



Royal College of Nursing  
Shaping nursing since 1916

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# TAKING TO THE STREETS

NURSING SUPPORT FOR YOUNG PEOPLE IN GANGS

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

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## Care home study: funds available

The RCN Foundation is inviting applications for the funding of a substantial practice development project in the field of nursing in care homes.

Against a backdrop of more older adults requiring nursing care and recruitment and retention problems in the care home sector, the Foundation is offering up to £200,000 to support the work.

The project could address one of a number of issues, such as improving the learning and development of care home staff. The deadline for expressions of interest is 2 December.

More details at [www.rcnfoundation.org.uk](http://www.rcnfoundation.org.uk)

## Must do better

Treating health and social care as separate entities in England continues to have damaging consequences, the RCN has said.

Responding to the annual *State of Care* report by the Care Quality Commission (CQC), the RCN said when care is insufficient in the community, patients have to turn to hospitals, where demand is high and older people are not given appropriate care.

The CQC report says adult care services are often good but for a minority are “very poor”.

## Member’s petition helps sway DH

Following a petition by an RCN member, the Department of Health (DH) has confirmed it will create a new post focusing specifically on nursing and allied health profession issues. Deborah Glover set up the petition to oppose DH plans to scrap its nursing directorate. Janet Davies, RCN Chief Executive, said: “Nursing leadership, at the highest levels, is the key to achieving the best possible health care in the UK.”

🔗 [Read the Government’s response to Deborah’s petition at <http://tinyurl.com/hkpquar>](http://tinyurl.com/hkpquar)

## Spending cap will not fix problem

New measures to cap spending on agency staff will do nothing to tackle the cause of the problem, the RCN has warned. NHS Improvement is looking to cut agency spending by £1bn. But Josie Irwin, RCN Head of Employment Relations, said government policy and poor workforce planning had caused the present situation. “We need a workforce strategy which fixes the current problems and prepares for the future.”

🔗 [Visit the RCN Nursing Counts pay campaign site: \[www.rcn.org.uk/nursingcounts\]\(http://www.rcn.org.uk/nursingcounts\)](http://www.rcn.org.uk/nursingcounts)

## More nurses, say politicians



A report by the All Party Parliamentary Group on Global Health says nurses are under-valued and their potential under-estimated. It recommends increasing the number of nurses and allowing them to achieve their potential to improve health. “The nursing workforce should not be seen as a cost to be managed or reduced, but an investment in our future health, economic prosperity and gender equality,” said Janet Davies, RCN Chief Executive.

To ensure we deliver the best service, please check we have the correct details for you:

- online at MyRCN
- by telephoning 0345 7726 100, 8.30am to 8.30pm Monday to Friday.

Or advise us of updates by emailing [membership@rcn.org.uk](mailto:membership@rcn.org.uk) or writing to:  
RCN Membership Team, Copse Walk, Cardiff Gate Business Park, Cardiff, CF23 8XG.



## Flu vaccine is 'critically important'

The RCN is encouraging members to get vaccinated against flu. Helen Donovan, RCN Professional Lead for Public Health, said: "Up to one in four frontline health care staff may become infected by flu every winter, even in a mild season, so it's critically important that nursing staff get vaccinated."

The vaccine normally provides protection in 50 to 70% of cases, and could make a life or death difference to patients.

Chief Executive Janet Davies (pictured) joined staff receiving the vaccine at St Pancras Hospital in London last month. Contact your occupational health department or line manager to find out how you can get vaccinated.

## Good credentials

Nurses working at an advanced level of practice will have their skills and expertise formally recognised by the RCN under a new credentialing scheme currently being piloted. The scheme will allow those working at an advanced level to demonstrate their clinical skills, leadership, teaching and research in a way that is recognisable to colleagues, employers, patients and the public. Those who are successful will be included on a register. Read more at [www.rcn.org.uk/credentialing](http://www.rcn.org.uk/credentialing)

# Time to start thinking about Congress 2017 debates

RCN Congress offers a chance to get the profession and the public talking about the issues that matter to you



Illegal drugs, children's mental health, agency nursing, sickle cell disease, bullying, teaching life-saving skills to children – just some of the topics discussed at RCN Congress last year. And now is the time to begin thinking about the agenda for 2017.

Stuart McKenzie, Chair of RCN Congress, said: "Planning is underway for next year's event in Liverpool and all members are invited to suggest subjects that will make for lively debate. What issues matter to you in your daily nursing practice and how would you like the RCN to work on your behalf? Congress is a prime opportunity to get colleagues talking about subjects that affect your specialty, your patients or the profession more broadly. But agenda items often stir wider debate as well."

Geoff Earl of RCN Lothian branch last year proposed a matter for discussion on the Misuse of Drugs Act. "Getting it on the Congress agenda was a good way to get other members talking about it but agenda

items can make real changes to policies, too. For example, in the past I've proposed items on minimum staff levels, IVF and smoking in public places. These have all become NHS policy to some degree within the UK."

