



RCN BULLETIN



Royal College
of Nursing

FERTILITY PRESERVATION
P10 FEATURE

MEDICAL ASSISTANCE DOGS
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NEW CARE HOME RESOURCE
P14 FORUM FOCUS

ISSUE NO. 366 AUGUST 2018

SAVING LIVES AT SEA

IAIN VOLUNTEERS FOR THE LIFEBOATS CHARITY

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

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Picture © UK Parliament

Health secretary's heartbreak

New Health and Social Care Secretary Matt Hancock has said he finds it "heartbreaking" that NHS staff feel undervalued. In response to his first speech since his appointment in July, RCN Chief Executive Janet Davies said: "I'm really encouraged by this focus on health and care staff. It is much-needed and long-overdue, especially when we know it is the skills and commitment of staff that ensures high-quality care."

NMC fees due?

If you're due to re-register with the NMC this September you can pay your fees now using NMC Online to make a card payment. Alternatively you have until 17 August to set up a direct debit to pay annually or quarterly. If the payment isn't made by 30 September, you will be taken off the register and will have to stop working as a nurse or midwife until you're readmitted. Visit tinyurl.com/nmc-online

New Congress Chair

BJ Waltho is the new Chair of RCN Congress. The former Vice Chair of the event is the Associate Director of Operations at Royal Bournemouth and Christchurch Hospitals and has more than 40 years' experience as a nurse. Turn to page 5 to find out more about BJ.

New law to protect staff from assaults

Thanks to campaigning by RCN members, the law in England and Wales will be strengthened to protect health care staff from assaults.

The Assaults on Emergency Workers (Offences) Bill is now only one step away from becoming law following its third reading in the House of Lords. The Bill, which could become law as early as autumn this year, will make it a specific offence to assault health care staff and other emergency workers in England and Wales.

Initially the scope of the Bill was very narrow and nursing staff were only covered if they worked in an A&E department or urgent treatment centre. Last year, after lobbying from the RCN and other unions the Bill was extended to include all nursing staff employed to deliver NHS-funded care. In April the Bill was expanded further to cover sexual assault.

“

The success of this Bill shows the power we have to change things for the better

Kim Sunley, RCN National Officer



NHS advert seeks to inspire

The RCN hopes a new NHS England recruitment drive, with an initial spotlight on nursing, will start to address staff shortages. The campaign aims to increase the total number of applications to the NHS by 22,000 as well as double the numbers of nurses returning to practice and improve retention of staff in all sectors. Visit jobs.nhs.uk



Voting open on Scotland pay deal

Members working for the NHS in Scotland have until 15 August to vote on a pay deal, which will see the majority of staff get a 9% increase over three years. The deal includes restructuring of pay bands with a reduction in the number of pay points. Further details and a pay calculator can be found at nhspayinscotland.org. Members can vote at smartsurvey.co.uk/s/3AYNH/

Update on pay in Wales

A proposed pay deal for NHS staff in Wales has been agreed by the Welsh Government and joint health trade unions. It closely mirrors the deal for England, with staff receiving a minimum 6.5% pay uplift over three years. Members will be consulted after meetings of the RCN Trade Union Committee, RCN Council and the RCN Wales Board held on 1 August. Visit tinyurl.com/RCNWales-pay to find out more.

England pay rise extended beyond NHS

The three-year pay deal for NHS staff in England will also apply to members on Agenda for Change contracts who are not directly employed by the NHS. This includes organisations that provide services commissioned by NHS Clinical Commissioning Groups and/or NHS England. It also includes staff who are “employed dynamically” on the Agenda for Change contract. The RCN will continue to campaign for the deal to apply to members working in general practice and public health. Visit tinyurl.com/ybpf7k9s

Cannabis legalised for medicinal use

Doctors will be able to prescribe the drug for patients with exceptional need

The RCN has welcomed news that cannabis will be decriminalised for medicinal use. It's after members voted overwhelmingly in favour of the move at its annual Congress in May.

Many nursing staff spoke of how the drug had helped their patients during the debate at the event in Belfast. Talking about a young person with a rare form of epilepsy, member Geoff Earl said medicinal cannabis had “given him hope and an opportunity to live his life again.”

Following the Home Secretary's decision, medicinal cannabis products that meet safety and quality standards will be made legal and available on prescription for patients with exceptional clinical need. Other forms of cannabis will remain illegal.

Donna Kinnair, RCN Director of Nursing, Policy and Practice, said: “This is a very welcome move. RCN members voted to campaign on this issue because they were worried that vulnerable patients are being forced to self-medicate or medicate



their children from sources that aren't necessarily safe.

“We now look forward to working with the Department of Health and Social Care on defining which conditions the medicinal form of the drug can be used to treat, and on guidance for prescribing treatment.”

An important note from the RCN Chief Executive

I wanted to write to you myself over the recent NHS pay deal for England.

It has come to my attention that the deal was not as straightforward as we said and for that I offer you a sincere personal apology.

I'm as dismayed and angry as you are and will fight the corner of members at every turn.

In good faith, we told all members working for the NHS in England that they would receive a 3% uplift this

summer. I now find that this is not the case for everyone.

I can assure you that I am demanding answers for you and there will be an independent review. In the meantime, I can only apologise for this unnecessary confusion and assure you that I am determined to resolve it.

