ISSUE 398 WINTER 2022
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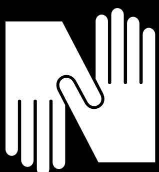
ENOUGH IS ENOUGH

MEMBERS PREPARE TO STRIKE IN THEIR FIGHT FOR FAIR PAY AND PATIENT SAFETY

WELLBEING
Five ways to manage the menopause

ADVICE
How to handle microaggressions

CLINICAL
Carbon monoxide poisoning: spot the symptoms



Royal College of Nursing

Pat Cullen

This issue of *RCN Bulletin* went to press on 25 November.

Find the latest information from the RCN: rcn.org.uk

A moment with Pat

This issue of *RCN Bulletin* is historic: it's the last to be printed and, going out on a real high, it's the one that covers the momentous news about your vote to strike in much of the NHS over pay and patient safety. But don't worry, all the articles and features you love are available online.

As I write this, things are moving quickly. The Scottish government has re-opened formal pay negotiations and I'm hoping other ministers will see sense and do the same. They have the power to stop strike action by doing what's fair and right. Our door is open for detailed discussions, but there must be meaningful offers on the table. Claps and kind words won't pay the bills.

This isn't a position any of us wanted to be in and I know you felt a range of emotions when voting in our ballot. But you can be proud of taking this step. You've spoken up to defend your profession. Our fight is for patient safety and the future of nursing, and it will continue for as long as it takes to win justice.

It's also a fight on behalf of all of you, no matter where you work – for those at NHS workplaces that narrowly missed the legal thresholds for strike action, and for those who work in independent health and care. This is for nursing staff, people and patients everywhere. We can't continue like this.

As *RCN Bulletin* went to press, we had just announced our first strike dates for 15 and 20 December. Visit **rcn.org.uk/strikehub** to find out the NHS employers affected and let me reassure you that protecting patient safety is central to our plans (see p6). We'll keep you updated as more details take shape, creating new resources – including online advice, webinars, and videos – to make sure you're well prepared and equipped to strike.

This is part of our ongoing drive to develop and modernise communications to best meet your needs. With this in mind, and after surveying members earlier this year, this will be the last printed *RCN Bulletin*. I hope you enjoy this issue, and the expanding range of new online content at your fingertips anytime: **rcn.org.uk/magazines**

Pat Cullen
RCN General Secretary & Chief Executive

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NHS pay dispute: members prepare to strike

Plans for winter strikes are taking shape, with the first strikes happening on 15 and 20 December. Visit **rcn.org.uk/strikehub** to find a full list of NHS employers affected. It comes after members at the majority of NHS workplaces across the UK voted to strike in the biggest ever ballot in our 106-year history.

The dispute is over pay, but also patient safety. Staffing levels are so low that patient care is being compromised. Only by paying nursing staff fairly will we recruit and retain people in our profession.

Strike action will happen in phases, meaning more strike dates will be announced after initial action in December, if governments fail to enter into formal pay negotiations.

So far, our meetings with the UK government have seen ministers sidestep the serious issues of NHS pay and patient safety. Meanwhile, plans for strike action in Scotland have been paused after the Scottish government decided to return to the negotiating table to avoid strikes. There is no functioning government in Northern Ireland. Welsh ministers have not yet agreed to meet. Find out the latest news: **rcn.org.uk/news**

CONGRESS '23

DEBATES • LEARNING • EXHIBITION

14-18 May

Save the date for RCN Congress 2023

Our flagship nursing conference is heading south next year and taking up residence in Brighton from 14-18 May. The annual event offers the chance to learn, debate and be inspired by and alongside your nursing colleagues and guest speakers. See you by the sea: **rcn.org.uk/congress**

EGM outcome

By the time you read this, our Extraordinary General Meeting (EGM) on 29 November will have already happened. It's been called to give members chance to discuss the findings of an independent review into the culture of the RCN and to enable them to contribute to the development of a transformational organisational plan.

Attendees will also be asked to vote on a member resolution, which is a question of confidence in RCN Council's leadership during the time period investigated as part of the review. The resolution calls for current and relevant Council office holders to step down. Find out what happened: **rcn.org.uk/news**

New RCN learning hub

Nursing staff can now access learning resources and content from the RCN and RCNi in a single, searchable portal. RCN Learn is the "go to" learning hub for the nursing profession giving access to hundreds of quality-assured educational resources to support clinical and professional development – improving nursing practice, patient experience and ultimately health outcomes.

Open to both members and non-members, all content sits behind a secure log-in, giving you the flexibility to search and filter on any device for your own unique learning journey.

RCN General Secretary & Chief Executive Pat Cullen said: "This is an exciting new development in our commitment to providing the very best evidence-based learning resources for nursing staff. I hope it will empower them to embed an education and learning culture within their care delivery."

