SEEKING SOLUTIONS
TACKLING CHALLENGES IN A&E P8
Celebrating diversity

The RCN is supporting Pride events across the UK this summer to celebrate equal opportunities for members of the lesbian, gay, bisexual and transgender (LGBT) nursing community. Find more information and details of how to get involved at www.rcn.org.uk/proud. Meanwhile, an RCN project to investigate concerns that nurses from black and minority ethnic (BME) backgrounds face disproportionately tougher disciplinary action is getting underway in the West Midlands.

Disciplinary toolkit

An online toolkit has been launched by the RCN to help members with concerns about suspension and disciplinaries. Consisting of seven short films, an advice guide, and an interactive quiz, the new resource provides invaluable information for those facing difficult situations. Visit www.rcn.org.uk/disciplinarytoolkit.

Member input crucial

The feedback of members in Wales has been "absolutely essential" in providing a robust response to unprecedented plans for specialist hospital services in south Wales. The RCN has been holding branch meetings to discuss the South Wales Programme. "Given the scale of the implications, this consultation needs powerful, informed responses and members have played a pivotal part in ensuring this is achieved," RCN Wales Director Tina Donnelly said.

Royal recognition

RCN member and nurse researcher Nicola Cullum (pictured) has been made a dame by the Queen in recognition of her work in wound care. The professor from West Yorkshire was one of 24 nurses to be credited in Her Majesty’s birthday honours list. Other members awarded accolades include nurse consultant Joanne Bosanquet who is a steering committee member on the RCN Public Health Forum.

Bank staff legal win

The RCN has secured back-pay for four bank nurses in Wales after the charity they worked for went into liquidation. The Insolvency Service initially refused their claims for payment on the basis they were not “employees” under section 230 of the Employment Rights Act 1996. “This is an excellent result and shows bank nurses should not be treated as less entitled than other staff,” RCN Legal Officer Russell Hickman said.

RCN Council elections

Statements of candidates standing for election to RCN Council are now available online. Members will be sent information and voting papers with the next issue of RCN Bulletin with voting closing on 18 September. It’s important to have your say on who should represent you on Council, the RCN’s governing body. Online voting continues this month to elect new members to the RCN Eastern, London, North West, South East and Scotland boards. Visit www.rcn.org.uk/elections for more.
Chronic nurse shortage imminent

**Jersey pay ballot**

Members in Jersey have until 12 July to return ballot papers indicating whether they want to accept or reject the final pay offer from the Jersey States Employment Board (SEB). The offer consists of a one per cent consolidated backdated pay increase for 2012 and a four per cent consolidated increase for both 2013 and 2014. The offer for next year is dependent on a new pay structure being agreed but the SEB has given a guarantee of no compulsory redundancies for the duration of that agreement.

Acceptance of the offer would bring to an end 18 months of wrangling over pay. “We believe this is the best that can be achieved through negotiation,” said Patricia Marquis, RCN Regional Director for the South East. Visit www.rcn.org.uk/jersey

**Care Bill update**

The RCN has been working hard to ensure the voice of nursing is included in the Care Bill. The bill, published in May, updates previous social care law and establishes Health Education England. It also legislates some of the Government’s response to the Francis inquiry.

The RCN has been working with peers in the House of Lords to table a number of amendments to the bill on issues such as the mandatory training of health care assistants, staffing levels, workforce planning and the inclusion of the nursing profession in research. The RCN will continue to influence the bill as it passes through both houses.

The RCN is calling for urgent action after research commissioned by the Government predicted the NHS in England is likely to have 47,500 fewer nurses than it needs by 2016. The Centre for Workforce Intelligence (CfWI) analysed a range of projections and possible scenarios, considering factors such as the number of nurses due to retire, the amount of students being trained and the expected demand for services. It concluded that the most likely outcome would be a shortage of 47,545 nurses by 2016, with a worst case scenario showing a shortfall of 194,000 nurses.

“Worryingly, even the report’s best case scenario for the supply of nurses predicts a fall in nurse numbers,” said RCN Head of Policy Howard Catton. “This means that for patients to remain unaffected, demand for nursing care will need to decrease as the nursing workforce shrinks. With our growing and ageing population, that is highly unlikely to happen.”

Similar findings emerged in the RCN’s own workforce modelling back in 2011, but despite numerous calls for action, little work has been undertaken so far to ward off a looming nursing crisis. “The same warning signs can’t afford to be ignored now,” stressed Howard. “A nursing shortfall has serious implications for patient safety. There is a comprehensive and growing body of evidence indicating a direct correlation between nurse staffing levels and patient outcomes.”