Your elected RCN Council and Trade Union Committee will be meeting about this and I will update you on next steps.

With very best wishes, Janet Davies

This note was added on 27 July as *RCN Bulletin* went to press

4 GOOD NEWS

‘The time to take action is now’

Game of Thrones star Emilia Clarke vows to champion nurses and health care assistants in a powerful speech at the RCNi Awards



Picture by Barney Newman

RCN ambassador Emilia told award finalists that the NHS and other health services “simply could not function without you” but warned “today’s nurses appear an easy target for cuts, not the priority for investment.”

Also well known for her role in this summer’s *Star Wars*

film *Solo*, Emilia revealed the personal motivation behind her ambassadorial role. In her awards speech just days before the second anniversary of her father’s death, she talked for the first time about his care and her experience of frontline nurses, including their expertise and compassion.

Emilia, who presented two awards, vowed to fundraise for a new generation of specialist nurses who will provide innovative care to patients and improve their chances of survival.

“We must remember when Florence Nightingale said, ‘were there none who were discontented with what they have, the world would never reach anything better’. Well I think it is safe to say we, the representatives and members of the RCN are discontented and we are going to do something about it.”

Clarke said the time to take action is now. “Starting with striving for safe staffing legislation in all four countries of the UK and by reassuring young people of the benefits and values of nursing. The time has come for us to reciprocate this selfless care that nurses give on a daily basis.”

“

Together, we must support the next generation to innovate

🕒 Emilia became an RCN ambassador in April, with her first action being to raise money for the RCN Foundation through an online auction to spend a day with her on the set of *Game of Thrones*. Visit www.rcnfoundation.org.uk

Singing together for the NHS

RCN members have joined more than 50 NHS staff and a host of pop stars to produce a charity single with NHS Voices.

The cover of the song *With A Little Help From My Friends* is a heartwarming anthem to celebrate the amazing work of NHS staff.

Help them move up the charts by downloading the single for 99p.

All money raised from downloads will go to NHS charities.

Go to nhsvoices.com/download

Stories on the go

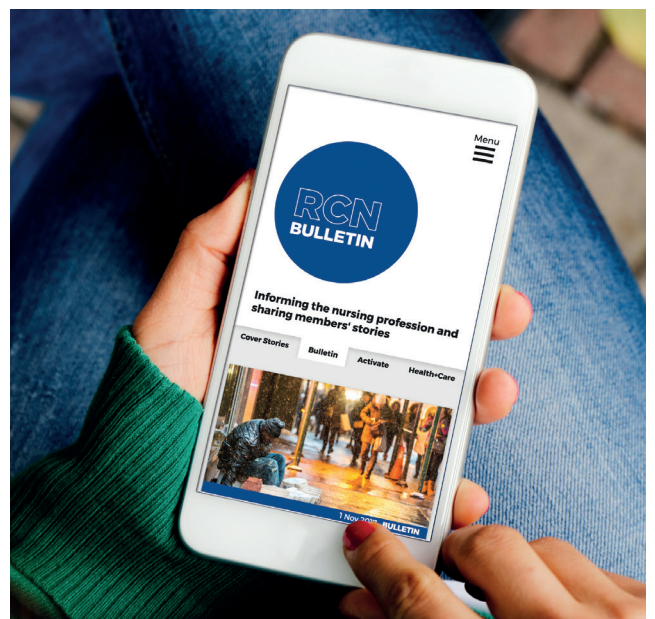
Have you checked out the vibrant *RCN Bulletin* website yet?

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So pick up your phone, turn on your tablet or power up your PC to discover all the member stories you find in print, on screen.

What are you waiting for? Visit rcn.org.uk/bulletin

Unsubscribe from your print issue of *RCN Bulletin* at rcn.org.uk/myrcn and check your membership details while you’re there.



The big picture



Get £4 off the price of Christie's book at waterstones.com by entering the code NURSES. Offer valid until 24 September 2018

Members joined nurse turned novelist Christie Watson, author of *The Language of Kindness*, as she walked 10,000 steps through London on the 70th anniversary of the NHS. The walk raised funds for the RCN Foundation, for which Christie has become a patron, with the number of steps representing those taken by nursing staff during a 12-hour shift. Picture by Nick Cornwall.

PATIENT PERSPECTIVE



Mary's teenage daughter Imogen* was due to have chemotherapy in preparation for a bone marrow transplant to treat severe aplastic anaemia. They met specialist fertility nurse Val Peddie following the diagnosis

Obviously, it was a very shocking time for us. I didn't realise to start with that Imogen may need chemotherapy but once the penny dropped and they explained that they would look at preserving fertility they introduced us to Val.

Fertility preservation hadn't even crossed my mind at first. All you care about is the fact that your child is very seriously ill. But I thought it was a fantastic idea.

Val explained everything to us, what the procedures would be, and she involved my daughter fully in all the

discussions. I found it very upsetting personally – the thought of your child having to go through this. It's a very emotional thing for both the child and the parents.

In the end, Imogen's siblings weren't suitable bone marrow donors so immunotherapy is being explored instead, in which case she won't need chemotherapy. But we have the fertility preservation as an insurance and Imogen is glad she opted for it, despite complications after the egg recovery.

Looking back now I think fertility preservation is very positive – but it's also emotional and upsetting. At the end of the day, though, you get through it. And Val is absolutely brilliant. She's so kind and so good at what she does.

