



Issue 16: Autumn / Winter 2017

Newsletter for the Independent Sector

Welcome

Welcome to the sixteenth issue of In-Touch, the newsletter for nurses and health care assistants working in the South West region's independent sector. This issue is packed with information on: the RCN report on safe staffing; RCN response to the NMC consultation on pre-registration education standards; modern slavery; and delirium. You will also find information on RCN Congress 2018. We hope you enjoy reading it.

two-thirds said they worked at least an hour over their shift time, unpaid. Almost half of the respondents said no action was taken when they raised concerns about staffing levels. It was also reported that:

- patients are no longer afforded enough dignity, with some reports of patients dying alone
- colleagues have burned out and have become sick themselves, leaving them unable to work
- many nursing staff are questioning their future and are contemplating leaving the profession
- members struggle to give their families enough support after shifts that can exceed 12 hours.

RCN News

Safe and Effective Staffing: Nursing Against the Odds - An RCN Report

Hospitals and health care providers must examine whether they have enough staff to deliver safe patient care this winter. More than 30,000 members, across both the NHS and independent sector, responded to a survey seeking to gain a snapshot of their experiences on the last shift they worked. The results, published in a new RCN report www.rcn.org.uk/news-and-events/news/urgent-action-needed-to-tackle-staffing-crisis paint a perturbing picture of staff stretched to the limit and compromised patient care. Over half of the respondents said there were less nursing staff on shift than planned and that care quality suffered as a result.

'I drove home from work sobbing today, knowing the patients I cared for didn't get a fraction of the care I would consider acceptable,' said one respondent.

More than a third said they had to leave elements of patient care undone due to a lack of time, while

'When this many professionals blow the whistle, they cannot be overlooked,' said Janet Davies, RCN Chief Executive & General Secretary. 'The nursing shortage is biting hard and needs the attention of ministers. This warning comes from the very people they cannot afford to lose.'

In addition to immediate reviews in each care setting, the RCN is calling for new legislation across the UK that guarantees safe and effective nurse staffing. It would give clear accountability and responsibility for workforce strategy, policy and planning and must lie at ministerial level. The College has repeated its calls for increased funding for health and care services to meet patient demand.

The RCN plans to launch a safe staffing campaign next May and is inviting members to shape this work. More information can be found at www.rcn.org.uk/employment-and-pay/safe-staffing




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NMC Pre-Registration Education Standards Consultation

The RCN has published its response to the Nursing and Midwifery Council (NMC) consultation on its proposed new standards for pre-registration nurse education. In its response, the RCN welcomed the NMC's view that all nurses, whatever their field of practice, should be able to undertake full assessments of patients, while also calling on the regulator to increase the amount of assessed simulation in the training of nurses to 600 hours, up from 300. The College also welcomed changes to the current practice-based learning model that proposes splitting the role of practice supervisor and practice assessor to address concerns around 'failure to fail'. But it also highlighted the need for funding for continuing professional development (CPD) to ensure the current workforce has the skills and knowledge to support learners. The move to ensuring newly registered nurses are 'prescribing ready' was also welcomed, with the RCN saying this supports timely patient treatment, reduced waiting times, continuity of care and an improved patient-nurse relationship, although the College also called for updated NMC standards for medicines management.

The RCN supports the NMC's move towards standardising student nurse education, adding in its response that there is currently 'unwarranted variation' in the pre-registration training of nurses in all four fields. The College also called for a UK-wide common practice assessment document to facilitate this. Dr Anne Corrin, Head of Professional Learning and Development at the RCN, said: 'We look forward to working with the NMC to further develop and implement these exciting new standards. They have the potential to ensure that nurse education responds to the changing population health needs and ensure that nurses continue to provide high standards of nursing care in the future. However, we also note the importance of investing in the current nursing workforce to ensure these new standards can be fully implemented in practice.'