While it is difficult to quantify the exact size of the national workforce required to deliver quality care, the Safe Staffing Alliance, of which the RCN is a member, recently reached a consensus that operating with more than eight patients per registered nurse on general acute wards presents an unacceptable risk to patient safety. Based on these terms, around 40 per cent of acute trusts appear to regularly operate with unsafe staffing levels.

The CfWI predicts an ageing population will increase demand on nursing services
Driving a better deal

Mileage reimbursement rates defended as trusts look to negotiate local arrangements

The RCN has been campaigning to get the best deal for NHS nursing staff who use their car for work as new Agenda for Change (AfC) mileage reimbursement rates come into force this month. The system, which was introduced on 1 July, directly links the amount reimbursed with the overall cost of motoring.

Dependant on how many miles you drive for work and what rate you currently receive, the new arrangements could result in an increase in reimbursement. For some, the level of reimbursement may be the same and for others, less. However, the arrangements should be viewed in the long term RCN Senior Employment Relations Adviser Gerry O’Dwyer advised.

“The benefit of this system is that, if the costs of motoring increase, so too will the reimbursement rate. Decreases in the cost of motoring will be reflected in a lower reimbursement rate. This will be reviewed automatically twice a year so, as opposed to some local agreements that might look more attractive now and become less favourable over time, this system should ultimately result in you getting more if the cost of motoring continues to rise.”

The new arrangements were negotiated in 2010 and AfC rates have been protected since then. From this month the reimbursement rate has been set at 67 pence per mile for the first 3,500 miles and 24 pence per mile thereafter. But as the deadline prior to implementation loomed, several trusts scrambled to negotiate local deals. One community trust in the Eastern region made a significant turnaround following RCN campaigning.

Mileage reimbursement remains an area where trusts can negotiate local arrangements and many organisations over the years have done this. Though NHS employers are free to exercise variation on this part of the policy, talks elsewhere were ongoing as RCN Bulletin went to press.

‘Services must be protected’

RCN urges administrators to maintain access to acute care in Stafford

The Joint Trust Special Administrators (TSAs) for Mid Staffordshire NHS Foundation Trust have been granted an extra 30 working days to make their recommendations for a future model of hospital provision. Their report is now due at the end of July but the RCN has already made representations on behalf of members. “We have written to the administrators calling for the plans being drawn up to address public concern that patient safety will be jeopardised if acute hospital services are moved away from Stafford,” said RCN West Midlands Director Paul Vaughan.

“We stressed that the availability and accessibility of services for people in Stafford must be integral and inextricable from any future model for safe and sustainable hospital service provision. Our members have understandable concerns and questions about what will happen if these key services are no longer provided as locally. They are anxious about how promptly patients will be able to access vital treatment and whether there is sufficient capacity in acute and community settings elsewhere to cope with any displacement from Stafford.”

Meanwhile, the RCN is finalising its formal response to the Francis inquiry report into past care failings at the trust. This will be made available on the RCN website later this month with further coverage in the next issue of RCN Bulletin.

In the immediate aftermath of the report’s publication back in February, the RCN welcomed its focus on putting patients at the heart of care. Author Robert Francis QC backed the registration and eventual regulation of health care support workers, which the RCN has long called for, and highlighted factors that can threaten quality care, including inadequate staffing levels and a lack of support for staff who raise concerns about poor standards.

Have your say on what impact the Francis report has had on you by writing to bulletin@rcn.org.uk
RCN shatters MoD ‘glass ceiling’

An employment tribunal has found the Ministry of Defence has been discriminatory when recruiting to senior military roles filled by doctors and nurses.

The RCN has successfully supported the highest ranking nurse serving in the Royal Air Force (RAF) in her complaint of sex discrimination against the Ministry of Defence (MoD). The College worked with member Group Captain Wendy Williams (pictured) to show a number of training processes and selection criteria were discriminatory against female employees. Ms Williams was considered for promotion but a male doctor was selected instead. The tribunal upheld all her complaints and concluded that Wendy was not only equal to the person appointed but an objective review of her appraisal would have led to her being considered the preferred candidate.

“This judgment represents an opportunity for the armed forces to scrutinise internal processes and practices and shatter glass ceilings,” Wendy said. “It should be used as a platform to ensure that appointments are made with regard to merit and competencies and not with regard to a person’s gender or their membership to a professional body. Following this decision, I hope that nurses in the RAF and the wider armed forces will have the opportunity to aspire to and attain more senior ranks and gain due recognition for their leadership, commitment and professionalism.”