Find out more about Val's work on page 10.

*Names have been changed.

MEET THE MEMBER



Name: BJ Waltho
Role: Associate Director of Operations

Sum up what you do in a sentence
Oversee the flow of patients in and out of hospital by ensuring we have the right number of beds for patients.

Describe your job in three words:
Go-to person.

How long have you been nursing?
43 years.

How did you get where you are now?
Hard work and seizing opportunities.

If you weren't a nurse, what would you be? A tour guide in remote parts of the world.

What can't you do without at work?
A sense of humour.

What's the best bit about your job?
The people I work with.

And the worst?
Not being able to always provide patients with the service they deserve.

What helps get you through a difficult day at work? The people and the laughs.

If you could have a superpower what would it be?
I'd like to be a healer – especially to people with mental health issues.

rcn.org.uk/congress



THE VIEW FROM HERE



Roger Nuttall

Nurse co-ordinator, St John Ambulance Homeless Service

When I first applied to become a nurse in 1988, I was rejected as the interviewers didn't think I was ready to settle down to a three-year course. In my past, I'd been homeless, hitching around the States, part-funded by selling cannabis. But by the time of the interview, I'd become a Christian, was working as an auxiliary and wanted nothing more than to train as a nurse. The interviewers suggested I return the following year. I did, was accepted and have never looked back.

My affinity with homeless people has never waned, and during my training I found myself volunteering with a small, local homeless charity. Some friends and I also invited a rough sleeper to stay on the floor of the nurses' residences, helping him get housed.

In 2004, I took up my current post in Hastings. Supporting vulnerable people with their psychological, social and health care needs fulfils my passion for holistic care. One of my goals is to help clients who have lost a sense of who they are – through trauma, homelessness and addiction – to recover their own identity and pursue their potential. In the process of giving care, self-discovery becomes an emerging possibility for both myself and clients.

Roger's written a book about his personal reflections of homelessness called *Coming Home for Good*, available from Amazon. The RCN is an official sponsor of the *Big Issue* magazine.

What you've been saying

Promoting integrated care

In response to the letter "Not all it seems" (Opinion, *RCN Bulletin*, June 2018), I believe integrated care has a number of strengths including increased levels of patient satisfaction, enhanced staff satisfaction, improved staff retention, cost efficiencies and a more person-centred level of care.

Integrated care is of course not without its challenges and it is not the only way forward, but another one of its strengths is that it is a style of approach that is adaptable and can respond to the local arena whether that is due to our patient population health and care needs, resource issues or evolving societal changes.

It is vital that we as nurses and carers ensure that our voice is heard in the integrated care arena and ensure that the care being offered is person-centred, integrated and the best care possible. No doubt the reason why we all went into nursing.

Dr Teresa Burdett, Lecturer in Integrated Health Care, by email

Student funding woes

The bursary was one of the reasons I chose nursing as my parents could not afford to put me through university. I see students nowadays struggling to complete their assignments alongside their placements, then having to take on extra work just to make ends meet. It seems there is just too much to cram into the degree course for students to not only come out academically sound, but also with the right level of skills and experience. There has to be a better way of doing things.

Sonja Timpso on Facebook

I did my training in 1992 and was in one of the early cohorts of project 2000. I was a mature student with two young children and could never have done my training without the bursary. Now I know of student nurses who are struggling with debt and are actually having to pay to be unofficially in the numbers on wards! It's a total disgrace.

Helen Peters on Facebook

QUOTE OF THE MONTH

Love is a human right #ProudRCN

Charlotte Hall, RCN Student member of Council, attending Bristol Pride

FOUR THINGS TO DO IN AUGUST

1. Follow someone's journey through a care home with our new online resource supporting those working with older people: rcn.org.uk/care-home-journey
2. Sign up to updates about our safe staffing campaign and see how you can influence change: rcn.org.uk/employment-and-pay/safe-staffing
3. Take a trip back in time and read diaries of nurses during the First World War: rcn.org.uk/servicescrapbooks
4. Opt out of receiving the paper copy of *RCN Bulletin* at rcn.org.uk/myrcn and get the latest news, articles and updates in nursing online: rcn.org.uk/bulletin

GOT SOMETHING TO SAY?

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

HOT TOPIC



What should the new Health and Social Care Secretary's top priority be?

To look at how real learning from incidents can be achieved. There is still a blame and finger pointing environment.
[Chris Elston on Twitter](#)

Social care investment and provision must be significantly increased to prevent the current care crisis from worsening.
[Jemski on Twitter](#)

A workforce strategy that looks to recruitment and retention and is joined up with NHS strategy, like five year forward, so we have the right staff in the right places to deliver the right care.
[Dr Emily Wood on Twitter](#)

Staffing in the NHS and the health and social care sector, empowering nurses, health care assistants and students to deliver the best possible care and ensure the resource is there to back that up.
[Stuart Young, by email](#)

Address the shortfall in social care provision, which in turn may positively impact on the health economy. More community beds releases hospital beds as those who are medically fit for discharge are able to leave.
[Cat Forsyth, by email](#)

Priority should be around reviewing the current training for nurses to attract more people into the post and equip them with the right skills. They should be doing more of an apprenticeship type role with training on the job and a wage.
[Tracy Nevin, by email](#)

There are 40,000 nurse vacancies in England so recruitment is key. I'd love to become a nurse but right now it's too expensive for health care support staff to train to become registered nurses. What's he going to do about this? We need to make sure we don't lose vital experience and knowledge.
[Kelly Ferranti, by email](#)

MESSAGE TO MEMBERS



Janet Davies
RCN Chief Executive

As I write, the hot weather shows no signs of letting up and as the high temperatures and drought endure, experts are asking whether records set in 1976 will be smashed in 2018.

