RCN BULLETIN

Royal College of Nursing
2020 International Year of the Nurse and Midwife

COMPASSIONATE LEADERSHIP

ELAINE SHARES HER EXPERIENCES AS A MATRON IN ONE OF LONDON'S BUSIEST CRITICAL CARE UNITS DURING THE PANDEMIC

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ISSUE NO. 388 JUNE 2020 RCN.ORG.UK/BULLETIN

An open letter to the Prime Minister

Dear Prime Minister,

You have recently seen first-hand the professionalism and dedication of this nation's nursing staff.

You will also know that we entered the pandemic with a substantial shortage of nursing staff – at least 40,000 registered nurse vacancies in the NHS in England alone, not accounting for social care.

Nursing staff were struggling to cope with the pressures caused by the shortage, already starting to leave before retirement, and many may not feel able to stay in the profession after the potentially intolerable pressures they will have faced during this crisis.

This is not the time to be complacent. The two nurses who saved you are part of a highly skilled workforce that must be made to feel recognised, supported and valued. And those making career choices must see nursing as an attractive option.

The nation has never better understood or recognised our contribution to society, and we welcome the public interest in nursing pay.

But the majority of nursing staff will not recognise the 15% figure quoted by the UK Secretary of State for Health and Social Care at the daily press briefing on Friday 15 May. Discussing pay out of the context of costs of living, combined with the suggestion elsewhere of a pay freeze, is totally out of step with nursing need and public support.

In 2018, we said that the pay deal was the bridge out of austerity that was needed. It would be right to acknowledge now what we said at the time – that more is needed to bring earnings in line with the cost of living, following so many years of pay restraint.

Our research confirms that the average earnings for NHS staff have not kept pace with the cost of living since 2010. This is the reality that must be fully recognised in the public conversation about valuing nursing staff.

Any "fight for that fair reward", as your Health Secretary said, must begin on the basis of facts. This is the reality for current and future nursing staff making career choices.

We urge you to recognise in public conversation that this is where nursing pay is today. An honest dialogue in preparation for the future pay round is the first step in valuing the nursing workforce we rightly celebrate.

Yours sincerely,

Dame Donna Kinnair,
RCN Chief Executive & General Secretary

Dee Sissons,
Chair of RCN Council

Please note: This issue of *RCN Bulletin* went to press on 28 May. For the latest information from the RCN, visit **rcn.org.uk**

After the applause...

In the month since I last wrote this column, your professionalism has continued to astound me.

It is hard to find the words to properly convey the pride, fear and determination in all our hearts and minds as we continue to work during the pandemic.

Nursing staff are revered for the heart and compassion that's a core part of our job. But the downside is that, too often, people see that and overlook the skill and vast experience we draw upon. The whole lot is on very public display right now, and people are standing with us like we haven't seen before.

The applause lifts the morale of many and is a sign of great public appreciation. But soon the public will feel clapped out and it will come to a dignified end. It is my job to make it count for something. Politicians should still hear it ringing in their ears for a long time yet when we return to our demands about fair conditions and pay.

This pandemic may be far from over, but we're asking you to work with us on how we build a new future for nursing. You should have received a survey by email asking for your views, but our website has all the information too: **rcn.org.uk/building-a-better-future**

Our profession entered this pandemic understaffed, underappreciated and underpaid. It shouldn't have taken this situation to make people sit up but nobody could have asked for a greater demonstration of modern nursing.

Remember that the RCN will continue to be here for you, as your professional trade union, offering you support through the pandemic and into the future that we're building together.

Dame Donna Kinnair
RCN Chief Executive & General Secretary

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

Editor: Kim Scott
Email: bulletin@rcn.org.uk
Web: rcn.org.uk/bulletin
Address: 20 Cavendish Square, London W1G 0RN
Nurse recruitment advertising
Tel: 020 8423 1333
Email: advertising@rcni.com

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Cover image by Gareth Harmer

Independent sector staff should be eligible for furlough

The treasury has pledged to clear up confusion over pay entitlements for nursing staff employed in the independent sector who are too vulnerable to work during the COVID-19 pandemic.

It comes after we sought urgent clarity from the chancellor on the issue.

We asked the treasury to confirm that care homes, social care providers and other independent sector employers are eligible for furlough support to compensate nursing staff who need to shield. Theresa Fyffe, RCN executive team lead for the independent sector, said: "All nursing staff, no matter where they work, should receive full pay if they become sick, need to self-isolate or shield throughout the pandemic.

"When the guidance isn't clear, it's nursing staff who suffer."

The confusion has resulted in some staff having to get by on statutory sick pay of £95.85 a week. See page 8 for more.

Government urged to drop student debt

We've written to Health Secretary Matt Hancock demanding that he recognises the continued contribution of nursing students by dropping their debt and abolishing university tuition fees.

In a joint letter with other unions, we demand that the government:

- reimburses tuition fees or forgives existing debt
- abolishes student-funded tuition fees for those starting degrees in 2020/21 and beyond
- introduces universal living maintenance grants that reflect actual student need.

RCN Chief Executive & General Secretary Dame Donna Kinnair said: "Many student nurses have chosen to become an invaluable part of the workforce at a time when the country needs them most, but they're still paying tuition fees, and this is simply not right."

Stop press

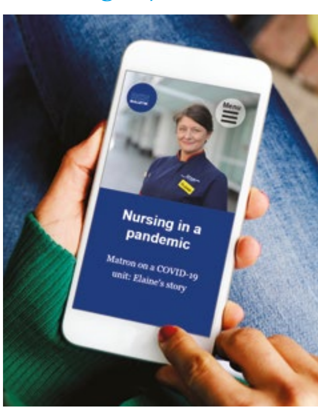
The COVID-19 special issue of the *RCN Students* magazine is out now. It includes advice on what to expect if you're going on an extended clinical placement, information on accountability and delegation, and top tips for remote learning. Visit **rcn.org.uk/studentsmag**

Health unions publish blueprint to resume NHS services

We've partnered with other health unions to outline measures that must be in place to protect the NHS, patients and staff as outpatient clinics and operations resume. These include fast, comprehensive and accessible testing and the ongoing, ample supply of personal protective equipment. While the priority remains saving lives, and keeping health workers and patients safe, the blueprint calls on the government to ensure staff working through the pandemic get proper overtime and are paid for every hour they work. Visit **tinyurl.com/rcn-blueprint** to find out more.