**“ Congress items often stir wider public and political debate**

The RCN website includes lots of information about agenda items and what makes for an interesting debate. Does your idea have broad appeal? Is it topical and current? Or is it a new or emerging issue that will stimulate discussion? Topic submissions must be made through the committee of your RCN branch, forum or country/regional board. The three UK Representatives Committees can also submit agenda items, as can the Students and Health Practitioner Committees. If you are unsure who to contact, email [congressagenda@rcn.org.uk](mailto:congressagenda@rcn.org.uk) for advice.

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

## Health services ‘fail transgender patients’



The RCN has warned that health services are failing to meet the needs of transgender patients, with a lack of training leaving nursing staff unprepared to care for them.

An RCN survey of more than 1,200 nursing staff found 87%

of those who have directly cared for a transgender patient felt unprepared to meet the patient's needs. There has been a steep rise in the number of transgender patients across the UK, with some gender identity clinics experiencing increases of several

hundred percent in recent years. One nurse said: “There appears to be a mismatch between the need for these services and the training given. I think currently there is not enough support and this adds further distress to the experience of this group of patients.”

The findings also point to issues in the care of transgender children. Just 14% of nursing staff said their current service is equipped to meet the needs of transgender or non-binary children. One respondent noted: “I have cared for one girl who wanted to be a boy and no one on the ward knew what to do or say.”

The RCN is calling on the Government to ensure the care of transgender patients is introduced at all levels of nursing and wider health care education.

Wendy Irwin, RCN Diversity and Equalities Co-ordinator, said: “Building both competence and confidence in understanding is key to breaking through stigma, but as this survey shows, support through learning and development is urgently required if we are to provide the care and support trans people need.”



Support through learning and development is urgently required

### More associates

Public Health England (PHE) has announced a second wave of nursing associates in addition to the 1,000 who will begin training this year. PHE says there has been huge interest in the role.

The RCN has long campaigned for appropriate training and development for health care assistants and is adamant that the nursing associate role should be a support for registered nurses, not a substitution.

### Journey's end as RCN Walk100 reaches Belfast

RCN Walk100 reached Belfast last month, bringing to an end the centenary-inspired event. The walk covered 1,500 miles and raised more than £5,000 for the RCN Foundation. The final leg saw a group of 50 walkers set off, sent on their way by a celebratory piper. Pictured with Janice Smyth, Director of RCN Northern Ireland (right), are RCN Council member Fiona Devlin (left) and Mary Ellen Campbell, Deputy Lord Mayor of Belfast.



## Put brakes on STP plans, says College

The RCN was among signatories to a letter in *The Guardian* calling for the pace of NHS sustainability and transformation (STP) plans in England to be slowed. STP plans are intended to ensure that health and care services are built around local populations. The letter from staff side unions says the plans could mean better co-ordination of care but warns they are being pushed through at a rate that risks undoing any good they might bring.

## CPD cuts threaten care

Nursing staff will find it difficult to keep pace with the rapid transformation of patient care without proper training and education, the RCN has warned.

Stephanie Aiken, RCN Deputy Director of Nursing, said a recent report by the Council of Deans of Health on cuts to continuing professional development for nursing staff exposed “yet another case of cuts without thought of the impact on staff and patients”.

## IN MY DAY JOB



### Clare Donohoe

Senior clinical procurement specialist nurse, London

As a clinical procurement specialist (CPS) nurse, I work directly in the procurement of the clinical products we use with patients every day. My main focus is to ensure we have quality products to use at cost-effective prices.

I'm also part of a CPS network made up of nurses and other allied health professionals. We have an active online forum, where we share experience, best practice and practical advice, as well as three national meetings a year. We're also working with the RCN's *Small Changes, Big Differences* campaign. Clinical product evaluation can be low on the list of priorities when nursing staff are trying to manage multiple tasks. The role of the CPS nurse is therefore vital, supporting and allowing colleagues to remain focused on excellent quality care while we ensure this is done with good value and quality products.

There is growing evidence that trusts employing a qualified nurse to support their procurement team directly are able to deliver savings that sustain high quality care, reducing costs in a safe manner. Visit the *Small Changes, Big Differences* website for more information, and to find out how to build a case for a clinical procurement nurse in your organisation.

[www.rcn.org.uk/smallchanges](http://www.rcn.org.uk/smallchanges)



## RCN warns of staffing crisis ahead

Nurse staffing levels are heading for a 'perfect storm', according to new research from the RCN

Data analysed by the College for its annual labour market review focuses on the growing retention crisis caused by falling standards of living for nurses and an ageing workforce. The research also highlights the increasing number of nurses coming to the UK from other countries.

There are now more overseas nurses than there have been since 2004-5 and they make up 40% of the total new entrants to the Nursing and Midwifery Council register. As the majority are from the European Economic Area, this supply could be put at risk when the UK leaves the EU.

**“ Immediate action is now required**

Janet Davies, Chief Executive of the RCN, said: “The trends indicated in this report add up to a perfect storm of risks to the future supply of nursing staff. Many of these risks could have been avoided, and now immediate action is required.”

