “But times have changed. We now use direct acting antiviral medicines: a course of tablets which are 97% effective.”

The impact of education extends beyond the prison walls. For Kirsty, it’s about sharing knowledge so that patients complete their course of treatment and prioritise their health after release.



Tackling stigma is important

## Could you be our next award-winning member?

Nominations are now open for the RCN Wales Nurse of the Year Awards 2022. Find out more and submit your entry by 30 June: [rcn.org.uk/wales-awards](https://rcn.org.uk/wales-awards)

Nominations for the RCN Scotland Nurse of the Year Awards 2022 are also open until 19 July: [rcn.org.uk/scotland-awards](https://rcn.org.uk/scotland-awards)



The HITT programme provides an opportunity to stress the importance of long-term self-care.

“There’s such a fast turnover in our prison population that before we’d implemented HITT, patients were often back in the community by the time a positive hepatitis C result came back,” Kirsty explains.

“We needed to do something because it’s difficult to follow up these cases. People become disillusioned or sometimes don’t have the information they need about the full effects of the virus.”

### Beyond prison walls

Within the prison, there’s a focus on preventing re-infection and providing emotional support to those who test positive. Kirsty organises visits from external specialists to give interactive talks and run workshops. She also sets up peer support through the Hepatitis C Trust.

“This opens up conversations, breaks down barriers and ensures patients have autonomy over their care,” she says.

As a former community substance misuse nurse, Kirsty has a deep understanding of addiction, and her connections with the community bloodborne virus team have helped maximise the impact of her work.

She’s keen that people get the support they need once they leave prison, and importantly, continue their course of treatment. “Tackling stigma is important,” she stresses. “We need to enable positive outcomes for patients and re-integration into society, rather than reaching for coping mechanisms and cycles that may further harm their health and inhibit recovery and rehabilitation.”

The project has been made possible through partnerships with Public Health Wales and specialist blood borne virus services, which obtained funding for it. “This strong collaboration ensures the best possible continuity of care for patients and creates the holistic approach to prevention and cure that’s at the heart of our success,” adds Kirsty.

Words by Kate Israel

### Spot the symptoms

Hepatitis C often doesn’t have any noticeable symptoms until the liver has been significantly damaged. This means many people have the infection without realising it. When symptoms do occur, they can be mistaken for another condition. The only way to know for sure that it’s hepatitis C is to get tested.

Symptoms can include:

- flu-like symptoms, such as muscle aches and a high temperature
- feeling tired all the time
- loss of appetite
- stomach ache
- feeling and being sick.

 Information from the NHS website: [nhs.uk/conditions/hepatitis-c](https://www.nhs.uk/conditions/hepatitis-c)

# Flexible working: what's possible?

Changes to NHS terms and conditions mean nursing staff now have more power to secure a working pattern that best suits them. Find out what your rights are and how to use them

Changes in childcare, seeking a better work-life balance or fitting in study may mean the job you once loved becomes difficult to manage around other commitments. Rather than looking for a new role, it's worth exploring more flexible working.

Since September 2021, those employed by the NHS in England and Wales have the contractual right to request flexible working from day one of their employment, make more than one request a year and access an escalation process if their initial request is refused. In Scotland, the day one right to request has been agreed, while other provisions are

being discussed as part of the "Once for Scotland" policy. Northern Ireland is expected to follow the England and Wales provisions in time.

"If you work for the NHS in England, Scotland and Wales, there's now no qualifying period before you can ask to work flexibly and in England and Wales there's no limit to the number of applications you can make," says RCN National Officer Gill Morgan.

"You don't need to give a reason why you're seeking a change – everyone can ask. And you shouldn't just be turned down by your employer. They must

Words by  
Lynne Pearce

“

We don't want people to feel they can't ask for flexible working because of staffing issues



consider your request seriously, discuss it and any variations to it with you, and if they can't agree to it, give a very clear and detailed reason why."

**Tips for applying**

Talk to your local RCN rep first or seek advice direct from the RCN, says Gill. "Remember that if you're planning to reduce your hours, you need to be clear about things such as how that might impact your pension and annual leave," she says. Even if your overall hours stay the same, your pay may alter if your new pattern changes the number of unsocial hours you work.

Rather than having just one option for flexible working, try having two or three that might work for you, suggests Gill. "That way you can say to your manager, if you don't think that will work, how about this?"

Think about the benefits of your proposal for your team and the wider organisation, advises NHS Employers. "By preparing for some of the questions your line manager may ask you, it will help you to have a better conversation,"

they say. They also encourage staff to have an informal chat with their line manager at the outset.