See you in September

This is the last monthly print issue of *RCN Bulletin* as we move to a quarterly schedule from September. We'll still be producing great new content for members at **rcn.org.uk/bulletin** and sending regular emails. If you'd like to get involved in helping shape the new quarterly magazine, email **bulletin@rcn.org.uk**



New NQN online advice

Transitioning from student to newly qualified nurse (NQN) is an exciting milestone. But it can also be a stressful time, especially with the added challenges of the COVID-19 pandemic. That's why we've made our NQN handbook available online so you can access its information and guidance whenever you need it. From preceptorship and self-care to employment and legal issues, this comprehensive resource is there to support and inform all NQNs at this pivotal time. Visit **rcn.org.uk/NQNhandbook**

Protecting BAME nursing staff

We're asking employers to put in extra measures to secure the safety of black, Asian and minority ethnic (BAME) nursing staff as data shows that disproportionately high numbers of people from these communities are becoming seriously ill and dying from COVID-19.

We expect employers to conduct an equality analysis of staffing issues relating to COVID-19 and update risk assessment processes to include BAME staff in vulnerable and at-risk groups. We also want BAME staff to be prioritised for testing during the first five days of symptoms.

It comes as our most recent PPE survey shows BAME staff are experiencing greater shortages of equipment than their white counterparts. Nearly a quarter of BAME staff said they had no confidence their employer is adequately protecting them from infection at work compared with just 11% of white British respondents. Visit **tinyurl.com/rcn-bame-advice**

Supporting patients over the phone?

We've created new guidance for nursing staff providing remote consultations during the COVID-19 pandemic. It includes practical advice on how to start and conclude conversations, as well as case studies covering different nursing specialties such as mental health, stroke care, sexual health and safeguarding. Download the advice at **rcn.org.uk/publications** (code 009 256).

Success for members as government scraps NHS immigration charge

Eva Omondi at RCN Congress in 2018

Following two years of RCN campaigning, the unfair fee is finally being waived for health care workers from overseas

The government has announced that health and care workers will be made exempt from paying the immigration health surcharge (IHS).

The fee which sees all migrant nursing staff who come to the UK from non-EEA countries pay £400 a year for the NHS, whether they use its services or not, was due to increase to £624 a year from October.

The RCN has repeatedly called on the government to exempt health and care staff from the charge, arguing that it is unfair and unjust, and represents an unnecessary financial burden on staff.

It was raised as an issue by members at the RCN's annual Congress in 2018 and we've fought tirelessly for the fee to be waived for nursing staff, and their dependents, ever since.

Eva Omondi, a nurse at Luton and Dunstable Hospital who is originally from Kenya, brought the issue to the attention of the RCN at the national event.

"It was something that was silently sneaked into the system," Eva says. "Unless it affects you, you wouldn't know about it."

Eva was forced to send her youngest children back to Kenya when the IHS fee, plus the additional costs of childcare needed to allow her to work extra shifts to cover the charge, proved too much. The COVID-19 outbreak further highlighted the injustice.

"The pandemic has magnified how unfair the government has been," Evaline says. "We've been putting our lives on the line when the country has been in need.

"The RCN has been alert to any opportunity to support the campaign to end the IHS. I cannot say how grateful I am for the support from RCN members and leadership."

Eva's children will now return to the UK in June. "Families will be reunited. Now, overseas workers can continue their important work and be in a better mental and physical state."

Exceptional Nurses' Day shines light on the profession

Nursing staff are celebrated as they go above and beyond during the global pandemic

From messages of gratitude from actors and football clubs, to a special video released by Kensington Palace, this year's Nurses' Day on 12 May shone a light on the dedication and professionalism of nursing staff like never before.

While Prince Charles thanked nursing staff for their "diligence" and "courage", actor Emilia Clarke expressed her pride in being an RCN ambassador appearing in a special video we produced for the day. After posting it on her Instagram account, it swiftly racked up more than a million views.

Many others shared the video alongside their own messages of thanks. Meanwhile #NursesDay was included in more than 40,000 tweets.

RCN Chief Executive & General Secretary Dame Donna Kinnair said: "The hundreds of thousands of messages being shared weren't just expressions of thanks or gratitude. They were sincere recognition of the work we do.

"I certainly can't recall a day when so much of what we do as a profession was celebrated so widely across society, which is fitting considering that it is International Year of the Nurse and Midwife."

It wasn't just the famous who were keen to celebrate nursing. Pupils at a school in Hampshire were asked to complete a worksheet about International Nurses' Day.

One of them wrote a poem: "I so pray you feel rewarded each and every day, by the love and adoration the nation is sending your way. One day we will look back on this, and think how did we cope, thankful to all on the frontline that never gave up hope."

> "The messages being shared were sincere recognition of the work we do

Watch our Nurses' Day film at **rcn.org.uk/nursesday**

Charity donations surpass £200k

The RCN Foundation COVID-19 Support Fund has reached £200,000 in donations to fund psychological and financial help for nursing staff. It has also received a donation of £250,000 to establish the Stelios Says Thank You Awards. In addition, a subsidiary charity, the COVID-19 Healthcare Support Appeal, has been established to manage an incredible £5m donation from social media platform TikTok to support all frontline health care workers.

Explore the history of RCN Congress

The main stage at RCN Congress in 1989

Ever wondered what was on the RCN Congress agenda in years gone by? Perhaps you've been attending Congress since it began in the late 1960s and fancy a trip down memory lane?