The employment tribunal in Birmingham is now likely to make recommendations that the RAF reviews its promotion practices. Ministry of Defence figures from 2011 and 2012 show that of 470 jobs in the highest ranks, only six were held by women.

Record demand for counselling

The RCN provides counselling to an unprecedented number of members as demand for support soars.

The number of emergency counselling appointments increased by eight per cent last year as more nursing staff than ever before turned to the RCN for urgent support.

Almost 6,000 members had free counselling sessions to help them cope with difficult domestic and workplace issues.

The increase in requests coincides with a 300 per cent rise in referrals to the Nursing and Midwifery Council (NMC) over the past five years. There were 4,106 referrals to the regulator in 2012 with the RCN providing representation to 1,051 members. Of these, lawyers managed to secure a “no case to answer” or “no sanction” outcome for 85 per cent. Access to legal advice and counselling is included in your RCN subscription. Paying for similar services privately would cost considerably more.

Visit www.rcn.org.uk/mss to find out about the full range of support available from RCN Member Support Services.

The view from here

Adeline Dalley
Senior carer

I used to care for a gentleman who had dementia. He had an ID card in his pocket but he’d often wander off and empty his pockets along the way. His daughter said the police would often find him with his walking frame and nothing else. No way of identifying him. I realised something needed to be done for this gentleman, his family and others in the same situation.

I invented a flexible clip that holds individual contact and medical details about a person and fits all mobility aids. I hope it will promote the independence of people with dementia.

Once informed consent is assured, the clip can be used. My aim is that by providing this extra level of security, patients can retain their independence, keep mobile for longer and give families and carers extra peace of mind.

www.rcn.org.uk/hca
Letters and emails

**Staffing levels**

Twenty years ago there were minimum staffing guidelines in care homes, dependent on the type of care offered. No specific guidelines exist now, just a need to provide “safe and appropriate” staffing levels. Each provider interprets this within a budget.

Insufficient staffing levels lead to tiredness, stress, lack of patience, mistakes, poor standards of care, increased sickness and absence, reduced morale and a loss of job satisfaction leading, ultimately, to high staff turnover. Many staff struggle with an inability to provide the standard of care they feel they should, and indeed, are expected, to provide.

I am sure most nursing home staff want their staffing levels to be included in any debates and discussions. Hospital staffing levels are in the news but the effects of low staffing levels are felt and dealt with by all working registered nurses, regardless of their employer.

Janet Rose, by email

**Get the balance right**

Not all academics have what it takes to be nurses, while not everyone who would make great nurses are academics.

I believe there is a place for those who wish to become a registered nurse to work in a role as a care support worker before they commence their degree. It only took me 10 weeks to realise nursing was the right career for me, so a three-month rotation as a health care support worker prior to commencing their degree will give potential nursing students the necessary experience to determine whether nursing is the right career for them.

Get the balance of managers to carers right and reduce waste to enable monies to be available to employ adequate numbers of nurses to provide the high quality, safe care our patients deserve and provide the right mentorship our future nurses deserve.

Joey Roe, by email

**The joys of nursing**

A few weeks ago I was really considering leaving the profession. I was working in a toxic environment, no support and many management failings. I think it was enough to turn anyone away from nursing.

I have since moved and joined a fantastic team. The management is fantastic, best I have ever seen. The care team we have is brilliant, really dedicated to giving our residents the best care possible.

This is what I expected nursing to be. I once again love what I do. In an early appraisal I was told I’m a fantastic nurse which really boosted my confidence. Our deputy manager is researching training courses for me to go on in dementia care which I greatly appreciate.

I have heard of people being let down by the RCN but I would never consider leaving it. The support I received from my regional office was first class, absolutely fantastic.

Anonymous, by email

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Rachel Cackett, RCN Policy Adviser, on the health and social care integration bill in Scotland

After many months of discussion, the Scottish Government has now published its draft legislation to integrate care in Scotland. The Public Bodies (Joint Working) (Scotland) Bill will mean that, at the very least, health and social care services for adults will be joined up through shared governance bodies, joint service commissioning and integrated budgets.

This is a major shake-up of Scottish health care that will have implications for members and service users in acute and community settings. The RCN in Scotland has been working hard to influence the proposals and support members through changes already in hand.

Our approach is rooted in our Principles for Delivering the Integration of Care, which we developed with members and partners last year. Scottish members have been vocal in pushing home these principles to those in power, particularly through the outputs from a major RCN conference on integration held in November 2012. The principles and our conference report are available on our dedicated integration webpages, where you can also keep up to date with developments.

www.rcn.org.uk/scotlandintegration

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

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The NHS may have changed since its inception in 1948 but nurses remain passionate about patient care

On 5 July the NHS will celebrate its 65th anniversary. Of course, nursing was delivering for patients long before the NHS began. It was in fact 130 years ago that Florence Nightingale, who turned nursing into a respected and admired profession, received the Royal Red Cross from Queen Victoria.