While it may not be possible to continue working as you'd like in your current ward or clinic, it may be achievable elsewhere with the same employer, advises Gill. "You need to consider what's most important to you," she says.

With the aim of improving consistency, the new provisions include an escalation stage if a line manager doesn't initially agree a request, as well as an appeal process against any final decisions.

Employers are also expected to promote flexible working options at the point of recruitment and through one-to-ones, appraisals and team meetings.

Although the NHS is still experiencing significant and continuing pressures, it's important not to let this stop you asking for different arrangements.

"We don't want people to feel they can't ask, because they don't think they'll get it due to staffing issues," says Gill. "You still have a contractual right to make your request, even if there are vacancies in your workplace or no-one else is working flexibly.

"Ultimately, I'd like to see people discussing the art of the possible – let's look at what we can do.

"Surely, it's worth a manager taking the time to discuss and agree mutually acceptable options with a member of their team, rather than lose that individual from the workforce?"

**What are the options?**

Common types of flexible working include:

- fixed working patterns – giving certainty over hours worked and/or location
- part-time working
- flexi-time around core hours
- averaged hours over an agreed period, which may be annual, biannual, quarterly or monthly
- compressed or elongated hours, allowing work to be condensed or stretched over a specific time
- job-sharing
- school term-time working
- swapping hours
- voluntary reduced working time
- a career break
- flexible retirement
- homeworking for some or all of the time
- shift work.

Find out more about these options and how to make a flexible working request: [rcn.org.uk/flexible-working](https://rcn.org.uk/flexible-working)



**What about the independent sector?**

Although the new arrangements only apply to those who work in the NHS, independent health and social care employers can determine their own policies which must comply with minimum legislative requirements. All employees have the statutory right to ask for flexible working if they:

- are an employee – but not an agency worker or in the armed forces
- have worked for their employer for 26 weeks continuously before applying
- have not made another application to work flexibly during the previous 12 months.

Employers must deal with any requests in a "reasonable manner". For example, they should:

- assess the advantages and disadvantages of the application
- hold a meeting to discuss the request with the employee as soon as possible
- offer an appeals process.

**i** The NHS Employers website has guidance and resources on the contractual provisions for flexible working. They include different flexible working scenarios, frequently asked questions and a request flowchart.

Find out more: [tinyurl.com/nhs-flexible-working](https://tinyurl.com/nhs-flexible-working)

# Home advantage: the benefits of care home placements

Care homes provide a unique and positive learning experience for nursing students, says Sarah

“What’s the point of a placement in a care home?” I’ve been asked. “Won’t this just be about nursing skills I already have?”

Nursing students, many of whom already have extensive caring experience, quite rightly want opportunities to develop their skills during a clinical placement. But a care home placement is about far more than the fundamentals of nursing.