That scorching summer still burns brightly in my mind. I was a student nurse in Manchester and remember being beyond exhausted during my run of night shifts. It was difficult enough to sleep at night, let alone during the day when temperatures peaked beyond 30 degrees for days on end. I swear I barely slept for four weeks.

As you put patients first and carry on despite extreme tiredness, it can be all too easy to neglect your own primary needs and place yourself in a position of risk. Dehydration affects concentration and cognitive function and triggers further fatigue. It's not just a wellbeing at work issue but a matter of patient and staff safety. A tired and thirsty nurse is a potentially dangerous one.

The RCN launched a campaign earlier this year to help staff stay hydrated, eat well and get rest breaks at work, with posters to check your urine colour and guidance to influence employers. They have a legal duty to support your health and safety at work, with the right to proper breaks and access to drinking water enshrined in law. I can't think of a better time to start using them and spread the word about the campaign where you work.

rcn.org.uk/rest-rehydrate-refuel



Reducing variations

Lucy Wood says protocols should be standardised in general practice

Every practice nurse will be aware of the ongoing task of writing and reviewing clinical protocols. They vary enormously in content and quality and aren't regulated or checked externally. The guidance on diagnosis, treatment pathways, evidence and updates may even be out-of-date by the time a protocol is agreed. They're often difficult to access too.

By centralising and standardising these protocols, we could see a clear improvement in their quality and in patient care. This could save clinical time and reduce unwanted variations in care between surgeries. This could also ensure protocols are up-to-date, relevant, accessible and user-friendly.

I'm working on a project to do just this by storing protocols at Bluestream Academy,

which operates an online training system available in all GP practices in Devon, and several hundred practices nationally.

Two pilot protocols have been developed, and a working template for more will follow.

Once quality-approved and published, practice nurses across Devon will have free access to these protocols which will help them to access latest guidelines during consultations.

Rolling this out nationally could really help nurses save time. Practice would also be safer as all nurses would follow the same protocols; they'd no longer have to write their own and keep them updated.

I hope this could make general practice nursing more attractive to nurses who are newly qualified or new to general practice.

This work was undertaken as part of the RCN's Celebrating Nursing Practice project.

8 FEATURES

Saving lives at sea

By day he's a senior nursing lecturer, but when on-call as an RNLI volunteer RCN member Iain Keenan can find himself in the middle of the Thames Estuary helping people in trouble

A familiar face around the seaside town of Southend in Essex, Iain has devoted his working life to supporting others. "I know it might sound like a cliché, but I just like helping people," says Iain, who, as well as teaching the next generation of nurses, has spent the past two years volunteering for the RNLI, the lifeboats charity.

Southend is one of the UK's busiest coastal lifeboat stations and Iain is sometimes on-call when he doesn't have teaching commitments at the University of Essex. "On my first call-out, I did get some funny looks running through the high street to the pier with a beeping pager going off. I now wear my lifeboat jacket if I do have to sprint through the town so people know that I've not just run out of a shop."

Iain commits to training one evening a week and is on-call one weekend and one night every month should an emergency arise. "When I joined, I thought it would be mainly call-outs to broken-down boats, but it's been a real eye-opener," he says.

Call-outs can range from general first aid to people experiencing mental health issues. "I wasn't expecting that," says Iain. "It has advanced my nursing as I often have to support quite vulnerable people. I've never been one for an adrenaline rush, but I'm normally the one who gets called out to people in distress as the rest of the crew know I'm a nurse and have the skills to remain calm in these kinds of situations."

When Iain is called to the station, he doesn't know what the job

might be until he arrives. During a storm earlier this year he was called out to a boat drifting with no sails towards the pier. A member of the public had rung it in, but when the crew went out to the boat, they had no idea if there was anyone on board or if it was just a boat that had come loose from its moorings.

"When you go to something like that, you're not sure what you might find. As it turns out, it was someone who'd got lost and thought they could ride the storm out. We towed them back to safety."

But there are sometimes fatalities as part of the role and Iain has found his nursing skills help other crew members come to terms with this. "The discovery of a body can affect everyone. Being on hand to talk things through is really important. We're all from different walks of life, but having good communication skills and being able to deal with the public really helps."

Staying calm

Keeping composed when people are in very unsafe circumstances is also vital. "I've had to jump onto boats during storms, and find people that are stranded on the water in the pitch black at night. One time we had around 40 people out by a wreck at low tide. When the tide starts to come in, it can happen pretty fast. None of them were aware of the danger they were in."

Summer is one of the busiest times for Iain and his lifeboat

crew. This time last year they had seven call-outs in 12 hours. One of the emergencies was two young men on a jet ski who'd hit a sandbank at 70 miles an hour.

Using nursing skills

"When we arrived at the scene, it was like a road traffic accident," says Iain. "Both men were pretty battered and we had to use a spinal board to get them out. Thankfully they had a radio to call for help as they would have been in a lot of trouble otherwise with the tide coming in."

