



ISSUE 392 SUMMER 2021
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ADVICE

What to do if your workplace is unsafe

CLINICAL

Driving change in prostate cancer diagnosis

CAREER

How to challenge poor leadership

ACTION

Fighting unfair parking fines

HEAD ABOVE WATER

HOW WILD SWIMMING HELPED OLIVIA RECOVER FROM WORK-RELATED ANXIETY AND RETURN TO NURSING



ROYAL COLLEGE OF NURSING

This issue of *RCN Bulletin* went to press on 28 May. Find the latest information from the RCN: rcn.org.uk

Pat Cullen

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A moment with Pat

Dame Donna Kinnair, our General Secretary & Chief Executive, is currently on sick leave following a cycling accident. She had surgery and has returned home but needs time to recover. Donna wants me to pass on her thanks for your good wishes and I will keep her posted on all business.

I'm privileged to be standing in at a busy but exciting time. Members need a strong voice speaking up and out on their behalf. This is what we – elected members and RCN staff – are determined to do.

My substantive job is Director of RCN Northern Ireland. Members there took industrial action for the first time in the College's history after witnessing the impact on patients of chronic under-investment in nursing. Years of futile negotiations became unacceptable. It was a really challenging and stressful time, but it was the right thing to do. Through our actions, a commitment to safe nurse staffing legislation and pay parity was achieved. There's still much more work to do but it showed that when

we come together, we're a force beyond measure.

So, what can you do? Firstly, make sure the details we hold for you are correct. If you work for the NHS in England, Northern Ireland or Wales, we'll be consulting you this summer when your ministers announce the NHS pay deal. Members in Scotland have just rejected theirs, and they'll decide what action to take next (see page 3).

Whether the path ahead involves action short of strike, full strike action or other ways to campaign for safe staffing and fair pay, the decision will be yours. Please take a moment to look at the emails we send you.

Finally, look after yourselves. It's been the hardest year for nursing staff and your dedication and commitment has got us through. Your own wellbeing is crucial and we're always here to support you.

Pat Cullen
Acting RCN General Secretary & Chief Executive

Story to tell?

Don't forget, this is your magazine. If you've got a story to share, or there's a topic you'd like to see covered in a future issue, get in touch. Send an email to bulletin@rcn.org.uk
Catch up on all the latest from *RCN Bulletin* online: rcn.org.uk/bulletin

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Vote now for your next RCN President

Three candidates are standing for election to become RCN President. They are Dr Denise Chaffer, Professor Rod Thomson FRCN and Maria Trewern. More information about each of them has been sent to you in the post along with your ballot paper. This must be returned by 14 June. If you've lost yours, email support@cesvotes.com or call **0208 889 9203** for a replacement. Find out more: rcn.org.uk/presidentelection

What's happening with NHS pay?

Since the last issue of *RCN Bulletin*, we've continued to campaign hard for a significant pay rise for members.

If you have an Agenda for Change contract in Scotland, you'll have been consulted on a government pay offer. Members rejected that with a two-thirds majority, and we're asking the government to meet us about our concerns.

Members in England, Wales and Northern Ireland with Agenda for Change contracts will hear this summer what the next pay award will be.

Ministers for each country have asked the NHS Pay Review Body to make a recommendation, but the decision ultimately rests with ministers.

You deserve a 12.5% pay increase this year. Ministers will have seen the backlash from us, other unions and the general public when it revealed its plan to give just a 1% pay increase.

We'll be consulting you about the pay award when it comes – please have your say and help us by doing these three things.

STAY ACTIVE  **STAY IN TOUCH**  **STAY ENGAGED** 

Sign our petition, download posters, and use social media to support our campaign: rcn.org.uk/fairpay

Make sure your contact details are up to date so you can have your say about nursing pay: my.rcn.org.uk

Become an e-campaigner to receive updates: rcn.org.uk/become-an-e-campaigner

No matter where you work, you deserve a significant pay rise. If you work for an independent employer, your pay should at the very least be the same as Agenda for Change. We're contacting members working for Marie Curie in particular about their pay deal – look for emails on how to vote and find more details about our Fair Pay For Nursing campaign: rcn.org.uk/fairpay

TOP FIVE

New resources

- 1. Guidance on glove use.** Advice for nursing staff on when to wear gloves, the importance of hand hygiene and how to prevent work-related dermatitis: rcn.org.uk/publications (code 009 109)
- 2. Newly registered nurse handbook.** Updated advice to support members making the transition from nursing student to registered nurse: rcn.org.uk/nrn-handbook
- 3. Motor neurone disease (MND) resource.** A free online course to improve your understanding of MND, including diagnosis, symptom management and care coordination: rcn.org.uk/mnd-resource
- 4. The role of the link nurse in infection prevention and control (IPC).** A resource to support link nurses, specialist teams, and managers who may be using or considering a link nurse system for IPC: rcn.org.uk/publications (code 009595)
- 5. Bladder and bowel care in childbirth.** Information to support nursing staff caring for women through all stages of pregnancy, labour, and the postnatal period: rcn.org.uk/publications (code 009 553)

Did you know?

The RCN accredits health care training so you can be sure that it meets high standards of excellence. Accredited programmes are quality assessed to guarantee they promote best practice and lead to improved patient care. Browse accredited events, resources and courses: rcn.org.uk/accreditation

NEW STANDARDS FOR SAFE CARE

We've launched groundbreaking new Nursing Workforce Standards to support the delivery of safe and effective patient care. They outline what's needed to ensure services are properly staffed, safety is prioritised, and nursing professionals are supported to perform their best. The standards apply across the whole of the UK and to every care setting. A short version can be found on pages 16 and 17, which can be pulled out to display in your workplace. Find out more: rcn.org.uk/nursingworkforcestandards



Get nursing-themed gifts at the RCN shop

Buy badges, books, souvenirs, and stationery with an exclusive 15% off all non-sale items for RCN members. Enter the discount code **RCNMEMBER** at the checkout: shop.rcn.org.uk



Stock image

IN MY OWN WORDS

‘For some, the pandemic has provided permission to change’

As a mental health nurse working in addictions, you get to see multiple sides of the pandemic. It’s been a life-changing event for everyone, but while the impact has been hard for some, others have actually flourished.

Addiction journeys vary and while some people have continued and increased their consumption, some have made significant change. One theme has resonated with me throughout this period and it was summed up by a client I worked with who said he had been given “permission” to change.