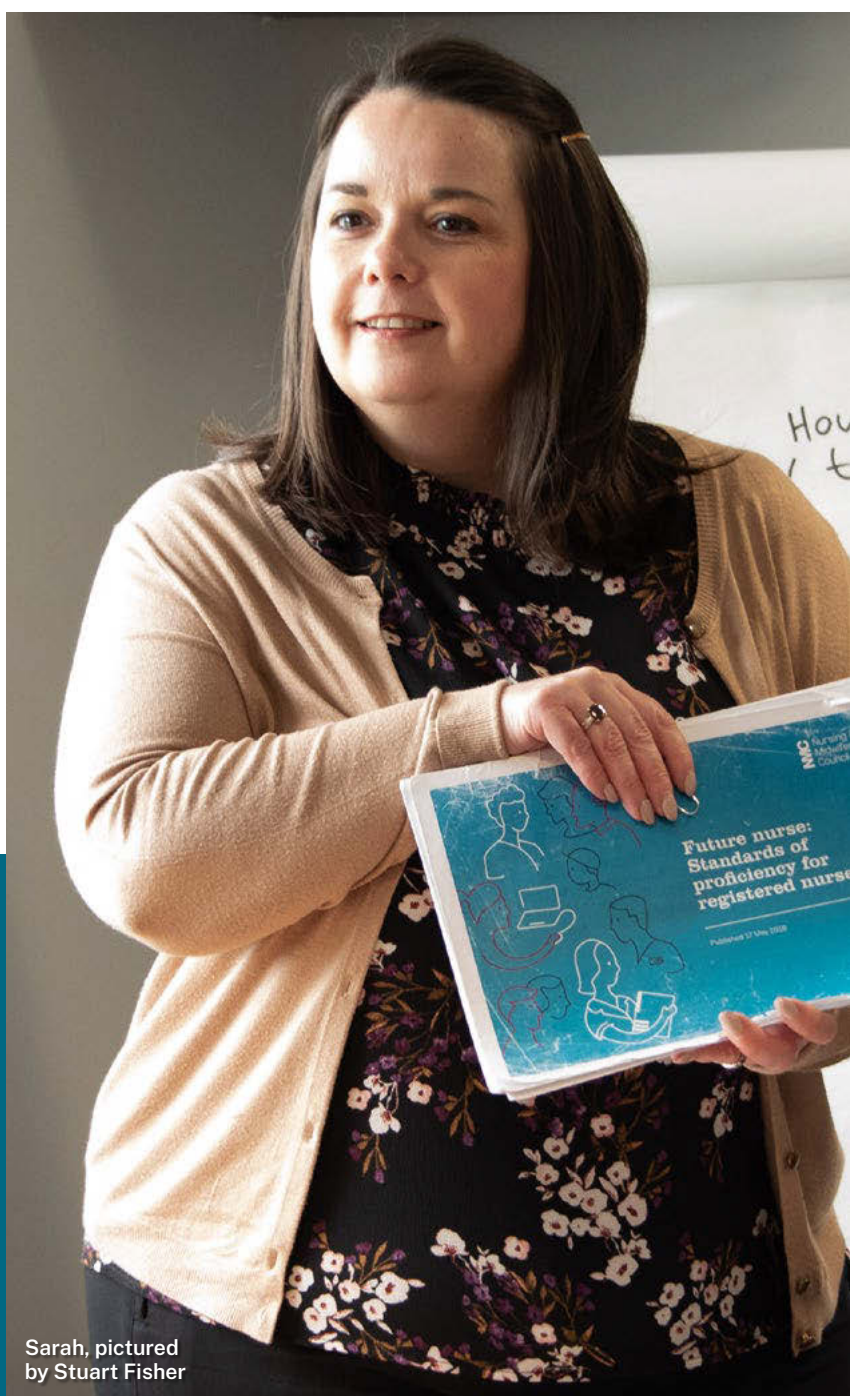
A care home provides a practice learning environment for students to see and experience first-hand the value of an extended nursing role.

The highly skilled nurses that students work with are experts in care, experienced in supporting people in an unfamiliar environment and deft at preparing for assessments. They also have a deep understanding of governance arrangements and legal frameworks.

There’s so much to learn from nursing staff who work in care homes who often have a high level of autonomy in clinical decision-making. In an emergency their residents are reliant on them until emergency services arrive. They don’t have an on-call bleep.

A care home is a unique and complicated environment where students will witness and learn skills hugely beneficial to their future careers, wherever they choose to specialise. It’s a chance to spend more time with people, build relationships with residents, learn about longer-term ways of working, while having the time to follow and better understand personalised care plans.

But as with all other placements, my advice to students is to come prepared. Consider what you want to achieve from your time and make sure you have appropriate conversations with the right people to get the best out of your experience.



Sarah, pictured by Stuart Fisher



### Busting myths

For the last 18 months I've been working with local authorities to engage care homes by encouraging them to support students and help them become practice learning environments.

I expected my main challenge would be getting care home staff and managers on board. This hasn't been the case. They've been quick to see the mutual benefits.