Access the RCN Learn portal: **rcnlearn.rcn.org.uk**

Goodbye, Bulletin

After 22 years of *RCN Bulletin* in its current form, we're saying a fond farewell to make way for an exciting digital future. This will be the last print issue (see p16) but all the articles and news you know and love will be joined by new video and audio content online: **rcn.org.uk/magazines**

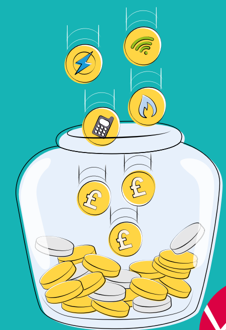
LAST CHANCE TO VOTE

The election to decide the next RCN President is open for just a few more days, closing on 5 December. If you want to have your say, be sure to return your postal ballot as soon as possible.

The elected candidate will start their term on 1 January 2023 for two years, acting as an ambassador for the nursing profession and representing the RCN to its members, stakeholders and the public across the UK and internationally. They will also serve as a full member of RCN Council.

Find out more: **rcn.org.uk/elections**

Save on utilities



RCN Xtra

Bill busting deals: don't let the rising costs break the bank

Visit RCNXtra for the best deal on your gas, phone, broadband and TV, and electricity when you switch supplier... and earn loyalty points to redeem on future purchases.

Xtra benefits. Xtra easy.

rcn.org.uk/member-discounts

OPINION

RCN General Secretary & Chief Executive Pat Cullen talks to members about strike action during her recent tour of NHS workplaces

OUT MEETING MEMBERS

'There was so much support for the picket line'

Listening to the news on the first strike day in Northern Ireland three years ago, I cried. I never thought we'd get to that point. I felt devastated, but we'd been left with no other choice.

Now, sadly, we're here again. If I can say anything to reassure members, it's that we know why we've reached this point, we're doing it for patients and the profession, and the solidarity on the picket line last time was incredible.

As an RCN steward, I was part of the local strike committee, which meant a lot of organising in the lead-up to strike days. A big part of this was considering derogation requests (see p7), approving them when we could be assured they related to life-preserving care, and talking to staff about what that meant for them. We also talked to members about what to expect and what their rights were.

On strike days, there were tricky conversations to be had, but overall there was so much support for the picket line.

People were tooting their horns as they went past. Farmers turned up on their tractors with "we support nurses" banners. Medical staff from the hospital came over with hot drinks.

There was a real buzz that we were doing something unprecedented, really taking a stand for our patients and profession. It felt for the first time ever like we were truly being the voice of nursing.

Lyndsay Thomson, RCN steward and Chair of the South Eastern branch in Northern Ireland

Read Lyndsay's top picket line tips: **rcn.org.uk/picket-opinion**

'Inclusivity enriches the workforce'

I'd always been told I was lazy and had a short attention span, so it was a relief when I was diagnosed with dyslexia. It helped me understand why I found some things more difficult.

At university there was a good awareness of neurodiversity with access to tutors and various learning aids. Going from a student to a staff nurse was harder.

I faced challenges getting the support I needed at work.

It's really important workplaces are welcoming to people who are neurodiverse and there's understanding among nursing colleagues of how others learn and work differently.

Having a person with a neurodiverse mind on your team is a positive thing. Often neurodiverse people have unique problem-solving skills and creative ways of completing tasks.

For example, when I assess a patient, I have a 3D image of that person in my head that helps me visualise the problem and I don't think other people do that.

Workplaces need to learn how to use those strengths and support their staff by making reasonable adjustments.

Aaron, major elective surgery staff nurse

Aaron recently helped update RCN resources to support neurodiverse nursing staff. Find out more: **rcn.org.uk/neurodiverse-nurse**

SHOUT OUT

'They make a difference to people's lives'

It's hard for me to pinpoint one area of excellence when talking about the health care assistants (HCAs) I work with because they're amazing at everything. That's why I supported this year's RCN Nursing Support Workers' Day and wanted to celebrate my amazing colleagues.

Their quick thinking and fast action makes a difference to people's lives. They take a holistic approach and continually look beyond what the patient is in for. They see the person beyond the condition.

So many people still don't understand what a HCA does. They think they're just there as general assistants. In reality, the HCAs I work with run their own clinics with the clinical oversight of the registered nurse. I couldn't function in my role without them.

We all need to show our support and appreciation of them and their work so we can ensure that they're recognised for the vital contributions they make.

Naomi, lead GP nurse

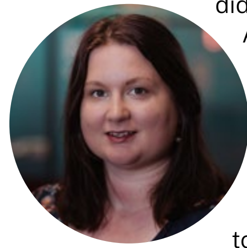
SHARING SNAPSHOTS

Our annual Nursing Support Workers' Day celebrations on 23 November shone a light on the hard work and vital contribution of nursing support workers. Find out more: **rcn.org.uk/nursingsupportworkersday**

IF AT FIRST YOU DON'T SUCCEED...