Meanwhile, nursing staff have suffered a real terms cut in pay of 14% since 2011. The RCN



has said that that unless nurses' pay reflects the increase in cost of living, trusts will struggle to attract enough staff to provide safe patient care. The College has called on the Government to scrap the 1% pay cap for NHS staff to alleviate the retention crisis.

Sign the petition demanding an end to Agenda for Change pay restraint: <https://petition.parliament.uk/petitions/168127>

ARE YOUR MEMBERSHIP DETAILS UP TO DATE?

CHECK ONLINE AT MYRCN, CALL 0345 7726 100, OR WRITE TO RCN MEMBERSHIP TEAM, COPSE WALK, CARDIFF GATE BUSINESS PARK, CARDIFF, CF23 8XG.

## THE VIEW FROM HERE



### Lauren James

Marie Curie nurse, Cardiff

I'm sometimes asked if it depresses me to look after people who are dying. I've never viewed my job like that. There are very sad and sometimes heart-breaking moments at the hospice, but the job isn't depressing and the hospice generally isn't a sad place to be.

Colleagues in the team I work with are warm and friendly and we go out of our way to welcome people into our care. We take massive pride in what we do and where we work and spend time trying to create a happy environment, where patients and relatives feel safe and supported.

We laugh with our patients and their loved ones, give them hugs when needed, and make them numerous cups of tea. We listen to their problems and sit with them when they cry.

A hospice can mean healing and support. It can mean laughter, joy, and making the most out of the time people have left. Death is life's only inevitability and we do our best to give every patient a "good death" that's comfortable and dignified.

Hospice care is really about love. The staff love their jobs; there is love between patients and their families and friends; and there is the love that is expressed as grief when a person passes away.

My job isn't depressing; it's the best job in the world.

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



## What you've been saying

### OH overlooked?

As a specialist community public health nurse in occupational health (OH) I was saddened to see our field of public health not mentioned in your article on the RCN Library and Heritage Centre exhibition, *A Healthful Form of Work* (RCN Bulletin 344, page 12).

In OH we have an excellent opportunity to promote health and wellbeing to the workforce. For many, particularly men, this is the only contact they will have with health care services.

We promote health and assess risk for staff in private employers and provide gold-standard services within the NHS, supporting physical and psychological health at a time of great need. This is a

vastly rewarding area of nursing which has been ignored.

✉ [Laura Mckenna, by email](#)

### Don't panic

After reading Janice Cornish's comment (RCN Bulletin 344, page 6), I'd like to tell other bank nurses not to panic. I work on the nurse bank and feel empowered by revalidation. It has made me more aware of the evidence I have to obtain and how I need to go about obtaining it. My advice is to try and work on the same wards, keep a record of everything you do and discuss concerns with your colleagues. We are all in control of our CPD, whether permanent or bank staff.

✉ [Helen Brown, by email](#)



### QUOTE OF THE MONTH

I feel proud of the role nurses and midwives played in the successful containment of Ebola

[Hossinatu Kanu, Chief Nursing Officer of Sierra Leone \(see page 13\)](#)

### I'VE BEEN READING...



Jennifer Worth's goal in writing *Call the Midwife: A True Story of the East End in the 1950s* was to do for midwifery what James Herriot did for vets. It's a heart-warming true account of the life and times of trainee midwife Jenny Lee and the appalling conditions in which many women gave birth in the 1950s. The book's social commentary on the lives of women in this era living in that part of London is, if not profound, at least of significant historical interest. The book reads like fiction and is a delight and an insight into what the midwifery profession was like back then.

[Katharine Baumgartner, RCN Customer Services Information Assistant](#)

### 3 THINGS I BELIEVE



- 1 The NHS is a jewel in the crown but is underfunded by the Government.
- 2 Nurses should be honest towards their colleagues, especially if they aren't coping with their workload.
- 3 Patience when administering medication and treating patients is crucial for best practice.

[Rachael Ridley, staff nurse](#)

### GOT SOMETHING TO SAY?

The RCN Bulletin team is always looking for members to contribute to the opinion pages. If you're keen to share your views, email [bulletin@rcn.org.uk](mailto:bulletin@rcn.org.uk)

## HOT TOPIC



As nursing students up and down the country embark on their new career, we asked for reflections on the things you wished you'd known when you started out. Here's the pick of the responses from Twitter.

### What advice would you give to your younger self at the start of your nursing career?

Never miss an opportunity to ask a question, expand your knowledge or develop a skill. Time is short.

[@Tupperwarepanda](#)

If you see something that's not right, report it. Or you'll spend the rest of your life regretting not speaking out.

[@JoHigman](#)

Never assume that you know nothing and everyone else knows everything.

[@gregthomas73](#)

Be kind to colleagues – nursing, medical, allied, domestic staff – you never know when you might need their kindness yourself!

[jane.wilkinson@janewilkinson9](#)

Treat your patients the way you would want your family to be treated – and look after your back.

[Theresa.Connor@TRShalley](#)

This isn't where the learning stops. It will continue every day for the rest of your career.