You can now delve into the history of RCN Congress using our new digital archive. Browse more than 40 years' worth of programmes and other Congress publications or immerse yourself in the Congress experience with recordings from keynote speeches and more recent Congress debates. Visit **tinyurl.com/rcn-digital-archive**

The big picture

Gail Byrne, Director of Nursing at University Hospital Southampton, reacts to artist Banksy's latest piece, *Game Changer*, which was donated to the hospital with a note saying: "Thanks for all you're doing. I hope this brightens the place up a bit, even if it's only black and white."

SUCCESS STORY

Molly's COVID-19 kids book goes global

Paediatric intensive care nurse Molly Watts' children's book has reached 164 countries and been downloaded more than 260,000 times worldwide.

Molly first began writing and illustrating books for the siblings of children she was caring for in the paediatric intensive care unit (PICU) where she works.

"Over the years, I've written and illustrated a number of stories and poems for my little patients," says Molly.

"I created a character called nurse Dotty and these books are written with the children I look after in mind to help them at a worrying time."

When COVID-19 began, Molly decided to write a new nurse Dotty book about COVID-19 to help children understand the pandemic and not be afraid. Molly says: "The fact that the story has reached so many children and that they have found it helpful is amazing to me."

Other staff in Molly's PICU have "adopted" nurse Dotty and she has been drawn on screens in their donning and doffing areas of PICU. Molly also recently received a Points of Light Award from the Prime Minister, recognising her contribution during the pandemic.

"I'm so proud to be part of our NHS. I owe this award to my wonderful colleagues in PICU who have always inspired and encouraged nurse Dotty and who are working so hard," adds Molly.

PPE SAFETY TIPS

Craig Bradley
Associate chief nurse

I'm one of 36 nursing staff working for Gloucestershire Hospitals NHS Foundation Trust to be trained as a PPE safety officer. It's my job to ensure PPE is used safely and that stocks are properly managed.

Here are my top tips for using PPE safely:

Follow national guidance – the guidelines are being updated as we learn more about COVID-19. The national PPE guidance published by Public Health England on behalf of the UK is the only guidance we should be following.

Maintain hand hygiene – while it's tempting to put a bit of alcohol gel on your gloves, it's not safe. Remove gloves and clean hands between tasks and patients.

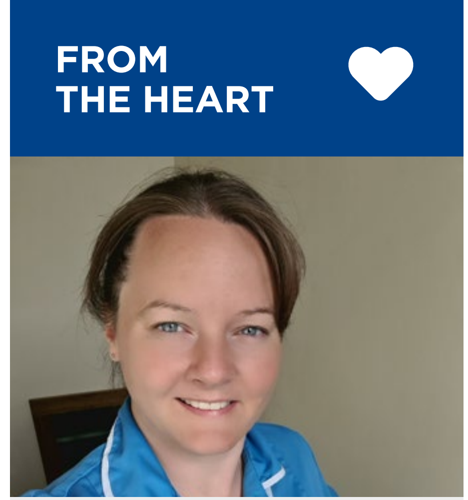
Look out for each other – there is a lot to remember. Keep your team safe by looking out for incorrect use of PPE and gently calling it out. Masks around the neck or double gloving are examples of incorrect use.

Doff carefully – removing your PPE creates a risk of contamination. Assume you have got COVID-19 on your hands after removing each piece of PPE and clean your hands after taking off each individual element. Every single time.

Rest for safety – we're all working incredibly hard. Taking regular opportunities to rest keeps everyone safe. Fatigue leads to errors in doffing and hygiene, increasing your chance of exposure.

rcn.org.uk/covid-19-ppe

FROM THE HEART



Victoria Cox
Newly qualified hospice nurse

John* came in for management of his deteriorating COPD. I was unsure if we would connect at first, but we found we had a shared sense of humour, and I would always leave his room chuckling.

He was managing alright but then started coughing so we had to isolate him while his swab was tested. We barrier nursed him in this tiny room which was difficult for all of us. When the swab came back negative it was such a relief – John let out a resounding “hurrah”.

After that, I was off with COVID-19 symptoms. While I was away, John was swabbed again, and it was positive.

The day I went back to work, I was working on the other wing but I popped my head in to say hello. His face lit up and a big grin spread across his face as he told me “I’ve been asking after you”. We had a quick catch up and I said I’d go back after my shift.

But I didn’t. And by my next shift, two days later, he had died.

I was in complete disbelief. My heart was broken, and I was full of shame. COVID-19 snuck in and stole my patient before I even knew he was deteriorating.

Read Victoria’s blog at victoriairis84.wordpress.com

John is a pseudonym

What you’ve been saying

No choice for agency nurses

I’ve been nursing for 42 years and an agency nurse for over 20 years. Once the pandemic started, all my shifts were cancelled. I was then only offered work with COVID-19 patients.

There was no adequate protective equipment and I didn’t feel safe. I don’t get sick pay, can’t be furloughed and am living off my savings. I feel completely forgotten about.

Jo by email

Care for care home staff

I tested negative for COVID-19, despite having some symptoms. But as my housemate, who also works in the care sector, has tested positive, I’ve rightly had to self-isolate. I wouldn’t do anything else – I need to protect the care home residents I work with. But I’m not being financially protected. I don’t get contractual sick pay, but statutory sick pay (£95.85 a week) while the government pays 80% of other peoples’ wages and they can stay safely at home.

This is a policy level problem. The government needs to see the bigger picture. Some people could be put in a catastrophically difficult financial situation through no fault of their own.

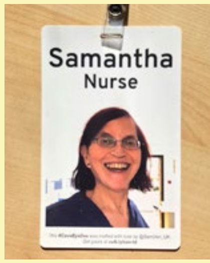
Annonymous by email

Moral injuries

I served in the British Armed Forces for 10 years as a mental health nurse and quickly learnt the impact of war. It wasn’t only life-changing physical injuries, but also emotional and moral injuries that were left behind. I hope as a nation we can continue working together to support our current keyworkers not just at this time of battle but once this has ended and their own personal battle may just be beginning.