'Failure is part of the learning curve'

Before studying to be a nurse, I was a maths teacher. I often came across students who believed they were "rubbish at maths". This sometimes became a self-fulfilling prophecy with many students failing before they even began. I worked with them to build their confidence, helping them to understand that doing well in anything is about trying, getting it wrong, learning and trying again.



It's a fact of life that all of us will fail at some point, and to manage this we need to build resilience.

A failure could be an assignment we didn't pass or a job we didn't get. As part of the process, we'll often receive feedback about where we went wrong and how we could do better next time. As future nurses it's vital we don't take feedback personally. It can help to work towards a growth mindset where failure is part of the learning curve and not the end of a journey, or a limitation of our ability. To quote Winston Churchill: "Success is not final, failure is not fatal: it is the courage to continue that counts."

Jade, student nurse, pictured by Alex Young

Read Jade's top tips for building resilience against feelings of failure or inadequacy: **rcn.org.uk/learn-from-failure**

Strike days: what to expect

Andrew's volunteering to be on an RCN strike committee to help industrial action run smoothly where he works. He talks through a typical strike day based on his previous experience of nursing strikes in Northern Ireland

7-8am: Our strike committee (see box below) meets onsite at 7.15am and two of us go to the picket line to put up official picket signage. We distribute RCN beanie hats, badges and flags to members there. Our picket line runs from 8am until 8pm so we have a rota for who's on it. We usually have three-hour shifts.

Back in the strike committee room, we deal with any derogation (see box right) requests. Most days there are additional requests first thing – it might be that there's a procedure that's an emergency or maybe an incident has happened overnight. We need to make sure the requested exemption relates to life-preserving care, so we go down to the area requesting derogation to find out more.

9-10am: We speak with the organisation's management team in their control room. During the Northern Ireland strikes three years ago, which I also volunteered for, this was near the strike committee room. This was essential to make sure we could easily communicate. They tell us if A&E was busy overnight and can alert us to any emergency surgeries that could mean pulling staff off the picket line through a derogation.

10am-12 noon: A couple of strike committee members walk the wards where staff are derogated. They hand out strike support badges, making sure those exempt from striking feel involved and valued for their part in ensuring effective, safe strike action. If we've agreed a Christmas Day staffing model (see box right) with a particular service, we don't want them having more staff in that area as that will lessen the impact and success of the strike.

We also speak to the regional strike oversight committee. Their role is to supervise the various local strike committees and report to their RCN country and regional boards.

Sometimes tough decisions about derogations have to be made. That's why we have nurses on the strike committee who understand the NMC Code and patient care. Their job is to get all the information from the different service areas and determine what staffing levels are essential. We also escalate decisions to the oversight committee so there's a higher level of scrutiny and assurance about patient safety. We err on the side of caution if in doubt.

12-3pm: It's important committee members get a lunch break and we make sure people are OK on the picket line. All striking staff will have access to a break room on the day.

There's a lot of media attention, especially on the first day of strike action. Some members of the strike committee speak to local news outlets, or even national ones. There's likely to be interest throughout the day from local councillors, MPs and members of the public, too. In Northern Ireland in 2019, someone turned up with a carload of fresh buns, cakes, tea and coffee for those on the picket line. It was amazing to see the support we had.

3-6pm: The strike committee meets again mid-afternoon to discuss any derogation requests for the next strike day. The same process for walking the wards happens to ensure patients are being kept safe, but staffing is still at a level that is having an impact on non-life-preserving care.

6-8pm: We need to dismantle the picket line by 8pm and store everything in the strike committee room. Most people go home around 7pm, so it's just a case of clearing up and making sure there's no litter or anything left.

Andrew Doherty is an RCN staff side rep, steward and safety officer at Altnagelvin Hospital in Londonderry.

What is a strike committee?

Local strike committees are formed at each employer where strike action is planned. Committee membership varies, depending on the size of the employer, and should ideally have: an RCN officer, an RCN steward, an RCN elected branch official, a member who is representative of the area or type of work where the action is taking place, a member who works in management, and a designated person to liaise with the employer.

The committee is responsible for ensuring the strike is well planned and happens safely and effectively. It meets with senior managers and HR in advance of strike action to discuss which services can be withdrawn. It aims to make a success of the strike by withdrawing non-essential care, while maintaining life-preserving services. This is done through derogations (see box top right).

Want to help?

We're recruiting to a number of strike volunteer roles. Find out more and sign up: **rcn.org.uk/strike-volunteer**

What is a derogation?

A derogation is an exemption, either of an individual or a whole service, from taking part in strike action. Derogations are what the RCN uses to deliver safe strikes.