Powerful words from someone who could no longer live the lifestyle he had become accustomed to. The chaos of rough sleeping, street begging and low-level criminality to fund drug use stopped, overnight.

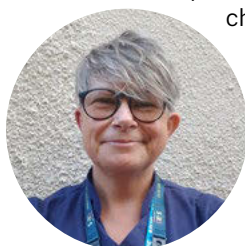
The “permission to change” has provided time and space for our clients but also an opportunity for us as professionals to be there when we’re needed most; to prove to some of the most vulnerable members of

our community that we could take action, place them in emergency accommodation, and provide food, clothing, support and treatment wherever they were.

It’s been challenging, walking through parks, skirting around crack dens and engaging those afraid of engaging. Assessing, screening and prescribing on the street became a norm.

It’s not held success for everyone but for many it has. The client I referenced has been on a whirlwind journey to recovery and I am proud to have been a small part of that.

There is always a time when a “permission to change” could arise, we just need to be there when they’re ready.



Sarah,
senior mental health nurse

THE VIEW FROM HERE

‘What about washing face coverings?’

On my days off I’m one of the nurses vaccinating people against COVID-19.



At the vaccination clinic and in my day job I see people arrive in their face covering and I often wonder what they do with it after they leave the building. Do they put it in their pocket or a bag? Does it stay in the car? Does it go in the laundry as frequently as it should?

We have come so far in the fight against COVID-19 – thanks in part to the success of the vaccination programme – that we should seize every opportunity, every marginal gain, to reach the light we can see at the end of the tunnel.

As nursing staff, we can empower the public to help themselves. The Make Every Contact Count (MECC) approach, whereby health workers engage people in a conversation about their health and wellbeing that addresses the risk factors, can be applied to infection risks too.

For as long as the advice of “Hands, Face, Space, Fresh Air” remains relevant, let’s add “Wash your face covering” to the message we give to our patients.


Lynne, community staff nurse

ADVICE THAT CHANGED MY LIFE

'Be patient with your mental health'

One piece of advice that particularly helped me during my recovery from a serious mental illness was not to expect things to change immediately and to learn to be patient. As physical health nurses, we sometimes don't take the time to recognise the importance of mental health, especially our own. But they're intrinsically linked and sometimes you might need time and space to deal with mental distress. There's no shame in that.

Hannah, palliative care nurse

 Read Hannah's full story online: rcn.org.uk/bulletin

SHOUT OUT!

I'm proud to be part of NHS Grampian's learning disability (LD) team. We responded to the pandemic with adaptability and tenacity. Our inpatient services moved mountains to ensure continuity of safe, patient-centred care. Despite change and communication both being barriers for the learning disability health service user, we made phone and video consultations work where possible to support our community clients. The pandemic has exposed unmet need. I hope this challenging time will be a juncture for change, and I believe learning disability nursing is strategically placed to embrace that change.

Emily, community LD nurse

JUST A THOUGHT

'More visible leadership would improve morale and standards'

I started nurse training at the age of 50, after 25 years in a business environment. As a sales manager with BT, I was required to "walk the job", spending at least one day a week out with my team. I developed an understanding of the range of customers and their issues. I knew my people, I developed trust and understood what I was managing and how decisions made "upstairs" affected work and attitudes on the ground.

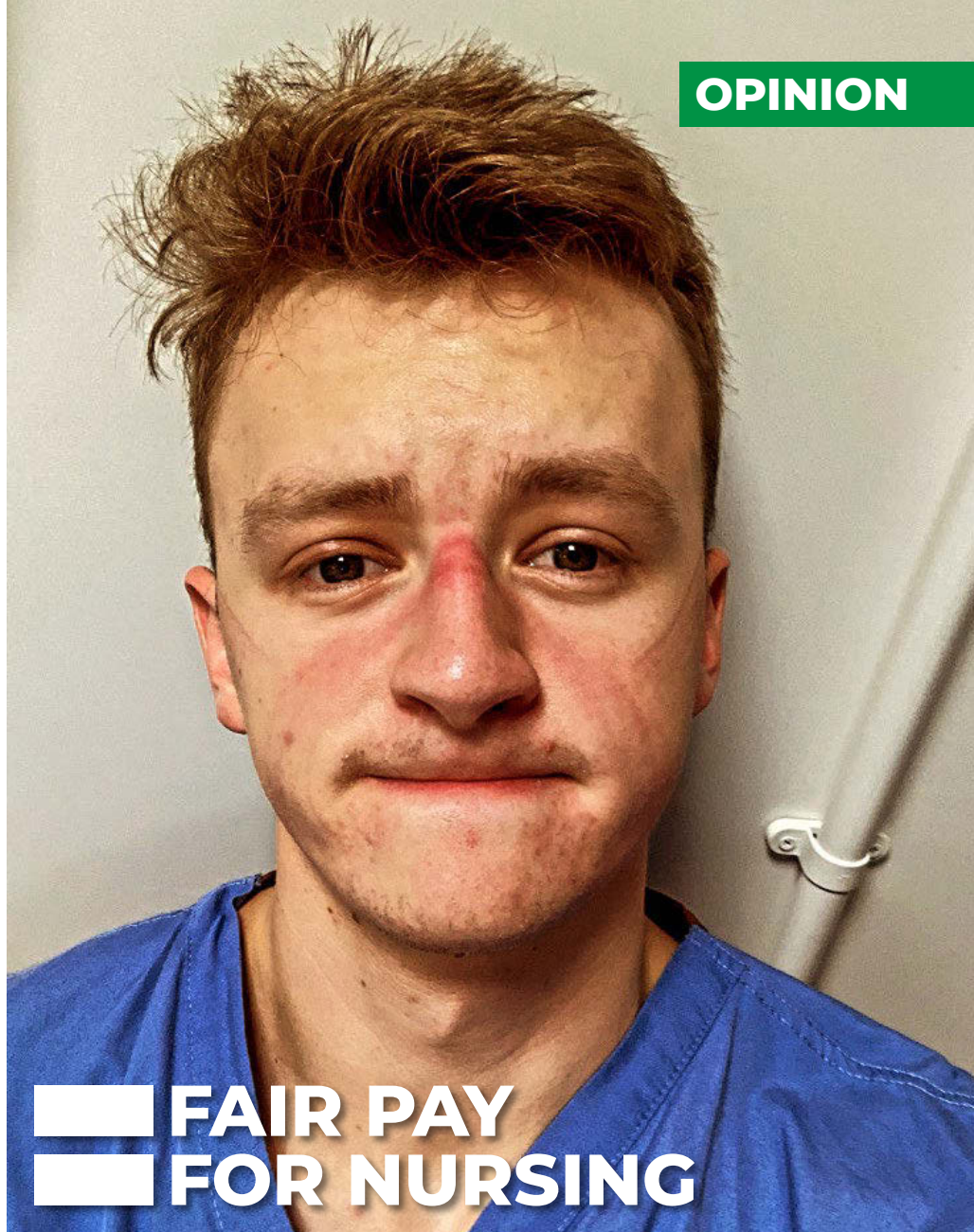
Since working in the NHS I have been struck by the almost total invisibility of senior management. If senior management (including nurses and chief executives) were to carry out one real shift a month on a ward (not a state visit), they would

understand issues as they are, rather than have them filtered through layers of junior and middle management anxious not to look bad.