[Lucy@sheffnurse](#)

Be true to you and always remember why you love nursing – it will keep you on the right track in everything you do.

[@jmair7](#)

## MESSAGE TO MEMBERS



### Janet Davies RCN Chief Executive

The equation couldn't be simpler: insufficient nursing staff and exponentially rising demand throw patient care into jeopardy. That's the central message of our labour market review (LMR), published last month.

The LMR lays out clearly the scale of the threat to future safe staffing levels. We're already in the midst of a recruitment crisis and the pay of NHS nursing staff has suffered serious real-terms cuts. Training places are being hit, the student bursary is ending and Brexit could affect international recruitment. On top of all that a third of today's nurses are due to retire within ten years. The situation is serious and grows more so every day.

And yet the Government's fragmented approach to workforce planning continues. Despite all the warnings that we need more nurses, not fewer, that we need fair pay and decent terms, the undermining of the profession goes on.

But we're fighting back. The LMR and the other evidence we submitted to the NHS Pay Review Body outline clearly why pay restraint must end. And you can play your part. On the RCN website you will find details of action you can take and materials you can order all designed to ensure the Government hears our case.

Our pay campaign is about you and your patients. Please make sure you are part of it.

[www.rcn.org.uk/nursingcounts](http://www.rcn.org.uk/nursingcounts)



## Remembering those caring in conflict

[Anna Crossley](#), RCN Professional Lead for Acute, Emergency and Critical Care, on the work of defence nurses

Nursing staff play a pivotal role in conflict: both in the conflict zone and caring for injured service personnel as they begin long roads to recovery. Defence nurses are trained in combat, as well as health care. They protect service personnel from illness and injury, provide lifesaving treatment to the wounded, and care for them in temporary hospitals in arduous environments, on long flights home, and through their recovery and rehabilitation.

These nurses see the worst of conflict and treat everyone regardless of why they are fighting. Many have lost their lives doing so. Remembrance Day is a time to think of them.

The RCN is holding its own remembrance service on 7 November at the Guards' Chapel at Wellington Barracks in London, a beautiful setting to honour the sacrifice



made by those killed or wounded caring for victims of conflict.

The ceremony follows an RCN Defence Nursing Forum workshop looking at where advances in military trauma care in areas of limited resources can be adopted in civilian settings. Much of the lifesaving equipment and guidance used every day has come from innovations in defence health care, and nurses have played a key role in developing them.

[www.rcn.org.uk/defence16](http://www.rcn.org.uk/defence16)

# 8 FEATURES

## Streets ahead

Alex Davis talks to an award-winning RCN member who is providing innovative health support to young people involved in and on the fringes of London gangs



Keeping young people on the right track is what matters most to me

Westminster is one of the wealthiest boroughs in Britain. In the iconic setting of Parliament, Downing Street and Big Ben, house prices regularly fetch over £1 million. And yet, alongside the prestige, the city has a serious problem: gangs.

Dorcas Gwata is an expert in these matters. A clinical nurse specialist, she works within Westminster Council's multi-agency Integrated Gangs Unit (IGU), providing physical and mental health support to young people and families affected by gang culture.

Following the 2011 riots, a Home Office report identified unmet mental health needs among gang members in London. Crucially,

many were unable to access traditional mental health services.

"You have to consider the geographical nature of 'beef' between gangs," Dorcas explains. "Some gang members cannot travel freely across London without putting their lives at risk. As a result, many vulnerable young people don't access health services. We're also observing high levels of parental mental and physical health conditions associated with stress, poverty and deprivation, all of which contribute to poor health and social outcomes."

The solution? An experienced clinical nurse specialist working

alongside other professionals within the IGU.

The unit operates in partnership with social services, the police and community protection. It is made up of a range of professionals, including gang workers who work at grassroots level and engage innovatively with young people in their homes, for example, as well as youth clubs, prisons and hospitals.

### Complex needs

"Visibility is really important," Dorcas notes. "We work with children and young people, mostly aged 10 to 21, and their families. Most of the young

people have complex needs such as substance misuse, anxiety and trauma – from stabbings, for example.

“The IGU is very much about early intervention because these things can have a huge impact on people in later life and behaviours are often copied by younger siblings.”

As a result, much of her job is outreach work. Dorcas regularly delivers talks to young people in schools and youth centres, and provides “street clinics” where she visits local areas and speaks to young people and their families. In other words, she integrates.

### A powerful suggestion

Prior to becoming a qualified nurse, Dorcas worked as a health care assistant until a young patient with anorexia encouraged her to go into nursing. “We established a good therapeutic relationship and I always felt that it was a powerful suggestion, coming from a patient,” she explains.

After undertaking nurse training at City University School of Nursing and Midwifery, Dorcas worked in Hackney and Hammersmith, before spending many years in the A&E department of St Mary’s Hospital in Paddington.

In many ways, it was this frontline work which intrigued Dorcas and set her up well for working with marginalised and hard-to-reach groups. But what of the danger of working with gangs?