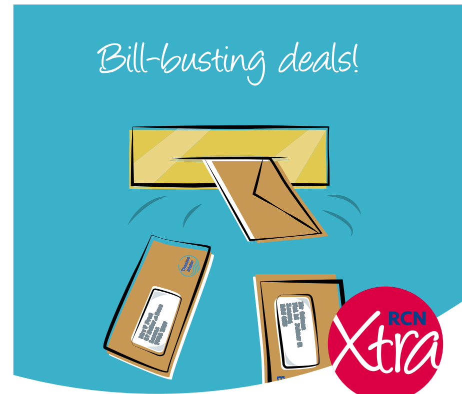
Kathy by email

BRIGHT IDEA



ICU nurse Samantha has come up with an innovative way to tackle the de-humanising effect of full body PPE.

Her Cov-ID (#CoveEyeDee) initiative has been providing health care staff with large font ID cards to clip to the front of their PPE, complete with their name, role and a smiling photograph, so patients and staff can picture the human behind the mask. “It’s helping put patients at ease and connect staff,” Samantha says. “With so many new people working together for the first time, it helps to see who I’m speaking to.” Visit bit.ly/CoveEyeDee



It’s easy to save with RCNXtra

Did you know that all members have access to top offers on food, groceries and utilities to make sure you’re getting the best deals on your essentials? Simply login to rcn.org.uk/xtra to start saving.

Xtra benefits. Xtra easy.

Register now at rcn.org.uk/xtra

HOT TOPIC

This month we asked our Twitter followers: Will the current crisis mean fewer nursing staff in the future or a boom of people who are inspired?

The pandemic – and the wave of support for the NHS – will inspire many to join (or re-join) nursing. It has for me. I'm undertaking a return to nursing course at the age of 64 and loving it, having given up my registration 12 years ago. @hilfairfield

Unfortunately, due to lack of suitable conditions, including pay, nursing will never be an attractive career in the UK. Stress, emotion, under-funded, lack of appreciation and poor working conditions mean more than pay will be needed to make nursing an attractive career. @frankiehickson

I am hopeful for the future of nursing that there will be an awakening, after an increase in public and political support, which will translate into more support for nursing, financially and educationally. Let's make nursing great again! @venesectionist1

Trusts were struggling to give us all placements before the pandemic. More students would lead to inappropriate/substandard placements, which I imagine would increase the dropout rate for students. Good placement experience is vital for recruitment and retention. @Oconnelllou

I think there may be a group of inspired students, but unfortunately the pay and conditions of nursing mean these staff are unlikely to be retained in the long term. We know that retention is just as much of a problem as recruitment. @alimully

I think we will see a boom. I'm a care support worker and already looking to start my nursing degree. I also have family members who want to return as mature students. Nurses are being seen in a new light. Let's keep it shining on the profession. @StephThomas239

'Hero comparisons are unhelpful'

Student nurse Rose says wartime language belies the reality of caring during the COVID-19 crisis

Like many others, I am uneasy with the narrative of NHS heroes. The wartime language and the theatrics of spin ignore the reality in hospitals at present – the chaos, stress, routine. The fear.

I suspect it is a diversion from the government's mishandling of PPE stocks – deliberately or otherwise. I also feel that it is a distraction from the appalling underfunding of our national health service.

But crucially, I feel that by the government taking charge of the narrative, the opportunity to listen to the valuable insights of health care workers who have cared for patients who have COVID-19 is completely lost.

These insights can be found on the internet as memes, videos, soundbites. However, they do not form part of government strategy. Terms coined by scientific experts to describe the infection rate lead policy, but the voices of frontline staff are lacking.

Yet these are exactly the voices that should be listened to, for they can accurately inform the government about the virus. If the government communicated with citizens with the same openness and honesty health care workers treat their patients with, it would help to stem panic and promote ownership of social distancing.

Ultimately, the language of heroes has created a gulf between health care workers and everyone else, which is counterproductive to genuine understanding and respect.

WHAT I'M THINKING

Yvonne Coghill
RCN Deputy President

We know that people from black, Asian and minority ethnic (BAME) communities have been disproportionately affected by COVID-19. Although the disparities are clear, we're not yet sure why this is happening. As this issue of *RCN Bulletin* went to press, we were awaiting the outcome of a review by Public Health England.

Whatever that says, we must take decisive action to protect the people shown to be most vulnerable to COVID-19. That doesn't mean all nursing staff from BAME backgrounds should be moved from the frontline. But what it does mean is that employers need to make sure staff are properly risk-assessed and fully protected so they can do their job well without fear.

Some employers are leading the way on this by offering priority testing and other support for BAME staff. However, we know this isn't the case everywhere and that a lot of members don't feel safe.

This isn't acceptable. We are here to support you and will be making sure the voice of members is heard. We're gathering member experiences and will make sure any strategies and policies developed following the multiple reviews into this issue have RCN input. If you feel unsafe at work, or you're worried about something, please speak to someone. You can contact RCN Direct on 0345 772 6100 or speak to your local RCN rep.

tinyurl.com/bulletin-yvonne

Fit test versus fit check

Do you know the difference? If you're required to wear an FFP3 or FFP2 face mask, your employer must provide a fit test to ensure your safety. This is different from a fit check, which you need to do every time you put on an FFP3 or FFP2 mask. This guide explains

Fit test

The responsibility of the employer

Required to ensure there is an adequate personal fit and seal to protect the wearer from fine aerosols containing virus particles

Faces can vary widely in shape, size and proportion, so selecting the correct model is vital for safe fit