Sixty-five years after the NHS was founded, nurses are leading the way in addressing modern challenges and working innovatively to support the future of the NHS. Just last month, Geraldine Browne received the Northern Ireland Nurse of the Year Award in recognition of her success in preventing frail patients being admitted to hospital (see page 11).

The future of the NHS relies on nurses just like Geraldine. We need to bring care closer to home, integrate health and social care, and deliver more personalised and preventative health care.

Dr Peter Carter, Chief Executive

As we look at the NHS in 2013, we see staff struggling to cope with reduced budgets, fewer feet on the ground and an ever increasing number of patients. Our accident and emergency wards are facing incredible pressure, our older people are often being denied the high quality nursing care they deserve and NHS structures continue to change.

We may face different challenges from those that nurses faced in 1948, but in meeting them, we retain the same sense of passion for what we do, and compassion in our delivery of care has always been at the heart of nursing.

I'd encourage all nursing students to get involved with activities outside of their course. During my time as a student I'm proud to have promoted student education and raised the student voice at all levels. This has taken many forms, from the RCN Students Committee through to proposing Congress debates, and being part of the Prime Minister's Nursing and Care Quality Forum.

Nursing needs a strong voice. But this isn’t purely a philanthropic motivation. I'd propose all students get involved with the wider aspects of nursing, communities, trusts, universities, the nursing media or unions. Get stuck in with other things. Your course will soon be over and the pressure will really start. My seat will become vacant on the RCN Students Committee this autumn. It would be great to see another positive voice take my place. The opportunities are almost endless.

Jayne was recently presented with the Kershaw Family Bursary at RCN Congress 2013.

Dr Nikki Williams

I don’t think I would be able to function in my workplace without PGDs (Patient Group Directions)! I work in a busy A+E and to be able to give analgesia, antihistamines etc is a must! I’d spend my entire shift looking for a doctor to prescribe me paracetamol from triage without it! I need PGDs!

Jayne Parker
RCN Students Committee
Member for the South East

Increased caseloads and a decreased workforce has led to nurses going out with unmanageable lists and therefore becoming task orientated rather than delivering holistic patient centred care....it is very scary in the community at the moment.

By Trish Thompson

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By Nikki Williams
Coping under pressure

As accident and emergency departments under strain continue to dominate the headlines, one hospital trust has been seeking solutions. Fiona Johnson paid a visit

Barely a week goes by without the national press exposing stories of overwhelmed accident and emergency (A&E) departments struggling to cope with unprecedented demand. Though the RCN welcomed the recent publication of the review of urgent care in England, there remains a danger that solutions are getting lost in the exchange of blame between politicians, pundits and professionals.

At Wonford Hospital, part of Royal Devon and Exeter NHS Foundation Trust, a multidisciplinary team of nurses, managers and doctors has been working hard to tackle problems head on. A major change programme began 18 months ago with the aim of addressing pressure points throughout the care system. The result has been a stable A&E unit where others have been in crisis.

The care pathway for elderly patients has been redesigned to ensure vulnerable adults with complex needs are admitted quickly without being kept waiting. And the hospital has introduced 48 new beds, including 20 re-ablement beds, which often allow patients to be discharged back home rather than into social care.

Sharing challenges

Crucially, the trust has also invested in more senior nursing staff. Nurse practitioners are used extensively and the medical leadership of the department has been revitalised. “Nurses and junior doctors now feel supported and empowered,” says Adel Jones, A&E Department Manager (pictured). “Experienced nursing staff with the right skills are absolutely key to smoothing the patient’s journey and ensuring high quality care is delivered. Here, the four-hour target is not seen as A&E’s problem to solve, it is a shared objective for the whole hospital. Medical and surgical consultants are highly responsive to calls for support from the emergency department and this really speeds up decision-making about whether to admit or discharge.”

But Adel is the first to admit that the path of change has been bumpy at times. “Every time we want to alter the way we work, we have a proper ‘test of change’ to trial the new arrangements. We’ve also taken a long hard look at ourselves and the culture within A&E. We’ve encouraged a real partnership between managers, doctors and nurses in the department, where roles and experience are respected and valued. We’ve reached out beyond the doors of A&E to share challenges with colleagues throughout the trust.”