“Working in A&E is much more dangerous as there is a regular risk of being attacked by a drunk and disorderly person,” Dorcas says. “We work very closely with the police and we carry out thorough risk assessments before engaging with any young people. We have a well-structured system.”

Since joining the IGU in 2013, Dorcas has worked with approximately 80 families and up to 100 gang members.

One of her current clients is a 17-year-old boy on the fringes of a gang. His parents are very concerned for their son’s welfare which escalates into shouting during a meeting. Dorcas, though, highly experienced in dealing with families, remains calm and puts the room at ease.

“Parents want the best for their children and I find they’re often tired of hearing how badly they have raised their child,” she reflects. “To help a child you need to improve the relationships within the entire family.”

Dorcas is sensitive in tone and especially careful in the language she deploys.

“We would never use the word gang in front of parents. Instead we would talk about peer groups or healthy relationships,” she says.

The IGU’s achievements have not gone unnoticed. The unit won a national nursing award for innovation in 2015 and was the Metropolitan Police team of the year in 2013.

Dorcas acknowledges the support she has received from her team but has herself won impressive accolades. In 2015 she won the *Nursing Standard* Mental Health Nursing Award and was nominated for the Zimbabwe International Women’s Award the same year.

And yet, despite her achievements she insists the biggest reward has been changing the lives of young people.

“Keeping young people on the right track is what matters most to me. There’s no feeling quite like it.”



## Join the new forum

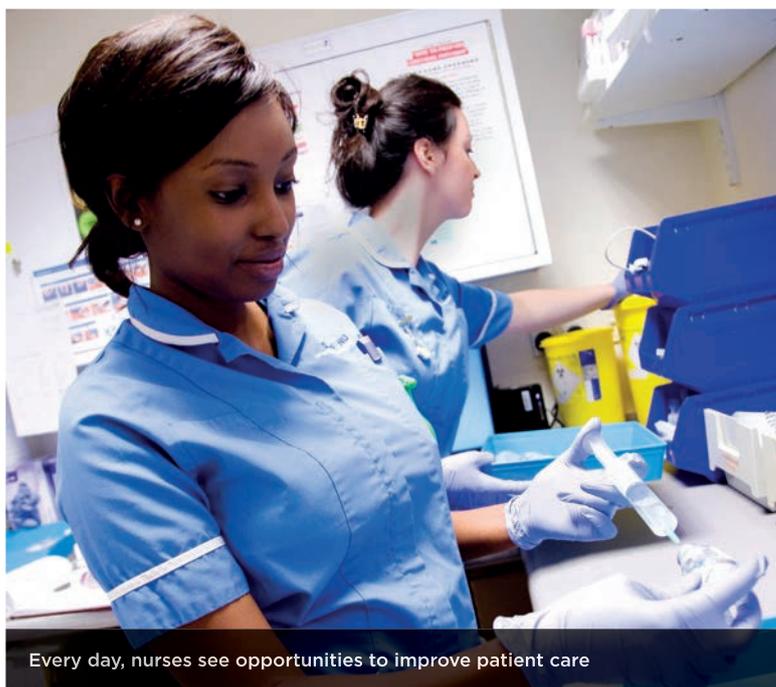
**Annie Norman, RCN Professional Lead for Criminal Justice and Learning Disabilities, says:**

The RCN is proud to work with members like Dorcas – who is really using her skills to great effect.

The RCN Nursing in Criminal Justice Services Forum recently merged with the Forensic Nursing Forum to form the RCN Justice and Forensic Healthcare Forum. Jess Davidson – a forensic nurse in Scotland – works within police custody care and has been appointed the new forum chair. If you’re interested in joining the forum go to [www.rcn.org.uk/forums](http://www.rcn.org.uk/forums)

## A cause for celebration

Bright ideas need nurturing and Celebrating Nursing Practice is an RCN scheme designed to support members seeking to turn innovation into practice



Every day, nurses see opportunities to improve patient care

Ideas are fragile things. They sprout unexpectedly and can grow quickly but unless conditions are perfect they soon wilt and fade. And conditions in health care – high pressure, limited time – are rarely ideal.

For nursing staff, however, help is at hand. The RCN, in its centenary year, is offering funding and mentorship to help showcase the profession's creativity and inventiveness. Celebrating Nursing Practice is intended to nurture the innovation that has always characterised nursing and midwifery and ensure that the best ideas are acted upon.

Stephanie Aiken, RCN Deputy Director of Nursing, says nurses see opportunities to improve patient care every day – but many don't have the support to

take their ideas forward. "In our centenary year, we wanted to celebrate the very best in nursing practice by giving members the chance to develop their ideas and change patient care for the better."

### Mentor support

Staff at all levels, from health care assistants and students to nursing leaders, can submit their suggestions for improving nursing practice. Up to 100 entrants will be selected to receive the support of a mentor to help move their idea forward, and three or four will receive additional funding to make their proposal a reality.