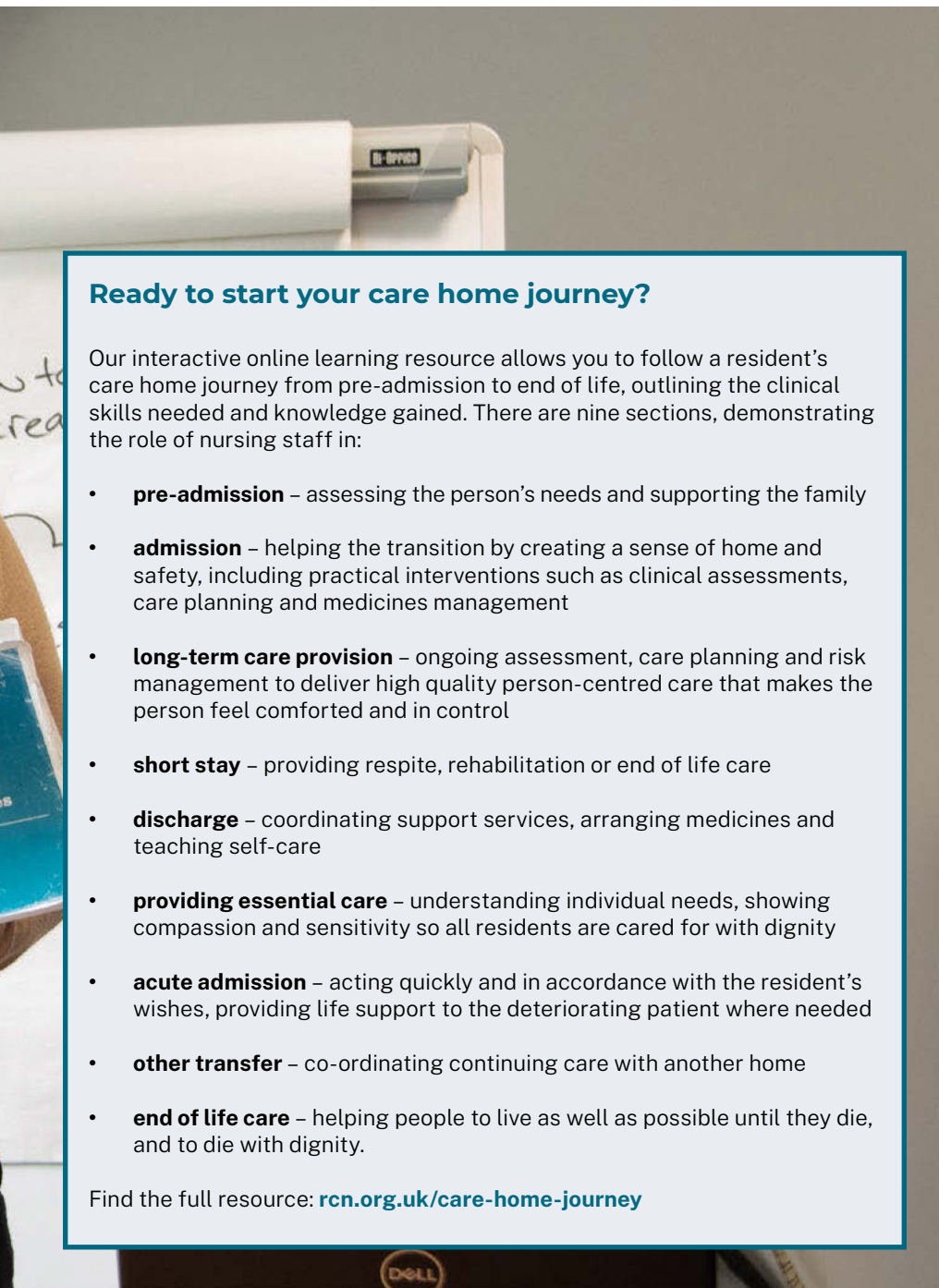
Existing staff get the chance to develop their skills by implementing the Nursing and Midwifery Council's standards for supervision and assessment, and we can provide contacts and relevant information to help other staff, including care workers, develop too.

By being open-minded and embracing a placement in a care home we can expand the learning opportunities for many students, while raising the profile

of the essential work carried out in care homes and improving the lives of people who need them.

*Sarah Kingdom-Mills is a care home education facilitator in Wales*

**i** Care Home Open Week runs from 27 June to 3 July. We'll be supporting it again this year. Find out more: [championingsocialcare.org.uk/care-home-open-day](http://championingsocialcare.org.uk/care-home-open-day)



### Ready to start your care home journey?

Our interactive online learning resource allows you to follow a resident's care home journey from pre-admission to end of life, outlining the clinical skills needed and knowledge gained. There are nine sections, demonstrating the role of nursing staff in:

- **pre-admission** – assessing the person's needs and supporting the family
- **admission** – helping the transition by creating a sense of home and safety, including practical interventions such as clinical assessments, care planning and medicines management
- **long-term care provision** – ongoing assessment, care planning and risk management to deliver high quality person-centred care that makes the person feel comforted and in control
- **short stay** – providing respite, rehabilitation or end of life care
- **discharge** – coordinating support services, arranging medicines and teaching self-care
- **providing essential care** – understanding individual needs, showing compassion and sensitivity so all residents are cared for with dignity
- **acute admission** – acting quickly and in accordance with the resident's wishes, providing life support to the deteriorating patient where needed
- **other transfer** – co-ordinating continuing care with another home
- **end of life care** – helping people to live as well as possible until they die, and to die with dignity.