There are three models of derogation:

- **a complete derogation model** with an entire service being exempt from strike action, such as intensive care units
- **a Sunday service or Christmas Day service model** where staffing levels match those on Sundays or public holidays
- **a night duty model** where the night duty numbers are agreed to cover the day duties with requests for further staffing considered on a case-by-case basis.

The models of derogation depend on the service and need. Derogation is not about continuing business as usual but about protecting patient safety during strike action. We still want to make an impact.

Top five facts about picket lines

1 You can only picket at your place, and site, of work. If there's no picket line at your workplace, you can't legally picket at another workplace, even if the site belongs to your employer.

2 Only six people can join an official picket line at any one time, aaccording to the codes of practice for picketing. But many more people can visit the picket line as strike supporters so long as they don't obstruct the workplace entrance. There may also be areas, near the picket line but further away from the workplace entrance, where supporters can gather on days of strike action to show their solidarity.

3 Picket lines are typically in place between 8am and 8pm on strike days. A rota will be devised to ensure these hours are covered while maintaining members' wellbeing. There may be multiple picket lines at each employer if there is more than one entrance or site.

4 Picketing is legal, so long as it is peaceful. Members must make sure they don't do anything that could result in a breach of the law while picketing. This includes but isn't limited to blocking workplace entrances and exits, obstructing traffic, using force or violence, threatening behaviour and damaging property.

5 Your employer can't stop you from joining a picket line and it's not against the NMC Code so long as you picket peacefully.

Managing the menopause

Five tips for coping with symptoms and seeking support at work

Menopause – the time in someone's life when they stop having periods – includes various symptoms, which can continue for months or even years after a final period.

There are many physical and psychological symptoms associated with menopause and all of them can affect nursing staff in the workplace.

"Hot flushes and sweats can be difficult and uncomfortable, particularly if you're in uniform or your working environment doesn't always allow you to go outside to cool down," says Debby Holloway, member of the RCN Women's Health Forum and gynaecological nurse.

"Anxiety is another common symptom and can really affect people in a job where they were once confident and knew what they were doing and then suddenly they don't."

Other symptoms include brain fog, low mood and excessive worrying as well as more physical symptoms including joint pain, vaginal dryness and heart palpitations.

"Sleep can also be affected by menopausal symptoms, so this can affect someone's work performance," adds Debby.

In terms of self-care, the menopause is a good time for people to make long-term commitments to their wellbeing and seek to improve their overall fitness and health.

Good to talk

Debby suggests being open with your manager about what you're experiencing so reasonable adjustments can be made. Consider what would help you manage symptoms specifically in the workplace, such as changes to uniform, regular access to outside space or a fridge for cold water to help manage hot flushes.

"If you don't say what your problems are, it's difficult to access support, but you have to make yourself open to help," she says. "You can ask for adjustments if needed, but with the menopause it's tricky to know how long it might last, so many adjustments are short-term."

It's also a good idea to let your manager know beforehand that you want to talk about menopausal symptoms. This will give them time to research and prepare as well.

READ MORE ONLINE
rcn.org.uk/magazines

If you don't say what your problems are, it's difficult to get help

Red flags

Some people go through the menopause and don't have any problems at all, so it's difficult for workplaces to make big changes or introduce a menopause policy because it's not one size fits all. "Overall, I would say that people should remember to be kinder to themselves," says Debby. "Recognise the symptoms and decide how you want to manage them."

Debby advises that anyone bleeding after not having a period for a year (post-menopausal) should see a GP. Any sudden weight loss or gain, heart palpitations, chest pains and symptoms that aren't responding to treatment should also be discussed with a GP.

Words by Susan Embley and Becky Gilroy

Making adjustments

There are ways to minimise the disruption of menopause symptoms at work by making small changes. Debby suggests thinking about:

1 Your uniform
Think about the fabric it's made from, how many sets you have and how often you change them. If you're office-based you might be able to access a fan or ventilation to keep the environment at a manageable temperature. Make sure you have access to water. Some people may keep baby wipes in the fridge or freezer to help manage heat and sweat.

2 Writing notes
If you're worried about brain fog, get some post-it notes and write down reminders and short lists of tasks so that you can keep track of what you need to do that day. For people who are peri-menopausal (getting symptoms, but not 12 months period-free), use a symptom diary to keep note of what's happening to your body and how it changes. This will be useful to discuss with your GP.

3 Researching medication/HRT
Hormone replacement therapy (HRT) can be beneficial for many people who are experiencing menopausal symptoms. Don't be afraid to try it if it can help. The more you know about menopause, the more you can think about symptoms, and possible treatments. **Menopausematters.co.uk** is a good place to start.

4 Speaking up
As well as speaking to your immediate line manager, there may already be some networks in your workplace you can get involved with. Talking to other people going through the same things can help. Talking to your RCN workplace rep might also be beneficial.