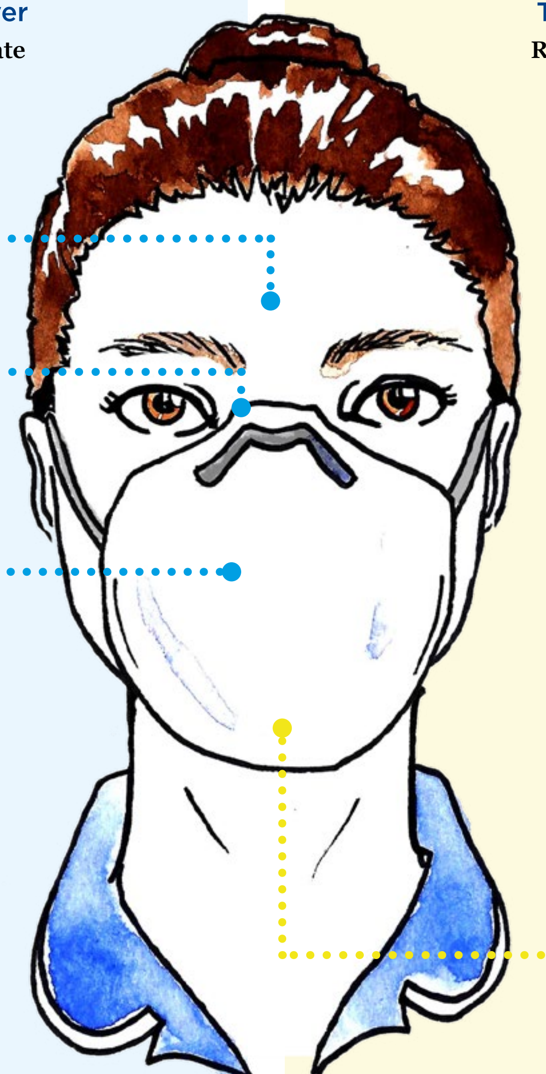
Protection relies on achieving a good seal between the facepiece and the wearer's face

Fit testing must happen during the initial selection of PPE, before the mask is worn in a hazardous environment

A fit test must be carried out whenever there is a change to the type or model of mask, or whenever there is a change in circumstances of the wearer that could alter the fit of the mask (for example, weight loss or gain or substantial dental work)

The most common fit test method is the qualitative taste test but there is also the quantitative particle counting test

Fit testing must be carried out by a competent person as described by the Health and Safety Executive (HSE): tinyurl.com/hse-ppe



Fit check

The responsibility of the wearer

Required to ensure the fit of the mask is checked every time it is used

Fit checking is not a regulatory requirement but should be regarded as good practice by the wearer

The user must be trained on how to carry out a fit check

A fit check is not a substitute for a fit test

The HSE has guidance on fit checks, including an instructional video: tinyurl.com/hse-ppe

When fit checking, wearers use negative and positive pressure techniques to judge the quality of fit

Raising concerns

If you're required to wear FFP3 or FFP2 masks and your organisation isn't carrying out fit testing, contact the RCN on 0345 772 6100 as soon as possible. Visit tinyurl.com/rcn-ppe-concerns if you have other concerns about PPE processes or equipment.

This illustration was inspired by a 3M resource. Visit tinyurl.com/3m-fit-test

Cut out and put up in your workplace

‘I wake up thinking of COVID’

Elaine Thorpe is a matron in one of London’s busiest critical care units. The pandemic is the hardest thing she’s faced as a nurse, but she considers it a privilege to lead her team as they care for the sickest patients during the crisis. This is her story

In preparation for COVID-19 we massively expanded our critical care capacity, going from 35 to 86 beds in record time. We’ve had to bring in nurses, theatre staff and medical students from other areas and work differently to best utilise everyone’s skills.

It’s been challenging but the staff have been so adaptable. Many of them had never seen an intensive care patient before, let alone 62 very, very sick intensive care patients, which is the number I’ve been responsible for on our busiest days.

Listening to and looking out for my staff and patients has always been the most important part of my role, but even more so now. I’m in a constant state of heightened awareness, watching, listening and learning. PPE makes this harder, but you can tell how someone is doing by their eyes. It’s how I keep tabs on everyone, see who needs a break and who I need to check up on later.

It’s also my job to ensure nurses’ concerns are heard. For example, when patients are proned, their eyes get very swollen and sore and nurses were asking me what we could do to address this. I raised it with the consultants and by the next day we had an ophthalmologist doing rounds.

Increased pressures and emotions

I like to think of myself as a clinical matron anyway, but in this situation, I definitely wanted to be in there alongside my staff, experiencing what it’s like. And I can tell you, it’s really tough.

Even for the most hardened intensive care nurse, walking onto a unit and seeing so many people who are that acutely sick is overwhelming.

We’re also struggling with changes to the level of day-to-day care we’re able to provide. One of the things that has bothered my nurses the most is the increase in inpatient harms. We almost never see harms on intensive care, but this has changed due to patients having to be proned on their tummy a lot and the stretched nurse-to-patient ratios.

“I’ll just keep doing everything I can to try and make things that bit better

Elaine works at University College Hospital in London

Picture by Gareth Harmer

This is out of our control, but I’ve had many nurses in tears because they’re doing their very best in the situation but feel they can’t give the standard of care they always aspire to.

Real people working really hard

There’s huge guilt for nurses around all of this. There’s the guilt of not being at work and then the guilt of being at work but not being able to do your best.

Then on top of that there’s the guilt about your family and loved ones, not being at home enough or worrying about bringing infection home with you.

I wake up in the night thinking of COVID, and I know it’s the same for all the nurses. This is the hardest thing any of us has ever done. But it is a privilege to be working with these amazing people and caring for patients who are suffering so terribly. I don’t like the word heroes – the nurses battling this crisis are real people who are working incredibly hard day and night in extraordinary circumstances.

I’ll just keep doing everything I can to try and make things that bit better, for them and for our patients and families.