Geoffrey Bellhouse, an advanced nurse practitioner in the emergency department at Newham University Hospital in London, is among those who have

submitted an idea already. He's been working on a project that teaches nurses and health care assistants to use ultrasound in the cannulation of patients where access to veins is difficult.

The aim is to improve outcomes by initiating treatment much quicker – for example, in a septic patient who is hypovolaemic and needs antibiotics within the "golden hour".

Geoffrey says he likes to be innovative but other projects he has worked on have faltered because they have not been fully implemented and staff have fallen back into their default ways.

"I see Celebrating Nursing Practice as an opportunity to help cement this new extended skill into nursing practice," he says.

For more information and details of how to submit ideas go to: [www.rcn.org.uk/CNP](http://www.rcn.org.uk/CNP) The deadline for submissions is 31 December.



We wanted to celebrate the very best in nursing practice

### Hackathon

The RCN is also planning its first "hackathon" this month as a pilot approach to looking at innovative ways of working. Hacking is a new approach to creative problem solving, often run over two days, where a range of people come together to "solve" a common problem or issue. The aim is for the hackathon to help identify key current issues relevant to nursing, develop ideas to enable possible solutions and then rapidly work them up into prototypes.

Ideas emerging from the hackathon will be assessed by a panel of internal and external judges who will pick one or two winners, and members will also be asked to decide on the best of the prototypes.



**LIVERPOOL VICTORIA**



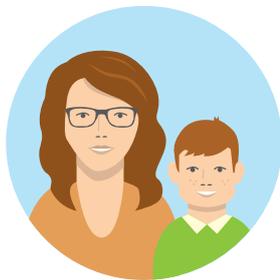
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10639-2016 07/16

## A drive to survive

Increasing numbers of nursing staff are caring for people who have fled the world's danger zones. Tom Metcalf talks to two members about working with refugees



Our job is to address their immediate physical and mental health needs

With hundreds of thousands of people fleeing war and instability in their home countries, health care workers in the UK are increasingly likely to care for refugees and asylum seekers.

In recognition of this, the RCN Defence Nursing Forum held a refugee health workshop earlier this year, highlighting some of the key resources, services and skills that may be of use to nursing staff caring for this particularly vulnerable group.

Among other things, the event highlighted Doctors of the World

(DOTW), a non-governmental organisation working around the globe to ensure excluded people overcome barriers to health care.

For the past decade DOTW has been running a clinic in east London, staffed by volunteer nurses, support workers and GPs who provide information and basic short-term health care to excluded people such as vulnerable migrants, sex workers and people with no fixed address.

“Our job is to address their immediate physical and mental health needs and support them

to access the wider UK health system,” says RCN member Sarah Collis, who began volunteering at the clinic two years ago.

### Language barriers

Refugees and asylum seekers are fully entitled to NHS care, but Sarah explains that for all its qualities, the health service can appear unfamiliar and daunting to those who have never used it.

“Our health care system isn’t as open as many think,” she says. “A lot of people don’t realise how hard it can be to register with a

GP, for example. People might be asked for documents they either don't have or don't want to show and there are often language barriers.

"Some refugees just feel lucky to have made it to the UK and so won't seek help unless they have a really serious problem, while others are afraid of receiving a big bill. Great though the system is in general, it does exclude people and directing them to the support they deserve and are entitled to can be challenging."

Sarah, who is currently studying for a master's degree in control of infectious diseases, says no two days at the clinic are the same. "One day you could be helping a man who's had a heart attack but never seen a health professional, and the next you could be looking after a lesbian from Uganda who's fled persecution in her homeland."

"I've learned how to speak to people who've experienced unimaginable trauma and allow them to express what they've been through. Working with people who've overcome such adversity is really rewarding. I've been able to give them care they've never had before, and sometimes even just listening can help to remind people they haven't been forgotten."

### Lucky and privileged

As well as the London clinic, DOTW also supports refugees and migrants around the globe. Sarah has worked in Sierra Leone, during the Ebola outbreak, and Greece, and says she would encourage other nursing staff to get involved with the organisation – with one proviso.

"It comes with heartache and stress, but it's the best job ever," she says. "I feel lucky and privileged to meet these people. It's made me stronger, more resilient,

and has also made me realise how lucky I am. But you need to be able to contribute something, not just do it for your own benefit. You have to have the skills to make a difference."

For nursing staff keen to get involved with refugee health, but unable to spend an extended period of time abroad or commit to volunteering on a regular basis in this country, there are other options.

Becca Thackray, a prison nurse in south London, spent a few days earlier this year volunteering at the recently closed refugee camp in Calais known as the "The Jungle". As well as teaching English, Becca also spent time in the three caravans comprising the camp's health clinic.

Becca says: "The clinic was mainly staffed by paramedics, with a doctor to do prescriptions and an interpreter. They have painkillers and other basic medicines but that was about it. There was no running water." During her brief time in the camp Becca encountered people from several countries, including Syria, Afghanistan and Somalia, and was amazed by their resilience in the face of adversity.