5 Making diet and lifestyle changes
Alcohol, smoking and being overweight can make symptoms like hot flushes worse; caffeine can also exacerbate symptoms. Making diet and lifestyle changes can not only impact your longer-term health, but you can put a bit of control back in your life by proactively making different choices. Check out the RCN's Healthy Workplace, Healthy You resources: **rcn.org.uk/healthy-you**

Search "menopause" on the RCN website to find a full list of relevant resources, or access our menopause at work guide: **rcn.org.uk/menopause-at-work**

How to handle microaggressions

You don't have to be confrontational, says nurse educator Lorna, but we all have a responsibility to challenge unacceptable workplace behaviour

Microaggressions can look like lots of different things.

They can be something that somebody says to you, or a way that you've been made to feel. They are often subtle behaviours, but their effects are far from subtle.

As a Black nurse, I've experienced lots of microaggressions. I used to turn a blind eye to them, but when I became an educator, they became harder to ignore when students came to speak to me about racism in the workplace.

I started to address racism in a more proactive way: by acknowledging what was happening to students and providing helpful strategies to manage their responses.

What are microaggressions?

The difference between microaggressions and overt racism can be very subtle, and difficult for people to define and describe.

A microaggression might be intentional, or it might be unintentional or unconsciously done. It doesn't matter how it was meant. Intent does not supersede impact.

Something has happened to an individual to make them feel uncomfortable, marginalised and small. Whether it's a comment about someone's appearance, language skills, how they wear their hair, or their role, it's an attempt to "other" them.

'Micro' matters

When somebody is subject to a microaggression, the effect can vary. It can be momentary discomfort, or even a bit of confusion. The person might wonder if that comment was meant for them.

Microaggressions have an accumulative effect and that can be significant on a person's mental health and wellbeing. They can even affect someone's ability to carry out their job, which is why they must be taken seriously.

The term "micro" makes it sound like something small and inconsequential, but it's not. Micro refers to the subtle delivery of the aggressive behaviour – not its impact.

When people are subjected to consistent microaggressions, they can feel that they don't belong, that they're somewhere they shouldn't be, and that they're not included. It can have a huge impact on professional self-esteem, which can then impact professional performance.

It can cause people to feel like they need to be perfect, that they need to overwork and overachieve to maintain the same level as colleagues who are not subject to microaggressions.

Sometimes it's OK to do this for a little while, if someone is chasing a promotion, but if they're doing that all the time, that can take a toll and lead to burnout.

Identifying microaggressions

Nursing staff should be aware of how microaggressions manifest in the workplace to better safeguard and speak up for their colleagues.

Often when a verbal microaggression is made, the perpetrator could be talking in a friendly way, even smiling at them, and the microaggression is simply dropped in there.

> "Don't underestimate the power of being an ally

Lorna, pictured by Steve Baker

The person on the receiving end might have a first response to laugh or feel a bit uncomfortable but carry on and ignore it. If given space, they might realise it was leaning into a stereotype, inflicting a harmful type of discrimination, or just overt racism.

It might only dawn on them afterwards that it wasn't right. That can be difficult to deal with because people feel like the moment's passed and it's not important anymore, so they don't raise it.

Your responsibility to speak up

- The Nursing and Midwifery Council Code says that all nursing staff should act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment: **nmc.org.uk/standards/code**
- The RCN Nursing Workforce Standards state that the nursing workforce should be treated with dignity, respect, and enabled to raise concerns without fear of detriment, and to have these concerns responded to: **rcn.org.uk/nursingworkforcestandards**

Calling it out

Calling out a colleague can be hard, and it's not always possible or appropriate – for example, if a patient is present, or if the colleague is very senior to them. If someone does choose to call the perpetrator out, they should be polite and non-confrontational, but also empowered.

My approach is to give that microaggression back to them. By which I mean, don't respond or answer to the microaggression, but simply say "what do you mean by that?" or "what made you say that?"

Here's an example. If someone says: "You're so articulate, you speak so well for someone where you're from", don't try to justify it by saying something like: "I've lived here for 10 years." Instead, say: "That's an interesting thing to point out, what's made you say that?"

Probe the person to think about where that question came from. I've tried that as a technique and it felt empowering. Yes, it caused an awkward moment, but I didn't feel like I'd confronted it in an offensive way and it put me back in the driving seat.

Effective allyship

All of us have a responsibility to tackle racism, but microaggressions can happen to women, to people of different sexual orientations, gender presentation, background, class, faith, students, and to older members of staff. There are so many characteristics that can be at the end of microaggressive behaviour.

I would urge all nursing staff who experience such behaviour to have the confidence to call it out at the time, if it's appropriate.

If you can't do that, then don't ignore it. Ask the person who was the victim of the microaggression if they're OK, explain that it made you feel uncomfortable and ask them if they felt the same. Open the door to conversations. You may also want to consider how you can empower the victim to challenge the behaviour.