JP Nolan, RCN Nurse Adviser for Acute and Emergency Care, says colleagues in Exeter are absolutely right to pursue a holistic approach. “When A&E departments are under pressure, it is a clear sign that all NHS services feeding into them and depending on them are also stretched. No single initiative is enough on its own.”

Royal Devon and Exeter’s Chief Nurse Em Wilkinson-Brice agrees but also stresses the importance of collaboration. “I’m really proud of what our nurses have achieved in partnership with medical and management colleagues,” she says. “The pressures won’t go away but our change programme has made a real difference and we are ready and committed to doing more to find solutions for the patients who depend on us.”

Experienced nursing staff with the right skills are key to ensuring high quality care is delivered

To find out more about the RCN’s Emergency Care Association, visit www.rcn.org.uk/eca
Play it safe

Allowing your NMC registration to lapse or failing to disclose minor misdemeanours can have serious consequences for your career. Sharon Palfrey reports

It’s a popular time of year to re-register with the Nursing and Midwifery Council (NMC), with many people joining the register each summer. It is a criminal offence to practise as a nurse if you are not registered with the NMC so letting your registration lapse is a serious issue. You may not be able to continue in your contracted role and, even if you are appropriately trained to pursue alternative work as a health care assistant, it is important to resolve issues related to your lapsed registration quickly to avoid discipline.

RCN Senior Legal Adviser Roz Hooper says ignoring the situation only makes matters worse. “If you have accidentally let your registration lapse, you must take immediate action,” she says. “Seek advice from the RCN straight away. Tell your line manager and keep them informed of developments and contact the NMC to pay your fee. You will also have to make a self-declaration of your own good health and character and include a supporting declaration from a third party.”

In the event of a “good reason” being given for the registration to lapse, the registrar may extend registration for a maximum of three months. But if you’ve been practising without registration, even inadvertently, your registration may not be renewed. “You can appeal against this decision, but there can be a wait of many months for the appeal to be heard, during which time you cannot practise, so you may well lose your job,” adds Roz.

Emma Davies, from the RCN’s legal team, speaks from experience of representing members and has serious concerns about the situations nurses can find themselves in. “Failure to disclose cautions or convictions that have occurred in your private life or being disqualified from driving due to the accumulation of points could potentially be problematic,” she says. “In these situations you must inform your employer at the time of the conviction, declare it to the NMC when you re-register and submit a reference from your employer as proof they were made aware of the situation. Not doing this could result in your renewal being refused on the basis that failure to disclose does not illustrate good character.”

Even moving house and forgetting to inform the NMC of any changes to your contact details as they will send out renewal documents 45 days prior to the date of periodic renewal or annual retention,” says Emma.

The RCN is on hand to help members prepare for appeals and represent them should the worst happen. Emma advises planning ahead to avoid being in an unpaid limbo, which can have a dreadful effect on your finances and general wellbeing.

Failure to disclose

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The NMC exists to protect the public by ensuring nurses and midwives provide high standards of care to patients and clients. Find out more at www.nmc-uk.org

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Reaching out

Vita FitzSimons reports on the important role nursing staff play in identifying victims of human trafficking and connecting them with sources of support

"Nurses may be the first or only professionals to come into contact with victims of trafficking"

Slavery was officially abolished in Britain in 1833, but it is still a long way from being consigned to the past. British and foreign nationals are regularly trafficked in, around, and out of the UK. Victims can be trafficked for a wide range of reasons, including sexual exploitation, domestic servitude, forced labour, criminal activity and even organ harvesting.

The majority of this activity goes undetected, but occasionally victims can come into contact with the health service, which provides a rare window of opportunity to intervene.

Trafficking can cause a variety of health problems, from chronic headaches and depression, to sexually transmitted infections, chemical burns and pesticide poisoning. However, people who have been trafficked are often extremely vulnerable, scared to ask for help, or even unaware that they have been trafficked. These issues therefore present a challenge for health professionals trying to provide appropriate support to those they suspect may have been trafficked.

“The impact on the health and wellbeing of anyone who has been trafficked is just horrendous,” says RCN member Judith Ward, who is Designated Nurse for Safeguarding Children at NHS Medway Clinical Commissioning Group. “Although it may not be something you come across on a regular basis in your practice, it’s a really important issue that every health professional should be aware of.”

A unique position

Judith has been involved in a Department of Health-commissioned project involving a group of non-governmental organisations led by women’s charity Platform 51. “Health professionals may be the first or only professionals to come into contact with victims of human trafficking,” explains Judith. “In many cases they are suspicious of anyone in authority. Nurses may be the first professional who the trafficked person feels comfortable talking to. We’ve come up with some resources which are really simple to use and will be helpful to health care staff on the ground,” she adds.