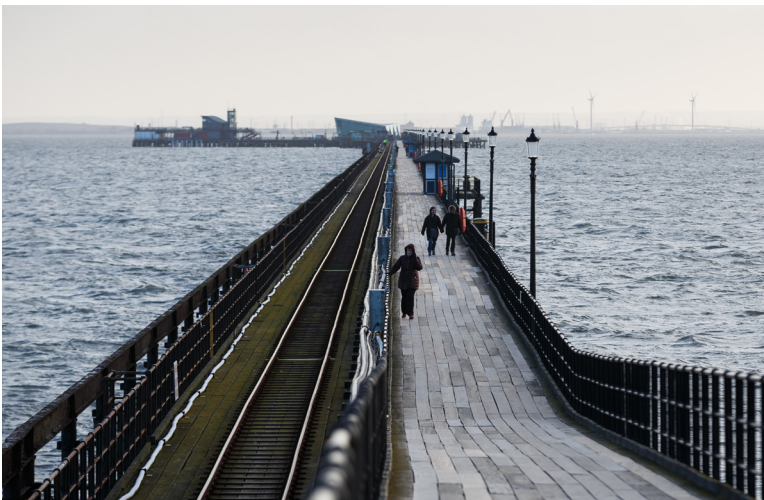
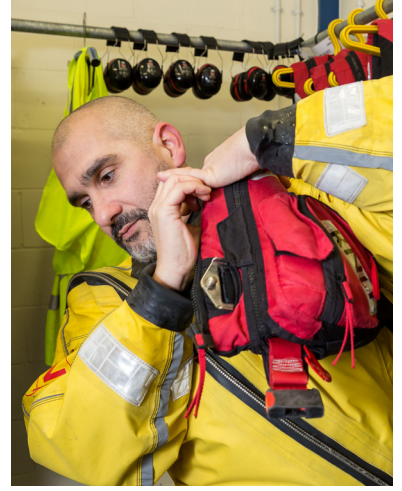
"Sometimes we're dealing with people who have drunk too much and decided to take their boat out. They don't always do as they're told and, in a way, it's not much different to working in A&E, which I did earlier on in my career. But on the whole, people are usually pleased to see us."

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I've had to find people that are stranded on the water in the pitch black at night



The RNLI was founded in 1824 and since then its brave lifeboat crews and lifeguards have saved more than 140,000 lives. Nowadays, nearly 5,000 people work as voluntary lifeboat crew members and a further 3,000 people give up their time to volunteer as shore crew. Find out about the full range of volunteering opportunities with the RNLI at tinyurl.com/rnli-volunteer



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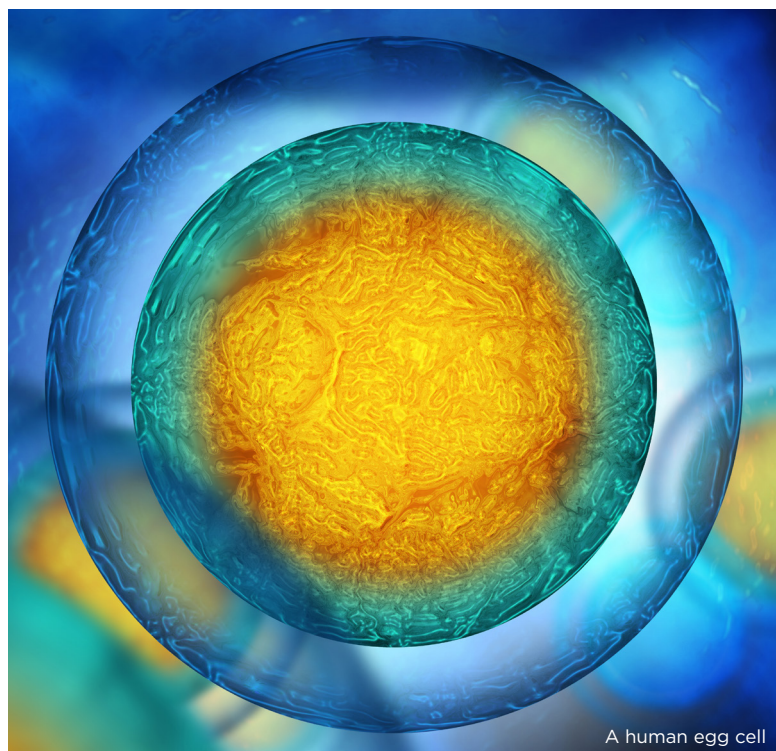
The discovery of a body can affect everyone

Words by Susan Embley

Pictures by Jonathan Perugia

Fertility preservation

Val's helping give hope to young people with cancer whose ability to have children is threatened by treatment



It can be hard to contemplate the future while confronting the daily reality of serious illness. But RCN member Val Peddie specialises in encouraging patients to think ahead and consider the effect that treatment for their condition may have on their ability to have children.

Val is a senior charge nurse and fertility specialist at Aberdeen Centre for Reproductive Medicine. Part of her role involves working with young people diagnosed with cancer whose fertility is threatened by chemotherapy, radiotherapy or other medical conditions, and for whom preservation of eggs, sperm or embryos prior to treatment may be a viable option.

The work is complex. It is undertaken within a strict legal framework governing the storage and use of gametes and embryos, and requires expert handling of highly emotive issues.