Don't underestimate the power of being an ally. Being an ally can mean recognising that something was wrong – that can be all the allyship that someone needs to help them stand up for themselves.

Lorna Hollowood is a lecturer in nursing and completing a PhD looking at the experiences of the Windrush generation working in UK care homes.

Read the RCN advice guide on discrimination: **rcn.org.uk/get-help/rcn-advice/discrimination-faqs**

‘Kindness is infectious’

RCN Nurse of the Year Alison’s community initiative puts compassion first, co-ordinating services such as end-of-life companionship and ‘back home boxes’ for discharged patients

Alison, pictured by Mike Wilkinson

Queen’s Nurse Alison Bunce set in train a social movement that taps into the kindness of a community in Inverclyde, Scotland, where there are high levels of deprivation.

Alison set up Compassionate Inverclyde – a growing and self-organising collaboration of individuals, faith groups, voluntary bodies and businesses that work alongside health care professionals to support people in crisis.

Compassionate Inverclyde’s activities vary, but all enable the community to tailor its kindness to meet individual need.

Companions sit with people who would otherwise be alone in their final hours of life; new mothers are befriended and supported in breastfeeding, if they wish; volunteers offer toiletries and night clothes to people admitted to hospital in an emergency and fill and deliver “back home boxes” to inpatients who live alone and have been discharged from hospital.

A volunteer-led community support hub provides a place where socially isolated people can find friends, and patients receiving palliative care at home are visited and kept company. Helpers make up and distribute comfort bags to people caring for a loved one in hospital.

Back home boxes

Alison says the idea for “back home boxes” containing essential and comforting items was sparked by a conversation.

“I was chatting to someone about people who lived alone and how they didn’t have someone to buy them a pint of milk or loaf of bread when they went home,” she explains.

“I made up a box and took it to a medical ward at Inverclyde Royal Hospital. I asked the nurse to give it to someone who lived alone. The next day, I telephoned the man to ask if it was useful and he was delighted. I made one every day for 10 days and they were all well received.”

> “You can grow a compassionate community by starting with just one act

The boxes contain tea, milk, crackers, tinned food, fruit, vegetables and soap.

"They have a blanket made by volunteers and a card created by a pupil at a local school," adds Alison. "We are teaching the next generation the value of being kind."

Volunteers come to a storeroom in Inverclyde Royal Hospital five days a week to make up the boxes before checking with ward nurses if there is anyone going home who lives alone.

Eating or heating

Scottish Index of Multiple Deprivation data (2020) shows Inverclyde has high levels of deprivation, with the Greenock town centre area ranked the most deprived in Scotland.

"People were already having to choose whether to eat or heat their home before the current economic and energy crisis," says Alison.

But she has always known that what the community has in abundance is kindness. With this in mind, and inspired by sociologist Professor Allan Kellehear's work on compassionate communities, Alison began researching public health approaches to palliative care.

It was in 2012, while she was director of care at Ardgowan Hospice in Greenock, that she held a public meeting at which 150 members of the public signed a pledge to make Inverclyde a compassionate community.

In 2016, the hospice granted Alison a two-year secondment and she won a Florence Nightingale Foundation Travel Scholarship, visiting Australia, the US and relevant projects in England.

"I would urge nurses to apply for the programme," says Alison. "There was no compassionate community in Scotland so I had to go abroad to meet people who had started them."

With no budget, Alison established Compassionate Inverclyde in 2017. Over the course of one year, she held focus groups and public meetings to gather ideas about the best ways to support people who are ill, at the end of life, or bereaved.

No one dies alone

A notable initiative is No One Dies Alone (NODA), which sees volunteers go to the homes of people who are dying and alone.

"We hold reflective meetings for volunteers and NODA needs a small amount of paperwork, as volunteers need a protecting vulnerable groups certificate, but I've streamlined the training from one day to two hours," says Alison. "It's not complicated to be there for someone."

Alison and the network have shown how they can mobilise at a pace that formal services can't match. In one instance, a 105-year-old woman wanted to die at home but had no family or friends to be with her.

"The district nurse called me and I put the message on the NODA volunteers' WhatsApp group," Alison says. "Within 20 minutes someone was at her bedside. She was supported 24-hours-a-day for five days until she died."

Volunteer wellbeing

Compassionate Inverclyde improves the health and wellbeing of its volunteers too. Volunteer Doris, one of those who nominated Alison for the RCN award, describes a man who was repeatedly in hospital due to mental ill health.

"He came to our bereavement cafe and felt accepted. Then he started volunteering and his mental health has never been better because he has something meaningful to do," she says. "I, too, was socially isolated before I joined."

Alison's latest project is helping businesses develop a bereavement charter to support employees who lose a loved one, and she is planning to launch an award scheme for kindness.

Alison points to the volunteers as the key to Compassionate Inverclyde's success. "I'm just the catalyst," she says. "You can grow a compassionate community by starting with just one act because kindness is infectious."