Find the full resource: [rcn.org.uk/care-home-journey](http://rcn.org.uk/care-home-journey)



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For more information please visit <https://beta.jobs.nhs.uk/candidate/jobadvert/C9173-22-5544>

Contact: Ms Kay Tschanschek - [kay.tschanschek@nhs.net](mailto:kay.tschanschek@nhs.net) / 0113 8559350 option 1.



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Contact information. Email: [lynette.davies@nhs.net](mailto:lynette.davies@nhs.net)





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Rhiannon Hughes Johnson.



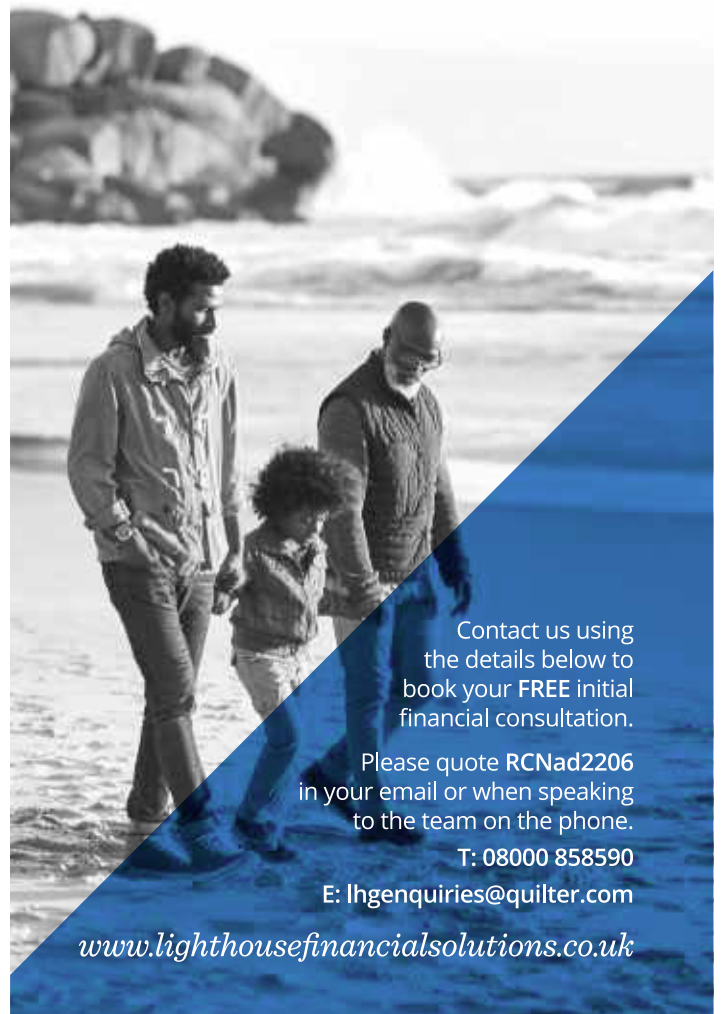
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**Course Content Includes: -**

Legislation, Site selection, Using the equipment, Anatomy/ Physiology, Potential complications, Infection control, Demonstration of Practical techniques

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£234 (inc of VAT)



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- ✓ Theory + practical simulation learning

**ONLY £195 +VAT**

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**Course Content Includes: -**

Legal aspects of vaccination, Current issues and controversies, record keeping and reporting, Accountability and delegation, Vaccine priority groups, Anaphylaxis recognition and management

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**Course Content Includes: -**

Legislation, The 8 rights of medication administration Classification and types of medication, Routes into the body, Maintaining records, Prescribing medication Types and reasons for errors, Contra indications

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**Course Content Includes: -**

What is child abuse, Signs and symptoms of child abuse Normal child development and creating a safe environment, What to do in response to concerns about a child, Documentation, reporting and sharing information

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**7.5 HOURS CPD**

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**Course Content Includes: -**

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**Course Content Includes: -**

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**Course Content Includes: -**

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- ✓ Reduce risk of injury + accidents

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**LEEDS:** - JUN 6th - 8th, 20th - 22nd JUL 25th - 27th  
**GLASGOW:** - JUN 27th - 29th JUL 27th - 29th

**Course Content Includes: -**

Intro to PMVA, Physical intervention, RIDDOR, Basic restraint techniques, Chair restraint, Clothing grabs,