If they have a nursing qualification, work as nurses. If not, maybe take the drinks trolley round and meet real patients. They would probably have a torrid time initially, but would gain direct knowledge and understanding, as well as respect, and in time communications would improve in both directions. Visible leadership would in all likelihood boost morale and improve standards.

Ray, district general hospital and GP nurse

OPINION



SHARING A SNAPSHOT

I took this picture on the day I heard the government's plan to give NHS staff a measly 1% pay rise. PPE selfies are so first wave, but I shared it on Twitter to show how much more tired and deflated I felt after that news. We've given our all through this pandemic, but that announcement showed the complete lack of respect and value for us. Sam, ICU nurse

'I won't stop until false fines are gone for good'

Helen's fighting to get hospital parking problems fixed where she works, with help from the RCN and our unique approach to organising

Helen Monday,
pictured by Steve Baker

Parking fines. They're the last thing you need at the best of times. But when you're physically and emotionally exhausted after working gruelling shifts in a pandemic, getting one can be crushing.

How about getting 15 fines, issued without evidence of what you did wrong by the company who manages your workplace car park? How might you feel then? Irritated? Angry? Or just broken?

Bank nurse Helen Monday felt infuriated. For two years she'd become increasingly incensed by the practices of Parking Eye, which oversees the car parks for United Lincolnshire Hospitals NHS Trust.

She fumed as she and other colleagues got hit with fine, after fine, after fine. Sometimes it was claimed they'd parked in a drop-off zone, other times that they'd parked without a staff permit. Each time they got issued with a £70 fine.

Late last year she decided to act. "It got to the point that staff were worried about driving to work for fear of being fined," she says. "The company uses cameras with automatic number plate recognition, but they're notoriously faulty and don't cover parts of the car park where the alleged offences happen. So, they write to people, I believe at random, saying they've parked where they shouldn't. But the

only evidence they have is photos of you driving in and out of the car park.

"You can appeal the fines, and many people successfully do, but that's not the point. They shouldn't be issued in the first place. It's extra stress staff don't need at a time when working life is more stressful than ever. For those who don't have the energy to fight, they just pay the fine. It's taking advantage of vulnerable people and it's wrong on so many levels."

Taking it to the top

In December, Helen wrote directly to the trust's chief executive but was less than impressed by his response.

What is organising?

Organising is an approach to making positive change happen, where you identify the issues, come together, and bring about solutions on your own terms. Many different kinds of organisations and groups do different kinds of organising work, and just recently, the RCN has begun designing its own unique national organising model.

Some parts of the RCN, including the East Midlands region mentioned here, have been testing elements of organising over the years. "Organising is about members realising their ability to fight their own causes, recognising their collective strength, and us supporting them to maximise that strength," says RCN Organiser Sarah-Leigh. "The voice of someone who is going through something that bothers them is so much more powerful than someone fighting that battle on their behalf. So, for me, it's about RCN members and staff working as one, in partnership on the same level. And for members to think of it as 'our RCN' rather than 'the RCN'."

Read Helen's full story online:
rcn.org.uk/bulletin

"He thanked me for 'sharing my thoughts' and brushed me off," Helen recalls. She continued to gather evidence, using the trust's Facebook group to find people who'd had their fines overturned on appeal. She also contacted the media and reached out for support from the RCN.

"It immediately struck us that if Helen felt so passionately about this, other members would feel the same, and with our support we could make something happen," says RCN Organiser Sarah-Leigh McMahon. "We sent an email to members working at the trust to find out more about the parking issues, and crucially, who might be willing to join the fight."

The case became a classic example of organising (see box above), with Helen identified as the leader of a winnable issue in which human testimony would prove the most powerful tool.

"We had more than 30 members respond to that one email," says Sarah-Leigh. "They highlighted wider problems with parking at the trust – poor lighting, lack of security, potholes, insufficient spaces. It became as much an issue of staff safety as it was about parking fines."

"In organising terms, we talk about taking an action on someone – in this case the trust chief executive – so we looked to form a group of members who wanted to meet him and demand he do something about it."

People power

The RCN requested the meeting and helped build the confidence of the four members who stepped forward. "I helped them find and amplify their voices," Sarah-Leigh says. "But the power to influence rested entirely with them."

The group, led by Helen, set an agenda, agreed on tactics, and decided each person should have a time limit to tell their story. On the day of the meeting, they took control.

"The chief executive wasn't used to that style of meeting," says Sarah-Leigh.

"He wasn't in charge and it knocked him off balance. Instead it was our members who directed what happened. They owned it and spoke really powerfully about how the issue was affecting them."

The chief executive agreed to work with Parking Eye to turn off specific cameras that were causing problems, until they could be repositioned, and committed to improving the safety of the car park before autumn.

He also said he would meet again and that afternoon set up a working group with other trade unions to focus on fixing the problems with parking.

"It was a really good meeting," says Sarah-Leigh. "But we'll need to do more to keep the issue alive until it's adequately resolved."

Helen adds: "It's been a few weeks now and we haven't yet seen progress on those promises. I'll not let this go until staff are properly supported and these erroneous fines are gone for good."

i We're on a mission to train thousands of RCN members to develop organising skills. The first free course is currently underway, but you can sign up to attend the next set of training now.

Stand up for what you deserve. Drive the change you want to see happen: rcn.org.uk/organising



It's stress staff don't need at a time when working life is more stressful than ever

Words by Kim Scott

Head above water

Wild swimming helped Olivia recover from work-related anxiety and return to nursing

Olivia Stephenson was working on a hyper acute stroke unit in Bristol when the pandemic struck last year. Knock-on effects of COVID-19 saw the unit dealing with a dramatically increased patient intake, and more acute and end of life cases.