"It was heart-warming to see their drive to survive and help each other," she says. "They'd created a home for themselves with shops and a school for the children. But it was also heart-breaking to see people on their own without relatives, children without parents, and to hear their stories."

For more information on Doctors of the World visit [www.doctorsoftheworld.org.uk](http://www.doctorsoftheworld.org.uk)  
To find out more about volunteering with refugees in Calais email Becca Thackray at [migrants@worldofbecca.com](mailto:migrants@worldofbecca.com)

## THE VIEW FROM HERE



**Hossinatu Kanu**  
Chief Nursing Officer,  
Sierra Leone

The 2014 Ebola outbreak claimed 3,950 lives in Sierra Leone including 6.85% of the country's health workers. There were many challenges in dealing with this sudden outbreak. Ebola is new in the region and little was known about its modes of transmission and how to prevent it spreading. We received scarce reports on the number of deaths and local communities were initially reluctant to admit they had a problem. The geographical landscape of the capital city, Freetown, also made it difficult to collect patients and the deceased.

And yet, on 17 March this year, the World Health Organisation confirmed the Ebola flare-up in Sierra Leone over. The rapid containment of the disease was largely due to the swift, effective response of health care workers to the situation. Nurses played a crucial role. Our responsibilities varied from screening health staff and the public for signs of infection to managing holding and treatment centres. This achievement was even more remarkable given the initial lack of infection prevention and control (IPC) measures. Formal structures and policies were only developed during the outbreak but I'm proud to say we now have IPC focal points in all hospitals across the country.

I look forward to discussing our response to Ebola at the RCN International Centenary Conference on 22 November.

Book your place at  
[www.rcn.org.uk/icc](http://www.rcn.org.uk/icc)



## Nursing at the forefront of HIV care

Ahead of next month's World Aids Day, Jason Warriner, Chair of the RCN Public Health Forum, reflects on nursing's significant contribution to HIV care

In 2015, 6,095 people were diagnosed with HIV in the UK – similar to numbers reported in other recent years. Today one in three people accessing HIV care is aged 50 or older. A decade ago it was one in seven, and for people living with HIV we are now looking at a normal life expectancy when they access care and treatment. Every day we learn something about HIV care that shows how fast the speciality is changing.

The development of advanced nursing practice over the last 20 years has had a significant impact on people's quality of life and

care. In August the National HIV Nurses Association produced guidelines on advanced nursing practice in HIV care. These clearly identified the evidence base and requirements to safeguard the future of HIV nursing care and demonstrate the difference nurses make to people's lives.

Alongside these developments in care and treatment, the challenges for people living with HIV continue. But as we approach World AIDS Day on 1 December nurses remain at the forefront of HIV care, ensuring our patients are placed at the heart of everything we do.



## Tackling antimicrobial resistance: play your part

European Antibiotic Awareness Day falls on 18 November, coinciding with World Antibiotic Awareness Week, and is designed to help counter new strains of infections that are difficult to cure.

Susie Singleton, consultant nurse for health-care acquired infection and infection prevention and control for Public Health England, offers the following advice to RCN members to help tackle this global problem.

“Familiarise yourself with your area's policies on antimicrobial prescribing, and be vigilant about how antibiotics are used. Be aware of surveillance systems and acquire knowledge about trends in resistance patterns and infections.



**Raise awareness everywhere that antibiotics do not work on all infections**

“If there is evidence or suspicion of infection notify the clinician in charge of the patient immediately to initiate prompt treatment. Antibiotics should not be started without clinical evidence of infection and should always be given on time. Avoid missing doses.

“Promote the need for taking patient samples and document what was sent, where and why. Check your patient's microbiology culture and sensitivity reports if available and inform the prescriber if the bacteria is resistant to the prescribed antibiotic.

“Develop clear care plans with documented evidence of antibiotic treatment, changes in route of treatment, microbiology

results, onset of signs and symptoms of infection, date of isolation if required, dates and times of insertion and removal of invasive devices, and any infection prevention and control precautions needed.

“Inform and educate patients, carers, other staff and the public about the importance of preventing antibiotic resistance. Carry out evidence-based practice to promote infection prevention and control, and raise awareness everywhere that antibiotics do not work on all infections.”

For more guidance from Public Health England on antimicrobial resistance go to <http://tinyurl.com/jocazv9>

## CAMHS getting worse, members say

RCN members surveyed by *The Guardian* have warned that child and adolescent health services are inadequate. Despite government promises of extra investment and assurances that more young people would be able to receive care, 43% of respondents said services were getting worse.

Fiona Smith, RCN Professional Lead for Children and Young People's Nursing, said: "It's foolish of the NHS and the Government not to really focus on meeting

these young people's needs, because we know that with three out of four adults experiencing mental health problems, their symptoms began in childhood."