Dying with dignity

We've launched a new online learning programme to help you deliver quality end of life care during the COVID-19 pandemic and beyond

Our new online course helps you recognise the needs of people who are dying and their families. It's shaped around five principles of care and includes bitesize resources that allow you to learn flexibly and revisit sections for future reflection.

Here are the key points:

Recognise

- Ask yourself if the person is deteriorating. Monitor their condition to consider whether they could be dying. This might include changes in vital signs and breathing, sleeping more, waking less, less interest in food and fluid, withdrawing from the world and delirium.
- Look for any other reversible causes, including infection, dehydration, blood sugars, hypotension, hypovolemia, medication modifications and changes in consciousness.
- Time may be short. Ask yourself what small things you can do quickly to make a difference.
- Make the person comfortable by relieving symptoms.

Communicate

- Be honest, kind and sensitive. Listen to fears, offer reassurance but not false hope.
- Discuss if there is anyone the person needs to talk to and arrange contact with them, possibly virtually or on the phone. Ask if they would like to leave a message or if they'd like to dictate a message or letter for loved ones.
- Explain the dying process, being aware that this may be different for everyone and could be different if dying from COVID-19.
- Seek support from others, such as interpreters, as required.
- Give the person, family and/or carer time to process what you are saying. Don't be afraid of the silence, this is thinking time.

Involve

- Ask who is important to the dying person and how they want them to be involved. Rarely are people totally on their own, they may be part of a family, community or a network you can arrange contact with.
- Consider if the person needs an advocate and if this support can be provided on the telephone or virtually.
- Involve the person in the care planning where possible. This is their end of life care plan, their choices and their preferences. Discuss with the person and their family or carer any spiritual, cultural and religious involvement.

Support

- Be aware of your non-verbal and verbal communication, even when wearing PPE.
- Consider the use of therapeutic touch as appropriate and other sensory prompts such as a symbolic object.
- Explore who the person can talk to if they become fearful. Is there a friendly comforting voice at the end of a telephone line? Is there music or other media which might bring comfort?
- Encourage previous pleasures, familiar sounds, smells and tastes for a person who may have cognitive impairment.
- Consider support after death. Initially care of the person but also who to call and what will happen. Longer-term bereavement support is important too, especially if the people left behind are grieving in isolation.

Plan and do

- Care planning is key, so honest and courageous conversations are essential.
- Review any existing plans of care with the person and their family and health care team.
- Highlight to the team any DNACPR in place.
- Discuss any advanced directives for end of life.
- Provide anticipatory medication in the home or hospital.
- Ensure care is coordinated and delivered with compassion.
- Ensure you have a plan for after care for the person who has died and those closest to them.

Audio-guided learning

Two podcasts form part of the course and provide an effective way to learn through role modelling

Recognising signs that someone may be moving into the dying phase is covered in a short podcast. It looks at some of the indications that patients may be in the last days or hours of their lives.

As well as reviewing the more common signs that a patient may be dying, the podcast covers what might happen to a patient with COVID-19 in a critical care environment.

It covers the challenges that critical care nursing staff face in this situation but stresses that whatever the circumstances, comfort and dignity always remain at the heart of nursing care.

Another podcast looks at how end of life conversations can take place on the phone.

Listeners are given important tips and a role modelling opportunity which isn't readily available during the current crisis.

It's a chance to listen to an example conversation, which is realistic and is based on true experiences.

Looking after you

Self-care is a theme that runs throughout the resource and Carolyn Doyle, RCN Professional Lead for End of Life Care, says it's essential for nursing staff to look after themselves too

We need to consider every element of care, including self-care. You can't look after patients if you're not well yourself.

We're experiencing people dying more than ever, and some nursing staff are seeing things they wouldn't usually see. We can't underestimate the impact this may have.

It's important to remind yourself that this is not normal, even for palliative care nurses with experience.

We are used to holding hands, having family members present.

Nursing staff are doers, but we are human. We need certainty and control, and we don't have that. Self-care is essential so you can cope with what you're facing.

That's why this practical resource shows you where to go for bereavement, counselling, mental health and other forms of support and reminds nursing staff of the importance of exercise, breaks and acknowledging fears.

Find out more

Access the full learning resource at tiny.cc/endoflifelearning For information on verification of death, DNACPR recommendations, and links to further helpful information, visit tinyurl.com/covid-19-dnacpr

FROM THE HEART

Garrett Martin
RCN Deputy Director

I recently used my annual leave to work some voluntary shifts in the emergency department of Mater Hospital in Belfast. On my first day the nurse in charge took a standby call. A 91-year-old man was on his way in the ambulance with suspected COVID-19.

It was clear on arrival and consulting his medical notes that any attempt to aggressively resuscitate Michael* would be inappropriate and indeed futile. Our role became to provide him with a comfortable and dignified death. Thankfully we were able to do that, even in such a technical environment.

When I asked about family members, I was starkly reminded that COVID-19 and its cruelty know no bounds. If family came to the hospital, they would be unable to attend the funeral, and so they made the heart-breaking decision not to be present.

We got a glimpse of Michael's life preparing his body for the mortuary. His wedding ring and a signet ring with his and his wife's initials reflected the love they shared.

Many things struck me as I worked my first clinical shift in over 10 years, but above all it was the staff. Their resolve, professionalism, courage, skill, compassion and ability were nothing short of inspirational. I feel honoured that I had the opportunity to care for Michael, in his final moments, alongside them.

**Michael is a pseudonym*

Save your skin

You're in safe hands with our new resources, which help you look after your skin and seek support to prevent long-term damage

The COVID-19 pandemic began with instructions for everyone to wash their hands. Nursing staff always pay close attention to hand hygiene, but with handwashing, alcohol rub and gloves being used more frequently than usual, your skin could be suffering.

A recent RCN survey found that 93% of nursing staff had experienced some form of skin condition, including dryness, redness, cracking, itching and pain, in the previous year.

We've now launched a new set of resources to help you look after your skin health. There's advice on hand hygiene, glove use and when to seek support. There's also an online learning module about the skin condition dermatitis.