“It had always been a very busy ward,” Olivia says. “But as the pandemic wore on, we saw a real shift in patients presenting and more non-recovery strokes. It was really distressing to be losing so many patients.”

Alongside the increased pressures of work, anxieties around the pandemic and social isolation were also taking their toll.

“Work became my life,” Olivia admits. “I was working extra shifts to cover and became entirely consumed. It all became overwhelming and I really suffered with my mental health.”

Come September, Olivia was signed off work with severe anxiety and depression. “I just broke, I absolutely broke.”

Struggling to cope, Olivia was searching for something to help her switch off when a friend recommended cold water swimming. Ready to try anything, Olivia donned a wetsuit and headed to Clevedon Marine Lake, a large seawater lake on the coast outside Bristol. “I was feeling a bit anxious about it,” she admits. “But as I was slowly getting in, a gush of cold water went down the back of my wetsuit and I laughed – for what felt like the first time in so long.”

An activity that completely takes over both body and mind, Olivia found that wild swimming offered some peace from the mental whirlwind. “I got out of the water and realised that for those 10 minutes I hadn’t thought about work at all.”

i Find information, advice and support to help your mental wellbeing: rcn.org.uk/covid-19-mental-health

“

A gush of cold water went down my wetsuit and I laughed – for what felt like the first time in so long



Wading into winter

Recognising these benefits, Olivia signed up for a swimming challenge to give her extra motivation through the winter – and raised more than £1,100 for the Cavell Nurses’ Trust.

Though there were some particularly grizzly days when that challenge felt extra testing, Olivia emphasises it is the commitment to taking time for yourself and your mental health that is instrumental.

“It’s about building bravery and discipline to make sure you’re prioritising your wellbeing. As nurses especially, we need to practise self-care and ensure we’re in a space to provide compassion and care to others.”

This feeling of accomplishment and courage began to filter in more generally, lifting Olivia’s spirits and resilience in a way nothing else had managed. “The more I swam, the better I felt. I was more energised

and more able to stay positive and motivated.”

Olivia had also found a group of inclusive and like-minded people that alleviated the social isolation and disconnect she’d been experiencing.

“The wild swimming community is just fantastic,” she enthuses. “There’s no snobbery. Everybody is so friendly and willing to give advice and support.”

Changing the conversation

Since heading back to work in March, Olivia feels “like a completely new person” and has taken on a role as the wellbeing link nurse on her ward, helping to set up a programme dedicated to staff wellbeing.

Shedding the stigma and encouraging people to ask for help early is key. Olivia says: “I know my colleagues were shocked when I went off work, because I had felt too ashamed to share how much I was struggling.

“I want to get rid of that fear that people with mental health issues will be judged or not believed or told they just have to ‘crack on’.

“As health care staff, we of course have a responsibility to our patients, but also to ourselves and our colleagues – to recognise when people are suffering, to engage with each other and to listen without judgement.”

So, what would she say to encourage other health care staff to consider wild swimming? “Just give it a go. I guarantee that at some point in the experience you’ll laugh.”



Olivia's top tips

Even if you’re an experienced swimmer, cold water swimming carries risks so it’s important to always be sensible and stay safe.

- Swim somewhere safe where you can exit the water easily.
- Never swim alone.

- Eat something beforehand.
- Get in slowly and let your body acclimatise.
- Don’t stay in too long. The general rule is one minute per degree of the water temperature (your core body temperature will continue to drop once you’re out).
- Bring lots of warm layers. Change into dry clothes as quickly as possible.
- Bring a hot drink to warm you up from the inside once you’re out.
- Be aware of the signs of hypothermia and seek urgent medical attention if needed.

Words by Leah Williams

Workplace safety concerns: what can you do?

Heather was supported by RCNLaw when dangerous mould in her working environment led to serious health issues. Find out what steps to take if you're in a similar position

"I told my employer the facts. I wanted them to do the right thing. But they didn't." RCN member Heather has recently been awarded substantial compensation after her working environment caused her to develop a life-limiting lung condition. The court award was the result of a four-year legal battle, where RCNLaw helped bring her employer to justice.

Heather had been working as a disability nurse assessor for ATOS (later Maximus). This involved back-to-back physical assessments of clients in a small room with no windows or natural ventilation. Although the room was fitted with an air conditioning unit, this didn't work for the majority of the time. Patient confidentiality required Heather to conduct meetings with the door shut. Season dependent, the room would become unbearably hot or freezing cold.

"I complained straight away," Heather says. "I examined people who were extremely vulnerable and I had a duty of care to them." This was in April 2014. On top of broken air conditioning, infestations of fruit flies appeared to

have come in via a vent that backed onto bins. The room's soft furnishings (chairs and carpets) were dirty and a toilet overflowed outside the door.

These conditions were "unhygienic, unprofessional and embarrassing," Heather says. Colleagues also complained and spoke to one another about it.

Heather has asthma, disclosed to her employer, which she had always managed well. She'd served in the RAF and attended the gym regularly: "I was always very fit. I was very proud of that."

Deteriorating condition

In October 2014, Heather fell ill. She had an unexplained pneumothorax and lower respiratory tract infection. She continued to suffer from chest infections and in early 2015 was referred to a respiratory specialist: "The consultant asked me, 'Do you work on a farm?' He said the illness was only caused by a certain mould and discussed the environment required for it to grow. That's when the penny dropped that this must be related to my workplace."

Tests showed Heather had been exposed to significant levels of a mould called aspergillus. She made further verbal and written complaints to her employer and contacted the RCN.

"When you raised something at work, you were made to feel like you were the problem," she says. "I knew that wasn't right. My RCN rep came into meetings with me – he could see that HR and health and safety policy hadn't been followed correctly. When you're ill, you're not assertive, but the RCN gave me the confidence to fight."

Heather was eventually forced to reduce her hours, losing pay. In early 2016, she was diagnosed with allergic broncho pulmonary aspergillosis. During summer 2016, she had to stop working completely.

Breathing issues now make walking and sleeping difficult, medications cause side effects, and she will likely face increasing care costs and a shortened life expectancy. "To know that I had this incurable condition was devastating," she says. "There was anger. It should never have happened."

Six steps to taking action

1 File a report

Complete incident report forms. Send concerns in writing to your manager.