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**7.5 HOURS CPD**

- ✓ Refresh common breakaway techniques
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**BIRMINGHAM COURSES:** - JUN 21st JUL 25th  
**MANCHESTER COURSES:** - JUN 22nd JUL 25th

**Course Content Includes: -**

Relevant legislation + legal frameworks, Defining Reasonable Force, Causes + build-up of an attack, Warning + danger signs, Challenging behaviour, Trigger identification, Situational awareness

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AUG - 3rd, 6th, 11th, 15th, 17th, 22nd

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AUG - 1st, 4th, 10th, 16th, 20th, 23rd

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JUN - 11th, 16th, 24th, 30th  
JUL - 4th, 13th, 23rd, 28th  
AUG - 4th, 8th, 15th, 27th

**LUTON**  
JUN - 13th, 18th, 30th  
JUL - 6th, 16th, 25th  
AUG - 4th, 15th, 30th

**OXFORD**  
JUN - 6th, 17th, 29th  
JUL - 9th, 18th, 28th  
AUG - 9th, 12th, 25th

**READING**  
JUN - 9th, 14th, 25th, 29th  
JUL - 4th, 8th, 16th, 20th, 28th  
AUG - 6th, 10th, 16th, 22nd

**MAIDSTONE**  
JUN - 4th, 10th, 16th, 23rd, 27th  
JUL - 1st, 9th, 14th, 20th, 25th, 29th  
AUG - 6th, 11th, 18th, 22nd, 31st

**BRIGHTON**  
JUN - 8th, 14th, 25th  
JUL - 7th, 16th, 26th  
AUG - 3rd, 11th, 26th

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JUN - 6th, 18th, 28th  
JUL - 9th, 21st, 27th  
AUG - 1st, 9th, 20th

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JUL - 7th, 13th, 19th, 25th, 29th  
AUG - 5th, 13th, 17th, 22nd, 25th, 30th

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JUN - 6th, 11th, 14th, 24th, 28th  
JUL - 9th, 15th, 20th, 28th  
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AUG - 11th, 22nd, 30th

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JUL - 5th, 28th  
AUG - 8th, 24th

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JUL - 8th, 13th, 19th, 30th  
AUG - 8th, 18th, 24th, 31st

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JUN - 6th, 17th, 24th  
JUL - 13th, 18th, 29th  
AUG - 5th, 13th, 26th

**HUNTINGDON**  
JUN - 9th, 15th  
JUL - 5th, 23rd  
AUG - 5th, 13th, 17th, 22nd, 25th, 30th

**BIRMINGHAM**  
JUN - 6th, 11th, 17th, 20th, 22nd, 27th  
JUL - 5th, 9th, 11th, 16th, 19th, 22nd  
AUG - 1st, 4th, 9th, 13th, 19th, 24th

**COVENTRY**  
JUN - 8th, 24th  
JUL - 7th, 29th  
AUG - 8th, 26th

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JUN - 7th, 21st, 29th  
JUL - 12th, 25th  
AUG - 8th, 15th, 30th

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JUN - 9th, 15th, 27th  
JUL - 4th, 16th, 20th, 30th  
AUG - 11th, 22nd, 31st

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JUN - 14th, 29th  
JUL - 9th, 26th  
AUG - 10th, 25th

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JUN - 6th, 13th, 18th, 25th, 29th  
JUL - 4th, 15th, 19th, 22nd, 30th  
AUG - 4th, 10th, 19th, 27th

**MANCHESTER**  
JUN - 4th, 10th, 15th, 18th, 21st, 24th  
JUL - 2nd, 6th, 8th, 11th, 16th, 26th  
AUG - 3rd, 6th, 9th, 12th, 15th, 20th

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JUN - 9th, 17th, 25th  
JUL - 15th, 30th  
AUG - 11th, 18th, 30th

**LEEDS**  
JUN - 1st, 10th, 16th, 20th, 28th  
JUL - 1st, 7th, 16th, 21st, 28th  
AUG - 2nd, 17th, 25th, 31st

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JUN - 24th  
JUL - 5th, 27th  
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JUN - 7th, 9th, 16th, 24th, 28th, 30th  
JUL - 8th, 13th, 18th, 25th  
AUG - 2nd, 11th, 18th, 24th, 25th

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JUN - 8th, 15th, 27th  
JUL - 4th, 25th  
AUG - 2nd, 20th

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JUN - 10th, 17th, 20th, 30th  
JUL - 13th, 21st, 30th  
AUG - 6th, 11th, 23rd

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JUN - 13th, 30th  
JUL - 8th, 27th  
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