RCN Congress passed a resolution to lobby UK governments to invest in services to promote positive mental health among children and young people. Get involved and join the RCN Children and Young People's Staying Healthy Forum at [www.rcn.org.uk/forums](http://www.rcn.org.uk/forums)

### THE VIEW FROM HERE



## Share and prepare

From 14 November members can contribute to Public Health England's (PHE) week of action on protecting health by sharing knowledge and joining in on social media. Helen Kirk, RCN Public Health Forum member, said: "Coinciding with World Antibiotic Awareness Week, the nursing team at PHE will be focusing on sharing best practice when preparing for winter with a particular emphasis on infection control. It's useful to get involved as it can strengthen our practice around protecting health." Go to <https://vivbennett.blog.gov.uk/> and on Twitter use the hashtag #ProtectAoH.



### Shirley McCorquodale

RCN Older People's Forum member

Initially my parents had no will or power of attorney in place. At the age of 70 mum was late in receiving a diagnosis of frontotemporal dementia and I was advised to apply for guardianship as she lacked capacity to make decisions about finances. We were no longer able to apply for power of attorney for this reason.

At this time dad agreed to see a solicitor to arrange a will and power of attorney, which was quick and inexpensive. The following year he was diagnosed with vascular dementia. Applying for financial and welfare guardianship for mum was not so easy. I spoke to solicitors who also met with her to assess her views, although she didn't understand any of it. This process took months and in the interim I had to apply for the procedure known as Access to Funds at the Office of the Public Guardian to deal with mum's financial matters. Several lawyers' letters later guardianship was in place at a cost of £6,000. Without guardianship I could not make any decisions regarding mum's care or finances.

I would urge people to consider power of attorney to protect their families and reduce any unnecessary stress in the event of illness. As nursing staff we have the ideal opportunity to signpost people to information on these matters as many are unaware and unprepared for future financial issues.

## Forum memories

Forums have long played a part in the history of the RCN and to keep those histories alive, the College is collecting members' forum stories and memories – everything from publications to photographs and recordings. Don't let the amazing work you do fade away. Make sure your colleagues of the future can trace the journey of their specialism. Email RCN Archives ([archives@rcn.org.uk](mailto:archives@rcn.org.uk)) or telephone 0345 337 3368.

Items can also be sent directly to the RCN Archives in Edinburgh: Forums History Project, RCN Archives, 42 South Oswald Road, Edinburgh EH9 2HH.

## Publication updates

The RCN has launched updated editions of two important competence documents for nurses working with children and young people.

*Competences: An Education and Training Competence Framework for Peripheral Venous Cannulation in Children and Young People* and *Competences: An Education and Training Competence Framework for Capillary Blood Sampling and Venepuncture in Children and Young People* are both web-only publications.

Download the documents from the publications section of the RCN website: [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

[www.rcn.org.uk/forums](http://www.rcn.org.uk/forums)



# 16 EVENTS

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

## ANP Forum

### Advanced nurse practitioner conference

**3 February**

RCN headquarters  
20 Cavendish Square  
London W1G 0RN

The current political and professional landscape is in a state of change. This conference will enable advanced nurse practitioners (ANPs) to explore and respond to the challenges they face.

Highlights include an explanation of credentialing and what it means for ANPs by Professor Shirley Reveley of the Open University, a discussion of the path ahead for nursing by Alastair Gray, a senior lecturer at Coventry University, and Dame Professor Donna Kinnair, RCN Director of Nursing.

Various professional, clinical and educational workshops will also be on offer. These include a talk on sepsis by Dr Ron Daniels, Chief Executive of the Sepsis Trust, and a session on leadership and innovation by ANP Julie Gall. Nurse consultant Jaqueline Thompson will discuss comprehensive assessment of older adults, and Tom Shortland, a litigation and regulation lawyer, will analyse the legal and regulatory liability of ANPs.

Ollie Phipps, ANP Forum committee member, said: "Advanced nursing practice is developing rapidly, but is facing many challenges ahead. This conference will enable attendees to hear from experts in their field to understand these national developments."

📍 Visit <http://tinyurl.com/jst3y9z> for more information and to book your place.



## Male cancers

### The genital touch

**23 November**

Manchester Central Library  
Manchester

In recognition of International Men's Day, two leading experts will explore the diagnosis and treatment of male cancers past and present. Agnes Arnold-Forster will consider cancer and manhood in the nineteenth century, while Dr Ian Banks, President of the European Men's Health Forum, will discuss why male cancer is a public health concern today.

📍 For more information about the conference and to book your place visit <http://tinyurl.com/jqshbeo>

## Autumn of learning

### Nursing and politics

**2 December**

Lewisham Hospital  
London

RCN London is hosting a series of educational conferences across the city this autumn to support members with continued learning. This free event will discuss how members can engage with the political process to benefit their colleagues and patients. Local MP Vicky Foxcroft will be among the speakers.

The subject follows on from American trade union leader Rebecca Patton's challenge to Congress delegates to speak up for their profession.



Bernell Bussue, RCN London Regional Director, said: "RCN London's autumn of learning events have become a key part of the calendar for the region.

"They are a great opportunity for members to get together, share information and brush up on their nursing skills. Lewisham is our last conference of the year and it should be a really vibrant event."

📍 Visit <http://tinyurl.com/h9usujm> to book your place.