Val, a former chair of the RCN Fertility Nursing Forum, says that for men cryopreservation of sperm – freezing in liquid nitrogen – is relatively straightforward, although it still involves specialist input in terms of counselling, giving information and gaining informed consent.

For women or young girls, however, fertility preservation is more complex. Val says: “It requires a period of medical intervention separate from the

cancer treatment patients are already going through.”

In the past, health care professionals were focused primarily on survival, and it has taken time for fertility preservation to become established as a quality of life choice. But successful treatment of primary disease is now more commonplace, to the point where storage of eggs or embryos is an option.

“I see it very much as a positive part of cancer care – an insurance policy,” says Val. “Now we’re talking about life after cancer and family planning, instead of ‘if I survive cancer’.”

Broaching the subject

With young girls in particular, for whom starting a family is a remote idea, broaching the subject of harvesting and freezing eggs requires knowledge, experience and, above all, understanding. But non-specialists have a key role to play in alerting fertility experts such as Val that a patient in their care may want to consider preservation.

“We don’t know who’s been admitted to an oncology ward and what their diagnosis and prognosis is,” says Val. “We rely on timely communication from the oncology and haematology teams, and the non-specialist nurse may be the first point of contact for these patients.”

She recalls research she undertook some time ago where one of the young women she interviewed mentioned that a volunteer massage therapist

“

I see it very much as a positive part of cancer care

Want to find out more?

Download the RCN clinical professional resource *Fertility Preservation* from rcn.org.uk/publications (code 005986) or join the RCN Fertility Nursing Forum at rcn.org.uk/forums

asked whether the woman had considered fertility preservation ahead of her chemotherapy treatment. “Medical staff had not discussed it with the patient,” Val says. “But that’s going back a few years and I do think things have changed now.” Even so, raising awareness of fertility preservation among other professionals is another important part of her role.

One of the youngest girls to be guided through the process by Val and the team in Aberdeen was only 14 and “extremely sick”. There was a lot to consider, not least the girl’s mother who, Val felt initially, was more enthusiastic about pursuing fertility preservation than her daughter was.

“I had to be clear in my own mind that this was what the young girl wanted to do. Given the severity of her condition, her mother was with her throughout, therefore it was difficult to talk to the girl on her own, yet I thought it unethical and immoral to accept her onto the fertility preservation programme without fully informed consent.”

Over several days, Val built a trusting relationship with both the mother and the girl who had

a degree of maturity for her age and wanted to avoid future regret. Plans for fertility preservation went ahead.

As the girl was not sexually active, trans-vaginal egg collection required general anaesthesia in the labour ward theatre – an alien environment for any young girl, so timing and access to theatre involved multidisciplinary planning.

“While fertility treatment should always be provided within an empathetic and sensitive environment, caring for adolescents requires additional ethical and moral consideration,” Val says.

Guidance to support practice

RCN guidance on fertility preservation published last year highlights the complexities of egg retrieval. For about a fortnight, the patient must self-administer daily injections of a hormone designed to stimulate the development and maturity of eggs within the ovarian tissue. The egg collection procedure that follows can be performed under general anaesthetic or conscious sedation, as is usual practice in Aberdeen, and involves attaching a needle guide to a vaginal ultrasound probe. Using

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Caring for adolescents requires additional ethical and moral consideration

ultrasound to locate the ovaries, the needle is advanced into each follicle within the ovarian tissue. Gentle suction is applied to remove the follicular fluid together with the egg within the follicle.

Although outcomes in many life-limiting illnesses have improved, there are no guarantees of survival. Therefore the process of fertility preservation also involves establishing the patient’s wishes if treatment of the primary diagnosis is unsuccessful.

“People considering freezing eggs, sperm or embryos are asked what they would want to happen to their gametes in the event of mental incapacity or death,” Val says. “It’s dreadful to ask someone to consider their own mortality, but what we say is, ‘We ask all our fertility patients the same thing. Legally, we need to know what you want us to do with your eggs if you are no longer able to consent’.”

She adds: “We try to turn it round and say we’re not asking because you are living with a cancer diagnosis – it’s because we’re storing material that has the potential of life.”

In fertility nursing, Val’s role is unusual because she rarely hears about the long-term outcome for her patients. As she says, she may be retired by the time some of her younger patients become parents. But she is permitted to access the local electronic patient management system to check on patients’ progress and whether, for example, their primary diagnosis has led to relapse or readmission.

“Cancer survival statistics are usually expressed in one, five and 10 year periods. Where patients reach five years without relapse, this is extremely encouraging, and if they have eggs, sperm or embryos in storage, in my opinion that’s a success,” she says.

Words by Daniel Allen



Picture by Ray Smith

The digital future of nursing

Nursing staff want to take advantage of new technology but the RCN has warned that unless nurses are fully involved, the digital transformation of health care will remain a pipe dream



The newly appointed Health and Social Care Secretary Matt Hancock says he's "determined to seize the opportunities of the modern age" and has pledged almost half a billion pounds to transform technology in the NHS to ease pressures on staff and improve patient care.

Findings from an RCN consultation show that members support this vision. They too want to see the health and social care system benefit from digital tools and systems, but in practice there are numerous barriers.