The project team has developed a toolkit to help health staff identify and support potential victims of human trafficking. A guidance leaflet and an e-learning resource, which includes two short films (see picture above), provide insight into the signs that indicate when someone may have been trafficked, as well as how to explore concerns, and how to provide support while not endangering the victim.

“I’m hoping this increases detection of human trafficking and that when a nurse does question whether an adult or a young person is being trafficked, they will now know what to do,” says Judith. “It’s so important that anybody who is a victim receives a sensitive, appropriate response from the nurse. You should never raise your concerns with anyone that is accompanying them, but seek support, and talk to the patient on their own, reassuring them that it’s safe for them to speak.

“As nurses we’re good at creating opportunities to see patients on their own,” says Judith. “We know that often it is nurses who the patients talk to. They may be afraid of police or doctors but may not fear a nurse.”
‘Patients always come first’

Geraldine Browne, the newly crowned RCN Northern Ireland Nurse of the Year, explains how her team’s innovative work has dramatically reduced hospital admissions

“Patients always come first,” says Geraldine Browne describing her initial shock and delight at receiving the RCN Northern Ireland Nurse of the Year Award at a ceremony last month. Geraldine, the first nurse in the independent sector to win the award, was recognised for transforming patient care at the home she manages in Castlederg, County Tyrone.

“When a patient died in an ambulance en route to hospital we knew something had to be done to prevent a death in this environment in the future,” says Geraldine, Manager of Silverdale Care Home. “It was heartbreaking as the patient had no family. We were their family. From that day onwards we had a clear goal in mind – to cut the number of patients being transferred to hospital. We were determined to achieve it.”

That determination paid off. Over an 18-month period, Geraldine and her team developed a new care initiative that saw the prevention of 24 hospital admissions.

To achieve this, the team began asking families and patients what they could do to better support them. “We strongly believe in putting patients at the heart of care,” says Geraldine. “We got all stakeholders involved – GPs, social workers and the wider multi-disciplinary team – and developed the initiative from there,” she explains.

Improving health assessments and care

The care home, which cares for 41 people, now has a GP visit every weekday and they undertake regular three-month reviews of patients and their medicine. “With the right treatment at the right time, and good monitoring, the need for patients to be transferred to hospital is reduced.”

The home also examined staff training and Geraldine believes this was vital to ensuring the success of the initiative. “We had an excellent team of highly skilled staff but we needed every member to be at the same level of competence,” she says.

Patient needs were paramount in all aspects of the initiative’s development. “Patients always come first. It’s all about them at the end of the day. Our care home is their home and they don’t want to leave it if at all possible,” explains Geraldine, pointing out that the local hospital is a 50-minute drive away, which can cause concern for patients’ families.

Since the initiative began, patients have benefitted from higher standards of care received in familiar surroundings. “The assessment of their health care needs is much more robust,” says Geraldine. “And those with chronic conditions might never need to go to hospital because their conditions are managed better. It is now more likely patients can spend their final days in an environment familiar to them, and experience a dignified death.”

Looking to the future, Geraldine says that with her team on board – whose clarity of vision and commitment was “absolutely key” to the initiative’s success – she is keen to continue to prevent more hospital admissions. She is also hopeful other care homes might replicate the model. “We have evidence it works. Just imagine the impact it could have on overstretched A&E departments all across the UK. It could be huge.”
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LV= LIVERPOOL VICTORIA
The same but different

All sorts of nursing staff have the potential to make great learning representatives. Sharon Palfrey talks to two members who share more than just a passion for professional development

Twin sisters Katherine and Stephanie Davis come from different nursing backgrounds but have a common enthusiasm for promoting access to learning.

Katherine, a health support worker at Rotherham General Hospital, decided to become a learning representative after attending RCN Congress. Now, having completed her second learning and development module, she considers the whole experience beneficial to her and other members. “It’s helped me build the confidence to talk to groups of people and feel able to hold my own,” she says. “I feel empowered to speak with staff at all levels.”

Stephanie, a night sister in a Bupa nursing home in Grimethorpe, holds a unique role as the only independent sector learning representative in South Yorkshire. But she originally had her sights set on a different role. “I wanted to give something back and I was aware the RCN trained stewards as I had been supported by one in the past. But there’s no national recognition agreement in my workplace so I opted to train as a learning representative instead. Now I feel it was the best decision for me.”