The full RCN response can be found at the bottom of this web page: www.rcn.org.uk/news-and-events/news/rcn-responds-to-nmc-education-standards-consultation

Clinical

Recognising Modern Slavery

Trafficking or modern slavery is defined by the United Nations Palermo Protocol (UN 2003) in three phases: (1) recruitment or acquisition of a man,

woman or child; (2) means, i.e. through the use of force, deception, or coercion; and (3) purpose, i.e. for the purpose of exploitation or forced labour. It is estimated that there are over 45 million people trapped in modern slavery across the globe and current estimates by the Home Office suggest that there are 13,000 men, women and children known to have been trafficked into or in the UK. Many of these people have been forced into domestic work, agricultural work, sex work, forced marriages or for organ removal.

If you suspect that a person is a victim of trafficking or modern slavery, this is a safeguarding issue. You should trust and act on your professional instinct that something is not quite right. It is usually a combination of triggers, an inconsistent story and a pattern of symptoms that may cause you to suspect trafficking. It is important to remember that:

- trafficked people may not self-identify as victims of modern slavery
- trafficked victims can be prevented from revealing their experience to health care staff from fear, shame, language barriers and a lack of opportunity to do so. It can take time for a person to feel safe enough to open up
- support for victims of human trafficking is available.

A victim of modern slavery may display some of the following health care issues: evidence of long term multiple injuries; indications of mental, physical and sexual trauma; sexually transmitted infections; pregnant, or a late booking over 24 weeks for maternity care; disordered eating or poor nutrition; evidence of self-harm; dental pain; fatigue; non-specific symptoms of post-traumatic stress disorder; symptoms of psychiatric and psychological distress; vague symptoms of back pain, stomach pain, skin problems; headaches and dizzy spells.

Other signs to look out for include: they are accompanied by someone who appears controlling, who insists on giving information and coming to see the health care worker; is withdrawn and submissive, seems afraid to speak to a person in authority and the accompanying person speaks for them; gives vague and inconsistent explanation of where they live, their employment or schooling; has old or serious injuries left untreated; gives vague information, is reluctant to explain how the injury occurred or give a medical history; is not registered with a GP, nursery or school; has experienced being moved locally, regionally, nationally or internationally; appears to be moving location frequently; appearance suggests general physical neglect; struggles to speak English; and has no official means of identification or suspicious looking documents.

In addition, children and young people might show the following signs: have an unclear relationship with the accompanying adult; go missing quickly (sometimes within 48 hours of going into care) and repeatedly from school, home and care; and give inconsistent information about their age.

There are a number of steps you can take if you have identified someone is a victim of trafficking:

- try to find out more about the situation and speak to the person in private without anyone who accompanied them
- when speaking to the person reassure them that it is safe for them to speak
- do not make promises you cannot keep
- only ask non-judgemental relevant questions
- allow the person time to tell you their experiences
- do not let concerns you may have about challenging cultural beliefs stand in the way of making informed assessments about the safety of a child, young person or adult
- speak to your manager, colleagues or local safeguarding leads for support and advice.

It is important that you:

- do not raise your trafficking concerns with anyone accompanying the person
- think about support and referral.

The RCN has created a pocket guide on modern slavery and trafficking which can be downloaded from www.rcn.org.uk/professional-development/publications/pub-005984

Delirium in Older People

The RCN has launched a new drive to help nursing staff spot the signs of delirium in order to improve care and even save lives. Sponsored by My Improvement Network, the RCN project will recruit delirium champions from across the health service to help spread the word about the condition.

Delirium is a common and serious medical condition that can affect anyone, especially those who are older or seriously unwell. Someone with delirium will experience a sudden state of confusion, leaving them feeling disoriented and struggling to pay attention or make decisions. By detecting the condition early, nursing staff can prevent patients from falling, becoming more unwell or even dying. This project, led by the RCN's Older People's Forum, aims to spread awareness of delirium

symptoms throughout health and care services and improve support for people with the condition. Nursing staff will be equipped with bespoke materials and a short animated film to help them educate other staff on identifying the symptoms and escalating the situation efficiently.