"The COVID-19 crisis has thrown light on the importance of protective equipment for nursing staff in keeping them and their patients safe," says Rose Gallagher, RCN Professional Lead for Infection Prevention and Control. "When there is regular, prolonged use of this protective equipment, including gloves, nursing staff need to continue to take care of their skin health to prevent long-term damage."

Hand health

Nursing staff come into contact with lots of irritants at work, which could cause hand health issues.

The RCN survey revealed that dryness is the most common symptom, with 90% of respondents experiencing dry hands. Alongside this, around two-thirds of people experienced redness, itching and cracking of the skin.

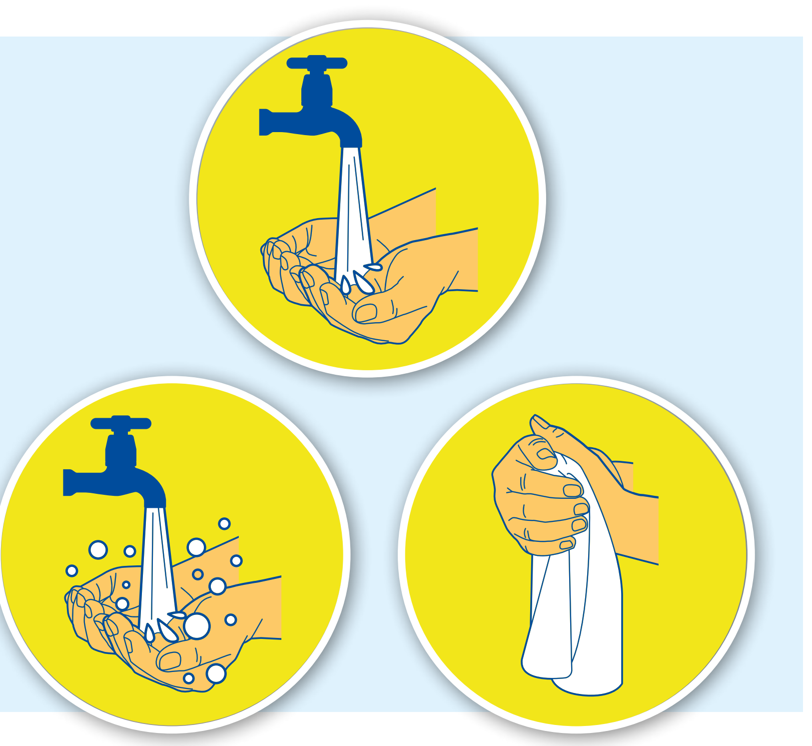
These can all be signs of dermatitis, the main work-related skin condition affecting the hands of nursing staff. Infection prevention and control measures, such as handwashing, alcohol gel and glove use can all cause or worsen dermatitis.

Meanwhile, damaged skin can prevent effective hand hygiene, so it's extra important to check for signs while working during the COVID-19 pandemic. If you're experiencing any of these symptoms, you should seek help and advice from your occupational health service or your GP.

Kim Sunley, RCN National Officer, says: "Employers have a legal duty to assess and take measures to protect staff from developing work-related skin conditions. If your skin is damaged, you should file an incident report, so that your employer is made aware of the volume of skin health issues and can take steps to deal with this. We would also expect employers to provide hand moisturisers containing emollients for nursing staff to access at work."

Top tips for healthy hands

- Always wet hands thoroughly before applying soap.
- Rinse off all soap when washing hands.
- Dry hands thoroughly after washing – pat skin with a soft paper towel where possible and avoid hand dryers if you can.
- Apply moisturiser containing emollient to hands regularly.
- Stay hydrated.
- Gloves are not a substitute for hand hygiene. Over-use can put you at risk of dermatitis.



Find our full skin health resources at **rcn.org.uk/skin-health**
Created in collaboration with Mölnlycke and SC Johnson Professional

Be glove aware

"We know that, even in normal times, far too often gloves are worn when they're not necessary," says Rose. "This can have a real impact on skin health, even forcing some to change their jobs. In the current circumstances we are all being extra vigilant about hygiene, but using gloves should not be seen as a replacement for good hand hygiene."

It is important to assess when to use gloves and avoid unnecessary use as much as possible, as both under and overuse of gloves can put you at risk of dermatitis. Gloves should be worn if you're in contact with blood, body fluid, broken skin, or mucous membranes. They're also needed if there's a chance of chemical hazards such as disinfectants or cytotoxic drugs touching your hands.

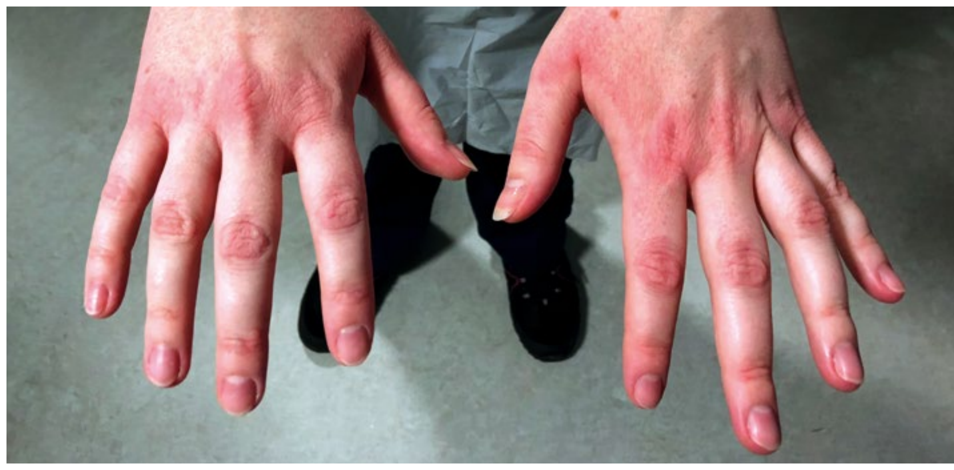
You should only put gloves on when your hands are completely dry. And you should remove gloves when the task that required them is complete – remember, gloves are single-use items so they should be removed and changed between each patient or care task.