2 Escalate concerns

If you feel your reports are not being taken seriously, escalate your concerns via your organisation's official route.

3 Seek treatment

Keep a diary of symptoms. Arrange an appointment with occupational health or your GP to discuss.

4 Document everything

Save correspondence. Take photos of things causing

concern. Keep a diary of events. Heather says: "Document everything. Make sure you have copies – not just on your work computer."

5 Speak to colleagues

If more than one person is affected, write a joint letter to management. Heather says: "Lots of people making complaints about the same thing adds strength to your case."

6 Contact the RCN

At every stage, you can contact your RCN safety rep or call the RCN advice team for support on **0345 772 6100**.

Free legal support

RCN members are eligible for legal advice and representation for injuries and illness sustained due to the fault of someone else, whether work-related or not.

The service is free to members regardless of whether the claim is

successful and RCN members receive 100% of their compensation. It's important to take action promptly. Cenric says: "Court proceedings have to be started within three years of the injury or knowledge that you might have been injured. It's also important to gather evidence as close to the time of

injury as possible, and there is a lot of work involved in building each case, so contact the RCN sooner rather than later."

Visit rcn.org.uk/personal-injury or call **0330 818 2390** to discover whether we could help you.

Unresponsive employer

At Heather's instigation, the local authority environmental health and a mould expert inspected Heather's workplace, detected issues with ventilation and made recommendations to Heather's employer. These were not followed.

In October 2016, Heather contacted RCNLaw. She was connected with lawyer Cenric Clement-Evans. "My employer was denying liability," Heather says. "You feel you're fighting a huge thing."

It took a stressful four years to get Heather's employer to court. Heather felt anxious, yet she faced the judge and defence in person rather than by video link, despite shielding from COVID-19. Finally, the judge ruled in her favour – her health issues were related to her workplace and her employer had failed in its duty of care. "It was a huge relief. I was so grateful for everything that the RCN and RCNLaw had done and the colleagues who supported me in court," Heather says.

Heather has received money for lost earnings and future care, but stresses nothing can make up for the physical and psychological repercussions. She hopes the result will empower nursing staff to report concerns and encourage employers to act.

"Heather did everything right in terms of highlighting her concerns," says Cenric. Ideally, this should prompt employers to take action: "Prevention is better than cure. If someone reaches the point of instructing a lawyer, the system has failed. No-one who has an injury wants the money – everyone would rather this never happened."

Helen says: "I can no longer do the job I love. My life will not be the same. But at least I can get on with it now."

“

When you're ill, you're not assertive, but the RCN gave me the confidence to fight my case

£3m

compensation has been secured for members through RCNLaw in the past year

In good hands

Fresh from her appearance on TV's *Dragon's Den*, paediatric nurse Antonia explains what drove her to create a cream for hardworking hands, and how her business gives back to nursing

If you've ever seen BBC's *Dragon's Den*, you'll know it's unusual for all five "dragons" – that is multimillionaires – to offer an equal investment to the entrepreneurs pitching to them. But that's exactly what happened when Antonia Philp and her husband presented their skincare brand.

"I'd been at my shift one minute, then hopped on a train to Manchester, and now here we were with five offers on the table, says Antonia. "It was nerve-wracking but also exciting."

After some negotiation, the pair accepted Vitabiotics CEO Tej Lalvani's investment offer of £75,000 for a 5% stake in their business, Nursem. But what did it take to get into the den?

From sore skin to creation

It all began in 2008 when not long after qualifying, Antonia was signed off work with sore, bleeding and cracked hands. "I was working in a busy respiratory ward and I remember coming home one day in tears – I felt so cross because my hands hurt so much," Antonia recalls. "I thought: it's not supposed to be like this. I'd only just started my career and yet I was already having to take two weeks off to allow my hands to heal."

After speaking with occupational health and given some cream that wasn't very effective, Antonia realised she wasn't alone. "More than 87% of health care professionals will suffer from a form of contact dermatitis in their career," she says.

"As nursing staff, we're washing our hands sometimes 50-100 times a day," adds Antonia. "I started exploring what hand creams were out there and discovered there weren't many products specially designed for hardworking hands – not just for health care staff, but also for other hands-on workers such as builders and florists."

The experience spurred her on to create her own hand cream. Not quite sure where to start, she began writing a wish-list of what she felt was important. "The product needed to be fast-absorbing



Theatre staff at Gateshead Health NHS Foundation Trust with their free Nursem products

“
We wanted to make sure this wasn't just about hand cream

Words by Sophie Goode.
Pictures provided by Nursem

i Find out more about the Nursem Promise: nursem.co.uk

Antonia Philp



87%
of health care staff will
suffer from a form of
contact dermatitis
in their career

and non-greasy, so you could apply it and then get straight back to work. And crucially, I wanted it to be as natural and effective as possible,” she adds.

As Antonia continued nursing, her husband, Jonny – now the CEO of the business – got involved and took over the day-to-day running of the new venture, helping to make progress.

Together they worked with a manufacturer and in 2011 they began trialling their products, seeking trusted feedback from nursing staff.

After years of rigorous testing and tweaks, in 2018, their business NurseM was launched via Crowdfunder which helped to fund their first mass production.

Since then, the business has gone from strength to strength and the pair have created a range of skincare products they are proud of. Not least because their business gives a month’s worth

of hand cream to a nurse or midwife with every product purchased, via the NurseM Promise.

Free cream for care workers

To date, they’ve helped provide 250,000 NHS staff members with free hand care. Their aim is to extend this to all NHS clinical staff by the end of 2025.

“Right from the off, we wanted to make sure this wasn’t just about hand cream,” says Antonia. “We wanted to give something back to hardworking health care professionals.”

Now a specialist transplant nurse in paediatrics, Antonia enjoys the balance of having nursing and the business in her life. And despite the success of NurseM, she has no plans to leave the nursing profession. “I’d always be drawn back,” she says. “I love looking after my patients and that will never change.”

Are your hands suffering?

Hand hygiene and caring for your hands has never been so important.

Under health and safety law, your employer should have a programme of skin checks in place for nursing staff exposed to the risk of work-related dermatitis. And you should feel confident to raise any concerns you may have about your skin and receive timely feedback.

If you feel your concerns aren’t being listened to, take a look at our raising concerns guidance and speak to your line manager. You can also call the RCN advice team on **0345 772 6100**.