Dawne Garrett, RCN Professional Lead for Older People and Dementia, said: 'Delirium is a very common condition, particularly among older patients and those with dementia. Yet more and more nurses are coming forward to say there just isn't enough awareness of delirium among health care staff. All our delirium champions will be equipped with education and development resources to help train as many staff as possible about delirium symptoms. We hope to impact real change so that patients can get the care they need as soon as possible, avoiding any further distress or complications. I'd like to encourage nursing staff to get involved in this project – it's a chance to make a real difference to patients in dementia care and much further afield.'

Becoming a Delirium Champion

As a Delirium Champion your aim is to raise awareness of delirium, give staff the tools to help them recognise early delirium and to emphasise the need to escalate concerns about delirium in order to prevent harm. Steps to becoming a Delirium Champion:

- Sign up at www.rcn.org.uk/clinical-topics/older-people/delirium/delirium-champion
- Download items from the resource pack
- Learn with your colleagues
- Write your local Delirium Escalation Plan
- Tell us how you've got on and receive your Delirium Champion pin badge.

If you have any questions about becoming a Delirium Champion or how to use the resources please contact the project lead via email at: nicola.mills@rcn.org.uk

**Wishing all our readers a
very Happy Christmas
and all good wishes
for 2018**



Events

RCN Congress 2018

RCN Congress is the most important event of its type in the nursing calendar. It is where nursing staff meet to learn, develop and share nursing practice and to influence UK-wide nursing and health care policy. Congress is free to attend, however you will need to consider the costs for your travel and accommodation. We'll be in Northern Ireland for the first time in 2018, and to help you plan your trip we will be making plenty of useful travel and accommodation information available on our web page soon. We have negotiated a 20% discount deal with Flybe for flights booked before 31 December 2017 (to obtain your discount code go to www.rcn.org.uk/congress/about/register-for-rcn-congress-2018)



There are two ways that RCN members can receive funding to attend Congress:

- As a voting member. Funds are allocated to each Branch and Forum in proportion to the size of their membership, allowing them to send members to vote on their behalf in debates.
- Each country and English region has an amount of money available to help support members to attend Congress – particularly those who have not attended before. Information will be released soon.

What to Expect at Congress

Member debates: each year, Congress debates around 25 subjects, all of which have been submitted by members, covering clinical, staffing, financial, social and political areas. These issues are often reported in the media direct from Congress, and they lead to wide-ranging work carried out by the RCN, often lasting for many years. The whole process is led by the Chair of Congress (currently Glasgow-based Stuart McKenzie, a nurse manager in forensics and rehabilitation), his Vice Chair BJ Waltho (Associate Director of Operations, Royal Bournemouth and Christchurch Hospitals) and the Agenda Committee (four elected RCN members). Any RCN member is entitled to contribute to debates in the hall, and the Vice Chair will also mention relevant comments from social media from those members not able to attend in person.

There are two types of debate:

- Resolutions – RCN members vote on resolutions and a majority vote directs the future work of the RCN
- Matter for discussion – these allow members

to explore issues and share views, but no vote is called.

There will also be debates on emergency agenda items. These items can be submitted at any point up to and during Congress, and reflect the most pressing professional and political issues. Each RCN branch and forum is allocated a certain number of votes, depending on their size. This helps to ensure that the whole RCN membership is represented in the vote.

Fringe events: Each morning, lunchtime, and early evening there are a selection of seminars to choose from – these are a great opportunity for personal and professional development and can count towards NMC revalidation requirements. Other events are tailored specifically for HCAs / health care support workers or students. These are in smaller rooms, last around 45 minutes and cover a broad range of specialist areas of practice, workplace issues, health and well-being and networking, and give you the chance to share knowledge and innovations.

Exhibition: The Exhibition opens on the first evening and runs until lunchtime on the penultimate day. It is the largest, most comprehensive exhibition of its type where you'll be able to meet employers, universities, recruitment agencies and health care providers and see many of the latest innovations relating to your workplace.

Social events: Congress also features a number of networking and social events for all delegates. There's an opening-night reception in the Exhibition Hall, an event hosted by the regional RCN office on the second night, and an end-of-Congress get-together on the penultimate evening. We're also planning an extra-special event on Monday evening – more details will be released shortly.

For full details of RCN Congress 2018 visit our dedicated web pages at www.rcn.org.uk/congress



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