Words by Elaine Cole

> The RCN Nursing Awards celebrate the successes of nursing staff across 13 categories, with the overall winner crowned RCN Nurse of the Year. The awards are held annually, recognising the commitment, compassion, and clinical excellence of the whole nursing team.
>
> See the full list of this year's winners: **rcni.com/nurse-awards**

Alison Bunce at the friendship hub in Greenock, Inverclyde

Carbon monoxide: the silent killer

The symptoms of carbon monoxide poisoning are often misdiagnosed. With a little knowledge, you can help protect yourself and those you care for

As winter begins, many households will be using gas appliances more frequently, so it's the perfect time of year to discuss carbon monoxide and the impact it can have on health.

Carbon Monoxide Awareness Week took place from 21-27 November with the aim of getting people talking about the dangers of carbon monoxide, the signs of carbon monoxide poisoning, and steps that can be taken to keep people safe.

Michaela Nuttall, who's been a nurse for 30 years and is now director of nurse education organisations Learn With Nurses and Smart Health Solutions, currently represents the RCN on the All-Party Parliamentary Carbon Monoxide Group (APPG).

Through the RCN Public Health Forum, Michaela has represented the RCN on other topics and was motivated to take on this role after a family friend was affected by carbon monoxide poisoning and "because many of the symptoms of carbon monoxide poisoning are often misdiagnosed or left undiagnosed".

Symptoms of poisoning

Carbon monoxide can form wherever any carbon-based fuel is burnt, for example in a boiler, gas cooker or fireplace. In England and Wales, there are around 20 accidental deaths from carbon monoxide poisoning per year, with figures in Scotland and Northern Ireland in the single figures, but exposure to carbon monoxide at lower levels can still cause health issues. It can lead to symptoms such as headaches, nausea and dizziness, and is associated with serious issues including brain damage, cardiovascular problems, low birth weight, and respiratory difficulties.

"There are potentially thousands of people out there with non-specific symptoms feeling very unwell," says Michaela. "The number of people living with symptoms is unknown. People who go to the doctor saying they're feeling tired and have headaches may get dismissed. If you're pregnant or have other health conditions, exposure to carbon monoxide can be more dangerous."

For nursing staff, she says, there are two reasons to learn more about carbon monoxide: to stay safe at work and to improve diagnosis of carbon monoxide poisoning.

"Nursing staff themselves might be living somewhere with an unsafe boiler that could be producing carbon monoxide, but many will also be going into care settings, such as people's homes and care homes, where there is risk of exposure to carbon monoxide over time," Michaela explains.

"Then awareness of symptoms might help nursing staff diagnose carbon monoxide poisoning. Symptoms like feeling tired all the time, chest pain, dizziness, headache, nausea and maybe even neurological conditions could be lots of different things, but they could be carbon monoxide poisoning."

Safety at home

New rules were introduced this year to ensure that all privately rented homes with a fixed combustion appliance are fitted with a carbon monoxide alarm. The APPG that Michaela and the RCN are part of involves representatives from gas distribution networks, MPs, the NHS, Gas Safe Register and more. "It's a whole systems approach," says Michaela. "I think it's great that we're involved."

This year, it's more crucial to be aware of carbon monoxide poisoning than ever. "Many nurses and nursing support workers are going to struggle this winter with the cost of living. Carbon monoxide safety is possibly going to be worse as financial pressures tighten and people are looking for alternative ways of heating, or not getting their boiler or other gas appliances serviced regularly," says Michaela. "Awareness of symptoms and safety can help us prevent that."

Michaela is now creating new resources to help nursing staff improve their knowledge of carbon monoxide poisoning. "I've created a quiz through Learn With Nurses, a podcast, and would recommend people visit the RCN website to do the Think CO training module there," she says. "It's helping nursing staff make the connections between the symptoms. We need to look after ourselves and our patients."

Words by Rachael Healy

Learn more

Complete the Think CO training module on the RCN website: **rcn.org.uk/co-safety**

Test your carbon monoxide knowledge using the Learn With Nurses quiz: **surveymonkey.co.uk/r/LWN_CO_Quiz**

Read more about carbon monoxide poisoning on the NHS website: **nhs.uk/conditions/carbon-monoxide-poisoning**

Learn more about the importance of carbon monoxide alarms: **coalarmssavelives.com**

Detecting exposure

Nursing staff can use this helpful acronym when they encounter someone with symptoms:

C **Cohabitees**	O **Outdoors**	M **Maintenance**	A **Alarm**
Are other members of the household (or colleagues who work in the same setting) experiencing similar symptoms?	Do symptoms improve when they go outside?	Has their boiler and other gas or wood burning appliances been serviced in the past year?	Do they have a carbon monoxide alarm and has it been activated recently?