Accessible to all

The RCN’s training for learning representatives is relevant to everyone, adds Stephanie. “The second module in particular was geared to those of us working in the independent sector. I really enjoyed the opportunity to network with others driven by similar goals.”

Despite their different experiences, there are some similarities in the outcomes of the sisters’ work. Both have used the RCN’s campaign websites and the *First Steps for Health Care Assistants* online resource in their day-to-day work.

Stephanie considered the learning needs of her colleagues and set up sessions tailored to their skillset and circumstances. “Because I worked the unsociable night shift, my fellow care workers and I all needed some training that could be done in work time, not in our days off, so I organised workshops on basic observations that covered a new topic every month.”

Self development

The role also has benefits for the individual undertaking it. Both Stephanie and Katherine have made the most of development opportunities offered to RCN representatives. “Attending the national conference for learning representatives was a great opportunity to network with like-minded people, find out more about what the RCN does and learn about the recent agreed changes to the Agenda for Change contract in England,” says Katherine. Twins, like any siblings, have their differences but the one thing both Katherine and Stephanie agree on is the personal and professional value of taking on an active role in the RCN.

“We would recommend the learning representative training to others. It’s a position of great importance within the RCN and there’s an element of pride that comes with that. Representatives are, after all, the backbone of the organisation.”

Become a learning representative

Learning representatives promote the value of learning through supporting individual members to plan and manage their professional development, and by working collaboratively with the RCN, negotiate and protect access to learning in the workplace. Find out more about becoming a representative by watching films on the RCN website describing the practical day-to-day issues, the opportunities and how to apply at www.rcn.org.uk/whybecomearep
Beyond borders

Education Forum Steering Committee Chair Dr Carol Hall (pictured) reports on the recent RCN international education conference in Edinburgh

The conference addressed the relationship between academic liberation and professional expectations. Delegates heard presentations from Deirdre McNamee from the University of Ulster around patient-centred nursing education and Stacy Johnson from the University of Nottingham, who considered the potential for diversity to aid entrepreneurship, innovation and leadership.

On the second day of the conference, Austin Thomas, Lead Nurse for the Great Britain Paralympics Team, took a challenging stance, using his own experience of being a patient to pose the question of whether it is possible to teach caring. This led to some lively exchanges exploring the very core of beliefs in delivering nursing education.

The keynote presentations and the discussions that ensued were supported by an array of papers from around the world sharing innovation, research and new methods for teaching and learning at all levels, from supporting health care assistants to enhancing PhD supervision, leadership and advanced practice for nursing.

The final day featured a panel discussion of the main conference themes in which the panellists were challenged to express their view on the topic of academic liberation versus professional expectation. They took to the stage with enthusiasm for a session which could have lasted for many hours longer judging by the questions and comments from the floor. On behalf of the Education Forum, I would like to express sincere thanks for the time, efforts and support of everyone who made the conference memorable, challenging and enjoyable. I came home rejuvenated and asking many more questions about education practice.

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Saving limbs

The Society of Orthopaedic and Trauma Nursing (SOTN) will present on its new project on peripheral neurovascular observations at its conference in Scotland this September

The project aims to prevent unnecessary surgery and amputations due to compartment syndrome, in which injury prevents sufficient oxygen and nutrients reaching the nerves and muscles.

SOTN Steering Committee Chair Brian Lucas said: “Compartment syndrome is an orthopaedic emergency, so being able to detect and manage it early is really helpful in terms of patient safety. In the very worst cases the patient can lose the use of their limb so it’s really important to be able to pick up on signs as early as possible.”

Brian and co-project lead Hannah Pugh, a SOTN Steering Committee Member, will present the findings of a literature review undertaken as part of the project, which has highlighted gaps in the current evidence around what observations should be made and how frequently.

To address these gaps the society is planning work in collaboration with the British Orthopaedic Association to devise a national early warning score tool, drawing on current professional understandings of best practice gathered using consensus methods.

The society’s international conference and exhibition, Developing the Talents of Orthopaedic and Trauma Nurses, will also consider the use of enhanced recovery in orthopaedic elective surgery and nursing’s increasingly important role in the prevention of fragility fractures.

The conference, which takes place on 12-13 September in Glasgow, will also give delegates the chance to participate in workshops on the care of patients with spinal injuries, and provide networking opportunities.

Being able to detect and manage compartment syndrome early is imperative

For more information, visit www.rcn.org.uk/events
Service redesign

An RCN publication designed to support members engaged in service redesign will help mitigate against risks, including loss and fragmentation of specialist knowledge, expertise and staff.