Nursing input is key

A major problem highlighted in the findings is that programmes and systems are being designed without nursing input. One participant said: "Decision-makers often don't know the extent of our work and have never walked in our shoes, yet they make decisions on our behalf and bring in systems for us to use."

Another noted that money is often spent on the wrong things and this could be avoided if nursing staff were involved in decision-making. Many people emphasised the positive impact for patients when nurses are supported to take leadership roles in projects centred on data, information, knowledge and technology improvements.

Ross Scrivener, eHealth lead at the RCN, says: "Involving nursing staff in the design and implementation of programmes and systems to improve patient care is not an optional add-on – it is absolutely vital."

"The NHS and health care generally need to do much more to develop and nurture nurse leadership of the digital agenda."

The consultation also found that nursing staff are struggling with out-of-date computers and inadequate systems, and a lack of staff is having a huge impact.

One participant pointed out: "The biggest barrier to any system, be it electronic or paper-based, is chronic understaffing. If staff haven't time to take a break or use the bathroom and are struggling to deliver patient care, they will find it difficult to engage with and learn new systems."

Finding solutions

The RCN launched its findings at an event attended by digital experts and nurse leaders from organisations including NHS Improvement, Health Education England and the Council of Deans of Health.

Discussions focused on identifying specific areas where improvements could be made including refining and promoting the role of digital nurse leaders, better training for staff and students, and partnership working with nursing staff, employers, the technology industry and the Government to determine how funding can be best-used.

Ross says: "Nursing staff see very clearly the potential of technology to transform their and patients' lives, and want to play their full part – but that won't happen until their views are listened to."

Want to get involved?

The RCN eHealth Forum is a great way to find out more about the digital future of nursing and get involved in work in this area. Visit rcn.org.uk/forums

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The biggest barrier to any system is chronic understaffing

🕒 *Every Nurse an E-nurse: Insights From a Consultation on the Digital Future of Nursing* is available at rcn.org.uk/publications (code 007 013)

Words by Zara Davies

Magic moments

Dogs can provide more than companionship, helping people to manage potentially fatal health conditions and detecting some cancers

For a person who is diabetic, avoiding dangerously low blood sugar levels is a daily problem. Hypoglycaemia can lead to confusion and comas and can be life-threatening.

Claire Pesterfield was a paediatric nurse, but her diabetes would sometimes lead her to have blackouts on the ward. A friend suggested she get a medical alert assistance dog, which can detect when her sugar levels fluctuate.

Claire's now been with her dog Magic for over four years. "Magic is trained to alert me to an odour change on my breath that happens when I have high or low glucose levels," says Claire, who now works for the charity who provided her with Magic, Medical Detection Dogs.

"He's not just my companion, he's constantly managing my health. Magic's saved my life on many occasions and without him, I wouldn't be alive today."

Detecting cancer

Because dogs are able to detect tiny odour concentrations, around one part per trillion (the equivalent of one teaspoon of sugar in two Olympic-sized swimming pools), they are potentially able to detect diseases, such as cancer, much earlier than is currently possible with medical tests and equipment. Medical Detection Dogs are pioneering work to help speed up the diagnosis process and impact on thousands of lives.

"We're carrying out an NHS ethically approved study into the

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He's not just my companion, he's saved my life

dogs' ability to detect urological cancers using their sense of smell," says Claire. "Alongside the urological study we're doing a trial exploring the ability of dogs to detect malaria and Parkinson's. In the short term, our dogs could provide additional testing for cancers and other conditions that are currently difficult to diagnose reliably."

Improving health

It seems that nursing staff are also keen to support animals being used more widely in health care. An RCN survey found that nine out of 10 nurses believe animals can help improve the health of patients with depression and other mental health problems with 60% of respondents also

acknowledging that animals can help speed patient recovery.

The survey prompted the publication of a new RCN protocol which provides advice on how hospitals and health care settings can safely introduce dogs.

Amanda Cheesley, RCN Professional Lead for Long-term Conditions and End of Life Care, says: "Anyone who's worked in this area can see the amazing impact animals have on the health of adults and children alike. However there are so many myths around the dangers of having animals in health care settings that most organisations are too concerned to try it out. This protocol gives guidance on the use of dogs in hospitals and other care settings to the benefit of patients."

Words by Susan Embley

🔗 Visit rcn.org.uk/publications to download *Working With Dogs in Health Care Settings*. Go to medicaldetectiondogs.org.uk to find out more about Medical Detection Dogs



Follow the care home journey

The Older People's Forum has developed a new web resource designed to specifically support and advise those working in care homes



The resource uses vibrant illustrations to demonstrate the care home journey

The resource provides members with an opportunity to follow a number of resident journeys through pre-admission to end of life at a fictional care home.

Each section outlines the role of nursing staff at different stages of the resident's journey and signposts guidance, frameworks

and policy to inform and improve the delivery of care and support.

Dawne Garrett, professional lead for the forum, says: "This is the first time the RCN has produced a bespoke online resource for those nursing staff working within this area of the independent sector. It draws from both the RCN's

professional and trade union elements, bringing together all the expertise and support that the RCN can offer our members working in this area."

More than 30,000 RCN members work in care homes and their role is complex and highly skilled. Forum member Sarah Winfield-Davies, who works in the North Devon Care Homes Team, consulted on the project.