The acronym can help guide questions, allowing nursing staff to narrow in on the probable cause of the symptoms. "If a patient says: 'My children are feeling groggy' and 'What's a carbon monoxide alarm?' then you might be more suspicious of carbon monoxide poisoning."

The next step, says Michaela, would be raising your suspicions. If the person is at home, they should be advised to turn off any gas appliances, open windows, exit the building and call the Gas Emergency Service on 0800 111 999. Once safe, the person should buy a carbon monoxide alarm, and seek medical advice.

People with suspected carbon monoxide poisoning may need to be checked in a hospital, especially if symptoms are severe, or they are pregnant, elderly or have health conditions that affect the lungs and cardiovascular system. At hospital, tests can be done to check the level of carbon monoxide in their blood, then treatment can include administering oxygen to reduce blood carbon monoxide levels.

Symptoms include tiredness, chest pain, dizziness, headaches and nausea

RCN Bulletin goes digital

We look back on the history of RCN member magazines as we say goodbye to our printed publications, and hello to an exciting digital future

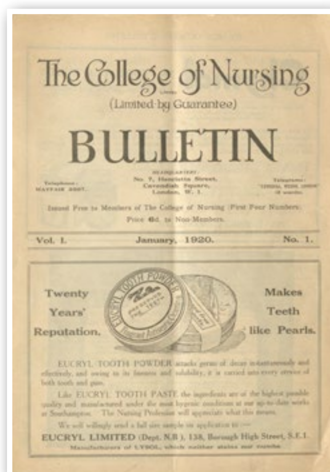
Nursing is an evolving profession and at the RCN, we always try to keep pace with our members. Our magazines are no exception.

The RCN's first member magazine, *Bulletin*, was published in January 1920, not long after the College was founded. It promised "to be of service to the nursing profession" and to help make sure that "nursing may be made a better career for women".

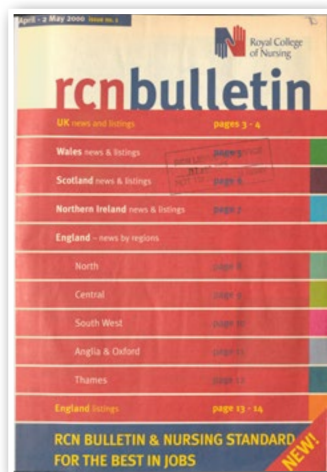
That first issue discussed the recent victory in securing nurse registration, and contained local nursing news, letters from members, lecture listings, and obituaries – including the tragic death of Miss Florence Nightingale Shore (a descendant of the famed Nightingale) who was killed by "an unknown assailant in the London-Hastings train".

This version of *Bulletin* lasted for six years, until *Nursing Times* took its place. In 1963, *Nursing Times* was sold to an independent publisher. Five years later, it was replaced by *Nursing Standard* (now run by our sister company RCNi) plus regional magazines.

As the new millennium dawned, two new publications arrived. In April 2000, then General Secretary Christine Hancock introduced the "new fortnightly newsletter" *RCN Bulletin*, and announced the forthcoming *RCN Members' Magazine*, a national replacement for the old regional magazines.



January 1920



April 2000

May 2009

June 2012

January 2016

July 2017

August 2019

September 2020

Since then, we've also made mini magazines for sections of our membership. In 2005 *Activate* was created for our active members, such as workplace reps. After various student publications, in 2011 *RCN Students* magazine arrived, then in 2014 *Health+Care* began publication, catering for nursing support worker members.

We've celebrated historic events on our magazine covers, including the extension of membership to "health care assistants and nurse cadets" in 2001 and the RCN's 100th anniversary in 2016. In 2017, we finally launched our magazines online, making it easier to access articles on the go, and find pieces from past issues. Last year, the RCN Magazines website had a huge makeover, making it better looking and easier to use than ever.

As the website has developed, we've expanded what's on offer: clinical explainers, Q&As with inspiring nurses, wellbeing tips, career advice and more, plus videos to watch and audio content to listen to on the move.

Earlier this year, we invited you to take part in a survey. Based on what you told us, we're making another change so we can serve you better. This means saying a fond farewell to RCN print magazines, but a big hello to our exciting digital future.

On the RCN Magazines website, you'll find all of the familiar articles you know and love, plus even more news and features to support your career. You'll be able to find new articles every time you visit, plus a growing array of videos, audio and more.

Most-read articles

At **rcn.org.uk/magazines** you'll find all kinds of content at your fingertips. In 2022, you've been reading:

1. How to reduce glove use: **rcn.org.uk/reduce-glove-use**
2. Industrial action guide: **rcn.org.uk/industrial-action**
3. 10 reasons to strike: **rcn.org.uk/10-reasons**
4. Endometriosis explained: **rcn.org.uk/endometriosis**
5. Chronic fatigue to long COVID: **rcn.org.uk/fatigue-to-lc**