Check out the RCN’s hand health resources: rcn.org.uk/skin-health



Leading change in cancer care

Jonah's been driving forward new developments in prostate cancer diagnosis

47,500
men are diagnosed with prostate cancer every year

Jonah Rusere, pictured by Rob Anderman

Fast facts

- According to the charity Prostate Cancer UK, more than 47,500 men are diagnosed with prostate cancer every year.
- It is the most commonly diagnosed cancer in the UK, affecting one in eight men.
- Around 400,000 men are living with and after prostate cancer.
- There are three main risk factors – being aged 50 or above, family history of the disease, and being black. Around one in four black men will get prostate cancer in their lifetime.
- Find more information: prostatecanceruk.org



It's rare for a nurse to train consultants, but I really enjoy it

When clinical nurse specialist (CNS) Jonah Rusere heard his hospital was abandoning a procedure he'd been involved with for much of his nursing career, he felt devastated. But as one door closed, another opened – eventually leading to national acclaim for his pioneering work.

“With just two weeks' notice, I was to lose a skill I'd become very good at and felt I'd mastered,” Jonah recalls. “You can imagine how I felt. It was a very unhappy time in my career.”

His skill was carrying out transrectal ultrasound (TRUS) guided biopsies (see blue box) used to help diagnose prostate cancer. Jonah had been performing the procedure since he moved to Guy's and St Thomas' Hospital in 2014, after spending eight years at the Royal Free Hospital, both in London, where he was also a CNS in urology.

Expanding skills

Knowing that there was already a nurse-led biopsy clinic at Guy's inspired his move. “In my previous job, I was so interested in what happened during a biopsy that I'd been assisting doctors for four or five years. It became a goal of mine to take the next step,” says Jonah. Once at Guy's, he asked to shadow the nurse, building his knowledge. “I knew all the theory from assisting, but I didn't have the practice,” he says.

Eventually his competences were signed off and he began running his own nurse-led transrectal biopsy list, with support from more experienced colleagues. Then in August 2017, he learned that TRUS biopsies were no longer going to be carried out at Guy's and St Thomas'

What is a prostate biopsy?

- **Transrectal ultrasound (TRUS) guided biopsy**, carried out under local anaesthetic, involves inserting a needle through the wall of the rectum into the prostate. Infection is more likely with this procedure, and includes the possibility of sepsis. Antibiotics may be prescribed to help prevent infection, but it may still occur.
- **Transperineal biopsy** involves inserting a needle into the prostate through the skin between the testicles and the perineum. In the past, this was more usually done by a doctor under a general anaesthetic. Jonah has been instrumental in training increasing numbers of nurses to do this procedure under a local anaesthetic instead.

Hospital, with effect from the following month. Instead transperineal biopsies were going to be performed – but traditionally these were done by a doctor in a theatre, under general anaesthetic. The decision to switch was based on the risk of infection, plus the possibility of missing significant cancers.

It felt like the end of the road for an aspect of Jonah's work where he had become highly accomplished. Then he discovered that one of the hospital's urology consultants, Rick Popert, was using a different device that would enable these new biopsies to be performed under a local anaesthetic. “I asked him if it would be possible for him to teach me the new procedure. To my delight, he was very happy that I'd shown interest. Straight away he began teaching me, alongside his registrars,” says Jonah.

Carried out in outpatients, the new PrecisionPoint system removes the need for complex equipment and a general anaesthetic. Other advantages include reducing waiting times for patients, improving their overall experience, virtually eliminating the possibility of biopsy-related sepsis and improving diagnosis.

Empowering other nurses

After performing the new procedure for around a year, Jonah was employed by South East London Accountable Cancer Network in 2018 to lead on TRexit (the move from transrectal biopsies to transperineal biopsies) and standardise the biopsy process across the region. He started to teach others – including consultants, registrars and nurses – initially in South East London hospitals.

Since then, training has expanded outside the capital, with more than 170 hospitals seizing the opportunity. “We've done such a good job of getting rid of TRUS biopsies, working with the hospital that introduced the new technique,” says Jonah. “It's rare for a nurse to train consultants, but I've really enjoyed it,” he says.

Jonah has been active in making sure nurses are trained in the new procedure. “I realised that many were left in the same position I'd been in, deskilled by the move from transrectal to transperineal biopsies,” he says. As a result, Mr Popert and Jonah now run a day-long training course at Guy's Hospital, one specifically for consultants, the other for nurses and registrars.

“I didn't want nurses to feel uncomfortable,” he says. “If they were on the same course as a consultant, they may have felt they couldn't ask questions or their knowledge was not as great.” Once they've completed the course, nurses are also invited to shadow Jonah and his colleague Grace Zisengwe on their nurse-led biopsy list at Guy's Hospital. It's an opportunity for one-to-one teaching, plus there's continued support once they begin to carry out the procedure themselves.

“We're trying to create a nationwide movement, where we will stop the whole country from doing TRUS biopsies,” says Jonah. “It's a unique position to help drive change that is making such a difference to patients' lives – and I feel very privileged.”



For more information, email bulletin@rcn.org.uk

NURSING WORKFORCE STANDARDS



RESPONSIBILITY AND ACCOUNTABILITY

1 Senior nurses set nurse staffing levels and executive boards are accountable

2 Nurse staffing levels are based on service demand and user need

3 Business continuity plans are in place to enable safe nurse staffing

4 The nursing workforce is recognised and valued through fair pay and conditions



CLINICAL LEADERSHIP AND SAFETY

5 Each nursing service has a registered nurse lead

6 Nurse leaders receive dedicated workforce planning time

7 Practice development time is considered when defining the workforce

8 A sufficient uplift is applied when calculating the nursing workforce

These standards outline what should be happening in workplaces to ensure the delivery of safe and effective patient care. They support you and your colleagues to recognise issues around staffing levels and know when to raise concerns

9 A substantive nursing workforce below 80% should be an exception

13 Nursing staff are entitled to work in healthy and safe environments

10 Nursing staff are prepared and work within their scope of practice

14 Nursing staff are supported to practice self-care



11 Rostering patterns take account of safe shift working

12 Nursing staff are treated with dignity and respect



To discuss concerns around staff or patient safety, speak to your RCN rep or contact us: [rcn.org.uk/contact-advice](https://www.rcn.org.uk/contact-advice)

Find out more:
[rcn.org.uk/
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How to challenge poor leadership

Nursing staff in every role can help spot and tackle inadequate leadership, says Sally from the RCN Nurses in Management and Leadership Forum

In the last issue of *RCN Bulletin*, I wrote about good leadership, but awareness of poor leadership is just as important. We must recognise it so we can challenge it.