She says: "This resource offers invaluable support and serves to promote high quality, evidence-based care as well as develop, value and empower the role of nursing staff working within this environment. I have no doubt that using this resource will improve the experience of care home residents and their family and friends."

Take a look at tinyurl.com/yabtaxbc

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This resource offers invaluable support

Fertility framework gains global interest

Representatives from the Fertility Nursing Forum recently attended the European Society of Human Reproduction and Embryology Society's annual conference in Barcelona

The conference is an internationally-recognised event in the fertility calendar and was attended by delegates from all over the world.

The forum was invited to present a poster outlining its recent publication, *An RCN Education and*

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This was the first time the work had been presented on an international platform

Career Progression Framework for Fertility Nursing, produced in collaboration with the Senior Infertility Nurses Group (SING).

The framework was developed to articulate the education needs and requirements of nursing staff working at different stages of practice within fertility nursing.

It is intended to inspire and enable individual nurses and health care assistants to progress their career in fertility nursing so they can continue to provide

quality care across the breadth of fertility services.

Forum committee member Francesca Steyn says: "This was the first time that the work had been presented on an international platform. It generated huge amounts of interest and fertility nurses from across the globe were keen to ask questions and gain insight into their career development."

Download the publication at rcn.org.uk/publications (code 006690).

IN THE SPOTLIGHT



Children and Young People's (CYP) Staying Healthy Forum

Who's the Chair?

Suzanne Watts. She is a nurse and health visitor working in a research role at Oxford Brookes University looking at safeguarding children in primary and community care.

Recent highlights?

Earlier this year, the forum released an updated version of the *RCN Toolkit for School Nurses*, which supports members delivering services for children and young people in educational settings. This is an especially important tool for those working in independent school settings, where work can be quite isolated.

What's coming up?

A school nurses' conference and exhibition in London on 22 August, which has an exciting programme of keynote speakers and workshops, including sessions on supporting children with profound learning disabilities and online grooming. Visit rcn.org.uk/events to find out more.

Why join?

Suzanne says: "The CYP Staying Healthy Forum covers a number of specialties,

from health visiting to school and CYP mental health nursing. It therefore benefits from people with a wide range of knowledge, experience and expertise and offers many opportunities to members. Anyone interested in getting involved in the forum's work, whether to review RCN guidance and publications, attend Congress as a voting member, advise on policies and consultations or represent the RCN at special interest meetings, should join the forum. They can then get in touch with us to let us know their interests and areas of practice and specialist knowledge."

Find out more at rcn.org.uk/forums or visit the RCN CYP Forums Facebook page.



WHAT I'M THINKING



Sandra Grieve Public Health Forum

As summer holidays are in full swing, nurses have a vital role to play in advising travellers on the use of antibiotics.

Europe is still the top destination, but the Asia-Pacific region is a growing market and research has shown that people who travel to South Asia or the Middle East have an increased chance of carrying antibiotic resistant superbugs.

Antibiotics are sold over the counter without a prescription or diagnosis in Asia and in other developing countries, often for travellers who have diarrhoea, which remains the most common ailment. The subsequent overuse and misuse of antibiotics has led to the formation of bacteria with ESBL genes, which makes them resistant to normal antibiotic treatment.

International travel is therefore an important factor in the spread of antimicrobial resistance. A significant percentage of travellers become colonised by resistant intestinal bacteria like ESBLPE and can transmit the strains to others and to medical facilities on return home.

For travel health advisers, risk assessment before and after travel is a fundamental part of care. When any traveller returns home unwell, it's important to establish and document where they've been.

tinyurl.com/y85kfnxc



Reflecting on the referendum

In a historic referendum on 25 May, the Republic of Ireland voted to repeal the longstanding 8th amendment of their constitution, which made abortion illegal under any circumstances.

One particular catalyst for the renewed debate around legalising abortion was the death of 31-year-old Savita Halappanavar in 2012, who was denied an abortion in Galway during a protracted miscarriage and later died of sepsis. This tragic example illustrates the difficulties faced by medical staff when a mother's health is endangered by the rigid rules surrounding abortion.

Ruth Bailey from the Women's Health Forum says: "The referendum result means that health care staff are now free to provide compassionate care without fear of reprisal."

It is hoped that the result will also drive change in Northern Ireland, the only country in the UK where abortion is still illegal.

"It is a dreadful injustice that women in Northern Ireland continue to have their human rights denied," Ruth continues. "I ache for the women and I ache for the impossible position of our colleagues working there. I am hopeful that we can build on the momentum of this result to effect change for all women in the UK."

16 EVENTS

For details of more events visit the region and country pages of the RCN website or go to rcn.org.uk/events

London

Living well in older age

19 October
RCN HQ
20 Cavendish Square
London W1G 0RN

A must for nurses working with older people in all settings, both private and in the NHS, this joint conference from the RCN and British Geriatrics Society aims to share skills, expert research and specialist practice from across the UK.

Vicki Leah, Chair of the RCN Older People's Forum, says: "As well as accruing

CPD for revalidation, those attending will find out the latest news and research into preventative actions we can take as nurses to ensure people live healthier as they get older. It's a great opportunity to enhance your own learning and skills and take them into the workplace for the benefit of patients."

There is also the option to present your own research at the conference by submitting an abstract, which you can do until Monday 13 August.

➤ For more information and advice about submitting an abstract visit rcn.org.uk/olderpeople18 or call 02920 546460.



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