Lead author Rachel Hollis, Chair of the Children and Young People: Specialist Care Forum, said: “Those of us caring for children and other vulnerable patients have a duty to voice our concerns at the risks inherent in service redesign when it is based solely on cost reduction, rather than quality improvement. The guidance sets out key principles which should be followed and highlights a range of questions that should be considered, to support members who are both engaged in, or challenged by such service redesign.”

Vaccination changes

Public Health Forum members in England should familiarise themselves with important changes to the immunisation schedule being introduced this summer, which include the introduction of an annual influenza vaccine for all children aged two to 17.

Other changes include the introduction of a herpes zoster vaccine for 70 year-olds, the addition of a vaccine for 2-3 month old babies to protect against rotavirus, and changes to the current schedule for meningococcal C vaccination to ensure protection lasts through to adulthood.

Details of the yellow card system for reporting adverse events following vaccine administration are available at www.mhra.gov.uk

Skin infections

The RCN is supporting Public Health England in the recruitment of patients with purulent skin infections into a programme of enhanced surveillance for staphylococcal infections in the community. Nursing staff in England who come into contact with patients presenting with symptoms such as abscesses, boils and carbuncles are being asked to gain consent to collect samples of the infection for analysis, and submit a short questionnaire to support the study.

For more information, email anna.vickers@phe.gov.uk

Honorary fellowship

Fiona Smith, RCN Adviser in Children and Young People’s Nursing, has been awarded an honorary fellowship of the Royal College of Paediatrics and Child Health (RCPCH). Fiona, who has worked at the RCN for 11 years, said: “I am thrilled and delighted to receive this honour for myself and for children’s nursing. I am privileged to do the job that I do. I look forward to many more years of collaborative working with the RCPCH.”

Diabetes essentials

Newly qualified nurses, students, and health care support workers are encouraged to explore the RCN’s online resource, Diabetes Essentials. The new e-learning resource includes interactive components on core concepts, diagnosis, treatment, management, and emergency treatment of diabetes. The module also includes sections on applying learning with case studies, useful resources, and signposts to further learning. Visit rcn.org.uk/diabetesessentials

What I’m thinking

Di Finney
Consultant Rheumatology Nurse and RCN Rheumatology Forum Newsletter Editor

I recently volunteered for a day staffing the Arthritis Research UK Chelsea Garden, which was designed by Chris Beardshaw, who was diagnosed with rheumatoid arthritis 19 years ago. Its aim was to allow visitors to experience the journey that millions of people go through; the three key areas of the garden were each designed to reflect a different stage in the journey of someone diagnosed with arthritis.

The garden was beautiful and many people were drawn back to it repeatedly throughout the day. I spent a day talking to the public about the garden and explaining its theme. I used the opportunity to discuss arthritis with people, many of whom had lots of questions, highlighting the hunger for more public information.

The support for the garden was amazing, and I found the whole experience quite moving and inspiring. The garden winning the gold medal was really exciting, but winning the public vote, for me, was even more important.
Improving safety

Brighton, 7-8 November
RCN Emergency Care Association conference and exhibition

The Francis report revealed the frightening reality of what happens when patient safety and experience are not central to emergency care decision making. All areas of health care are undoubtedly experiencing financial pressures, but this RCN Emergency Care Association conference aims to demonstrate that safer care does not necessarily result in the most expensive care.

The event is an opportunity for health professionals to discover and share innovations in practice, processes and procedures which have improved the safety of emergency care for patients.

Programme topics are expected to include the development of care pathways, safeguarding vulnerable adults and/or children, time-critical interventions, escalation plans for overcrowding, and lessons learned from incidents.

For further information and details of the final programme (when confirmed), please visit www.rcn.org.uk/events

Diabetes, obesity and you

London, 18 October

This educational event, hosted jointly by the RCN and International Association for the Study of Diabetes, will address the connection between obesity and diabetes, with sessions on pre-diabetes and prevention as well as how to motivate an obese patient to lose weight.

Delegates will learn how to support their patients more effectively, attending two out of three workshops on diet and lifestyle interventions for weight loss, managing child and adolescent diabetes, and bariatric surgery.

Mental health matters

London, 25 October

This RCN Mental Health Forum conference will focus on enhancing safety and minimising risk in mental health services. Delegates will hear about innovations and good practice in keeping people who use services, and staff, safe.

Sessions include a safer mental health service, physical health care in mental health, and fire risk assessment among vulnerable groups. There will also be poster presentations and unrivalled opportunities to engage directly with leading mental health nurses.

Call 020 7647 3579 or email louise.walczak@rcn.org.uk for further information.

Call 020 7647 3579 or email suzanne.oakley@rcn.org.uk for further information.