Poor leadership can have a detrimental effect on workplace culture. A good leader, regardless of the circumstances, is able to build trust and influence others to work together towards a shared goal. Someone may have the authority of their job title, but that doesn't mean they will be regarded as a leader.

Effective leadership means being compassionate towards others, engaging and motivating people to move in a particular direction.

Poor leaders might lack self-awareness and the ability to manage their emotional responses. Often, they are unable to consider others' needs. Poor leadership could be demonstrated by any member of the team, not just the person in charge.

Impact on staff and patients

One of the most damaging effects of poor leadership is when it leads a team to tolerate incivility, micro-aggressions or outright bullying.

Where incivility goes unchallenged because "that's just the way they are" or we think a colleague is being "too sensitive", we become complicit in creating a culture of intolerance. We are not acting on our nursing values.

Sometimes, unrealistic expectations are placed on team members, or some may seem to be favoured over others. This is also a sign of poor leadership.

Poor leadership and management can result in high staff turnover and sickness absence. Agency spend may also be excessive.

Complaints from patients and families may be higher and patient outcomes poorer. Staff surveys or other outcome measures may indicate that there are leadership issues.

What can you do?

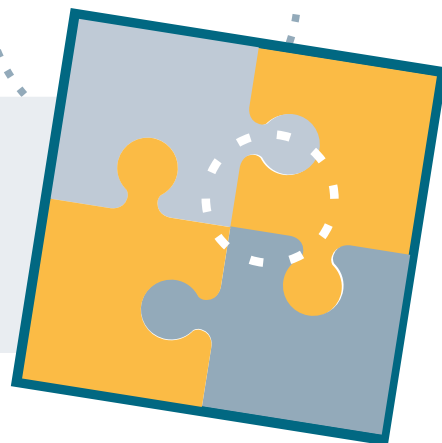
It's easy to feel powerless. You may think that the easiest solution is to ignore the issues or find work elsewhere. But as nursing staff, we are all responsible for the culture of our teams.

Define your boundaries

Ask yourself how much you will tolerate before raising a concern. Knowing your limit will help you understand your own values and when you're prepared to act on them. Staying silent is an act of poor leadership. When you see a colleague being disrespectful to another staff member or patient, or making an inference about someone's cultural background, we need to challenge it. Through our collective leadership, we contribute to a healthy workplace culture.

Be an ally

Our teams should be inclusive – we need to rid our profession of discrimination. Good allies think of each other's struggles as their own and stand up for others.



Give and receive feedback

Giving balanced feedback is a crucial skill. It means responding to both what is being done well and areas where improvements are needed. Feedback is not criticism. Saying “thank you” and noticing good practice is important – give at least two pieces of positive feedback for every suggested improvement. This is critical to good patient outcomes.

Giving and receiving feedback can help establish whether there are shortcomings in leadership or just clashing personalities. We can also help leaders stay in touch with the reality of the work through authentic feedback.



Listen and learn

Poor leaders don't listen well or see what's going on around them. They're not open to what other people think. They may think they're expected to have all the answers and this can make them feel isolated in their role. The best leaders can admit: "I don't know". Being a good leader enables others with better knowledge to step forward. A good leader continuously learns and recognises the limits of their knowledge, while facilitating the learning of others. This helps team members trust each other and become far more than the sum of their parts.



Speak up

We all have a responsibility for creating good leadership. If our team is ineffective or patient outcomes are unsatisfactory, we must ask: what am I contributing? What can I change? Know how to speak up. Your views may be shared by many. If your feedback is not listened to, find out how to take your concerns further. If you feel you're being prevented from delivering safe, compassionate care, RCN advice is to act early – don't wait for a problem to develop: rcn.org.uk/raisingconcerns



Learn more

No-one sets out to be a poor leader – circumstances and workplace culture can make it difficult to do the right thing. The below resources could help you change those factors:

- the RCN Inclusion Café is a place to share tools to build inclusive workplace cultures: rcn.org.uk/inclusion-cafe
- the COIN Conversation Model aims to “take the sting out of difficult feedback”: tinyurl.com/coin-conversation
- the NHS Leadership Academy: tinyurl.com/nhs-leadership-academy
- the RCN Developing Leadership Programme: rcn.org.uk/developing-leaders

i Sally Bassett is Chair of the RCN Nurses in Management and Leadership Forum Committee. This feature was written in collaboration with committee members and with the input of Christine McKenzie, RCN Professional Lead for Learning and Development. Visit: rcn.org.uk/leadership-forum

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The successful candidate will be completing brief clinical risk and mental state assessments to provide brief interventions for people presenting in mental health crisis with a view to signposting them onto the most appropriate service to meet their care needs. Working via telephone, our qualified practitioners will be experts in validating, de-escalating crisis and coaching people in distress tolerance and emotional regulation strategies.

As well as telephone based work the role will also entail completing urgent assessments across Dorset enabling the successful candidate to develop their assessment skills whilst supporting clients in accessing support in a timely manner.

This role also includes managerial responsibility for the Mental Health Support Workers within the team providing guidance and support. Using a range of brief interventions, you will empower patients, carers and families to manage distress and crisis effectively.



Dorset HealthCare University
NHS Foundation Trust

Continued training and education is a key objective at Dorset HealthCare for all staff. The Home Treatment Team offers continuous development for all our practitioners both from internal and external resources. Specialist training continues to be developed and offered for all disciplines within the team.

This post is an opportunity for you to expand on your existing knowledge, skills and experience to become part of this specialist service and to play an active part in the remodelling exercise taking place as a result of the Acute Care Pathway Review

You will be required to undertake shifts in both Connection and Street Triage. Street Triage is a service which also provides telephone support and advice to Dorset Police where you will also receive full training on the Police Computer system.

Within this role we will be able to provide development for an experienced band 5 – please contact us for further details.

Employment in this post requires an Enhanced Disclosure and Barring Service (DBS) check. The DBS levies a charge of £40 and the Trust will recover this cost in instalments from your first 3 salary payments. This will only apply to candidates who are new to the Trust and not internal staff.

Applicants who subscribe to the DBS update service and are able to present a valid DBS certificate will not incur a charge.

If you are interested in moving to Dorset we also offer a generous relocation package of up to £5,000. For further details on relocation expenses please email dhc.careers@nhs.net

We encourage you to contact us for informal conversations about the role, we are able to organise a visit to come and meet the team. Please contact Cassie Burtenshaw on 07917643433 or email cassandra.burtenshaw@nhs.net

You can apply via the NHS jobs website using the search reference: **152-M065.21**

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LONDON CHISWICK
JUN - 1st, 5th, 7th, 9th, 10th, 12th, 26th

LONDON KENSINGTON
JUN - 2nd, 3rd, 5th, 8th, 11th, 12th, 22nd, 25th, 29th

LONDON STRATFORD
JUN - 1st, 3rd, 4th, 5th, 10th, 11th, 14th, 17th, 18th, 19th, 23rd, 25th, 26th,

LONDON WATERLOO
JUN - 2nd, 4th, 5th, 7th, 9th, 11th, 12th, 15th, 18th, 19th, 21st, 23rd, 24th, 26th, 29th, 30th

CROYDON
JUN - 10th, 21st

LUTON
JUN - 2nd, 3rd, 10th, 18th, 19th, 26th

OXFORD
JUN - 4th, 5th, 12th, 17th, 22nd, 23rd

READING
JUN - 2nd, 7th, 9th, 12th, 19th, 21st, 24th, 29th, 30th

MAIDSTONE
JUN - 1st, 5th, 7th, 9th, 10th, 16th, 19th, 24th, 25th, 28th

BRIGHTON
JUN - 2nd, 9th, 12th, 17th, 23rd, 29th

SOUTHAMPTON
JUN - 1st, 2nd, 5th, 10th, 17th, 18th, 26th, 30th, 15th, 26th, 30th

BRISTOL
JUN - 3rd, 9th, 14th, 21st, 30th

EXETER
JUN - 9th, 17th

PLYMOUTH
JUN - 11th

CARDIFF
JUN - 3rd, 10th, 14th, 22nd, 29th

CHELMSFORD
JUN - 9th, 15th, 23rd

COLCHESTER
JUN - 2nd, 16th, 29th

MILTON KEYNES
JUN - 5th, 8th, 10th, 16th, 19th, 25th

NORWICH
JUN - 8th, 17th, 24th

HUNTINGDON
JUN - 2nd, 11th, 12th, 19th, 24th, 29th

BIRMINGHAM
JUN - 3rd, 5th, 7th, 10th, 11th, 12th, 19th, 22nd, 24th, 26th, 29th, 30th

SHEFFIELD
JUN - 2nd, 3rd, 5th, 9th, 12th, 15th, 17th, 23rd, 26th, 28th

MANCHESTER
JUN - 1st, 3rd, 5th, 7th, 11th, 12th, 14th, 17th, 19th, 21st, 25th, 26th, 29th

LEEDS
JUN - 4th, 5th, 8th, 10th, 12th, 16th, 19th, 22nd, 25th, 26th, 29th, 30th

NEWCASTLE
JUN - 7th, 9th, 17th, 21st, 29th

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JUN - 11th, 25th, 26th, 28th

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MANCHESTER:- JUN 22nd/23rd JUL 12th/13th

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6.5 HOURS CPD



- ✓ Theory + simulation learning
- ✓ Includes latest changes in guidelines and compliance

LONDON:- JUN 2nd, 17th JUL 2nd, 17th AUG 4th
BIRMINGHAM:- JUN 23rd JUL 10th, 27th AUG 11th
MANCHESTER:- JUN 18th JUL 5th, 23rd AUG 5th

PMVA (1 Day + 3 Day)

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- ✓ Prevent + manage violence + aggression
- ✓ Reduce the risk of injury + accidents
- ✓ Develop skills to cope with challenging situations

LONDON (1 DAY):- JUN 24th JUL 12th AUG 13th
LONDON (3 DAY):- JUN 28th/30th JUL 28th/30th

Safeguarding Children Level 3 (1 Day)

£114 (inc of VAT)



7.5 HOURS CPD

- ✓ Delivered by a qualified Safeguarding Expert
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- ✓ Certificate valid for 3 years

LONDON:- JUN 21st JUL 15th AUG 18th SEP 7th

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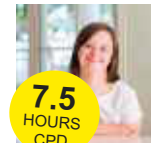
4 HOURS CPD

- ✓ Refresh in safe storage and disposal of medication
- ✓ Techniques in how to uphold patient dignity
- ✓ Includes relevant and up to date legislation

LONDON:- JUN 19th JUL 9th AUG 9th SEP 11th
BIRMINGHAM:- JUN 28th JUL 31st AUG 31st
MANCHESTER:- JUN 24th JUL 19th AUG 14th

Safeguarding Adults Level 3 (1 Day)

£90 (inc of VAT)



7.5 HOURS CPD

- ✓ Reminder on how to fulfil complete spectrum of duty of care
- ✓ Refresh Safeguarding Adults best practice
- ✓ Certificate valid for 3 years

LONDON:- JUN 8th JUL 1st AUG 3rd SEP 3rd
BIRMINGHAM:- JUN 25th JUL 29th AUG 24th
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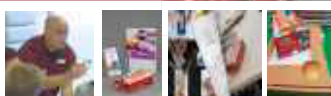
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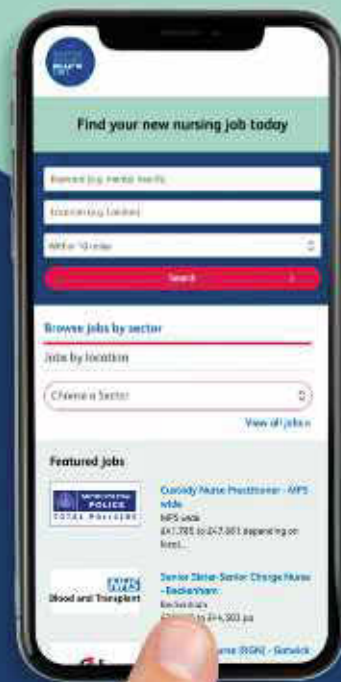
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Our critical care team consists of over 100 nurses. We are expanding to include a new enhanced perioperative care unit (EPOC). This is an exciting development and staff will rotate between the units. We're looking for band 5 nurses to join our remarkable team. Previous experience is desirable but not essential as we have an excellent practice education team in house. They will help you develop into a competent, highly skilled critical care nurse. If you have excellent communication skills, are patient focused and thrive on providing high standard, evidence-based care then please contact: lisa.niemand@nhs.net.



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