Skin safety while using PPE

During the COVID-19 pandemic, you may be using other forms of PPE too, such as gowns, overalls, eye protection and face masks. There have been many images in the media of health care workers whose faces have been marked by long shifts wearing face masks. As with the skin on your hands, broken skin elsewhere on your body can be an infection risk.

Public Health England recommends only wearing PPE for two-hour stretches, so that your skin can dry and recover. Having regular breaks will also allow you to rehydrate by drinking water, and by applying moisturiser containing emollients to the pressure points where your PPE touches your skin.

Masks that have been fit tested (see page 10) are less likely to damage your skin. Even if you have been fit tested, check your skin regularly for any signs of redness, soreness or cracking. If you spot any, report this to your line manager and occupational health. Visit **tinyurl.com/rcn-ppe-skin-health** for more.



Remember

Under health and safety law, your employer should have a programme of skin checks in place for nursing staff exposed to the risk of work-related dermatitis. Report any problems to your manager or occupational health provider. If you need further support, contact your local RCN safety rep or call RCN Direct on 0345 772 6100.

EXPERT ADVICE

Mark Collier
Nurse consultant and associate lecturer in tissue viability

Pressure damage is exacerbated by moisture and wearing PPE for any length of time will result in the wearers' skin getting warm and sweaty. So even healthy skin that can normally tolerate a certain amount of pressure will be predisposed to damage much earlier in the presence of moisture.

A liquid barrier film is easy to apply and dries in only 30 seconds. It should then maintain its function for at least two days, even with normal washing. This can generally be applied with a single-use swab on any part of the face where the skin is at risk from pressure damage, on the cheeks, forehead and around the ears.

These products should be widely available in NHS trusts, care homes and the community, and I would be very disappointed if they were not. I would recommend a "cleanse, protect and restore" approach to looking after the skin. If the first two steps are undertaken regularly and sufficiently, hopefully the skin will not need restoring.

It's best to protect your skin so you don't get to the point where your face and hands are sore, red and marked, as we have seen in the photos on social media. This can be done quite simply, with some basic products and the maintenance of an evidence-based skin care routine.

This was originally published in *Nursing Standard*. Visit **tinyurl.com/ns-skin-health**

Fighting for you

Our workplace reps have been providing members with invaluable support during the COVID-19 pandemic. RCN steward Rob Irving explains how his role has changed since the outbreak, and what he's been doing to make members feel safe

> It's been vital to work in partnership with the trust

Rob works as a theatre practitioner at Royal Stoke University Hospital and has been an RCN steward for the past three years. He's also the staffside chair.

His role as a steward used to see him spend most of his time supporting members through disciplinary proceedings and sickness reviews, while his staffside role involved working with the trust and the other trade unions on policy reviews and negotiations.

Then COVID-19 happened.

"Almost overnight, everything changed," says Rob. "My work is now entirely dominated by COVID-19, whether that's helping members get answers to the many questions that have arisen or negotiating with the trust to get clarity on guidance."

Rob says the changes brought by COVID-19 have happened in several distinct phases. "Initially, when the impact of the virus was becoming apparent and the government started to introduce its guidance, there was a lot of confusion among members.

"Predominantly, questions centred around when members should be self-isolating, sickness, and attendance requirements, before moving on to situations where members were in work and were questioning the guidelines around staff safety.

"This was particularly important to those staff with underlying health conditions, and whether they should be working in red areas (COVID-19 wards) or green areas (non-COVID-19 wards). There were also a lot of questions from office-based members, asking whether they could or would be redeployed into clinical areas."

Leading negotiations

One of the major issues has been personal protective equipment (PPE).

Initially, there was confusion surrounding what members should be wearing, and what level of contact they should be having with patients while the trust was awaiting guidance from Public Health England (PHE). And then there was further confusion around the contradictions between the PHE advice and the guidance coming from the World Health Organization.

"This resulted in some lengthy negotiations between the trade

Words by Matthew Thorpe

Picture of Rob by Steve Baker

unions, the chief nurse and the infection prevention team about what PPE should be used and where. And then, when all that was resolved, we were hit by a number of problems surrounding the supply of PPE," says Rob.

"Thankfully, it wasn't so much a case of not having enough – although there were times when the stock levels were becoming concerning – but more to do with the fact that we were receiving a wide variety of different makes of PPE."

This has presented its own challenges, particularly around facemasks, as every time staff were given a new brand of facemask, there was confusion over whether they needed a fit test or a fit check (see page 10).

"There was also the question of what to do with those staff who failed the fit tests," says Rob. "This led to further negotiations with the trust, which were resolved by the common-sense solution of moving staff to the green, non-COVID-19 areas of the hospital."

Working through challenges

Rob continues: "I'm very aware that I've used the word 'confusion' a lot in relation to what we were doing and how the trust was responding, but everything has been happening really fast, a lot of the time on a literally hour-by-hour basis.

"This whole situation was obviously new for both us and the trust, and it presented different daily challenges. While we are working with our members' best interests front and centre, it has been vital to work through these challenges with the trust. This has been where the working relationship has been crucial.

"I've been fortunate that we've always had a good relationship, and so far we haven't reached a stand-off situation. There have been times when there have been tensions and we've had to push back quite hard to get our position across and understood, but we've always managed to resolve our differences and overcome the challenges we've been facing."

Rob is currently working with the trust to try and resolve an issue with shift patterns and hours which has reared its head as a result of COVID-19.

"Essentially, ICU and theatre staff were put onto new shift patterns in early March, when it looked like ICUs might be overwhelmed with ventilated patients," he explains. The shift patterns were changed to ensure there were sufficient medical teams in place, and that they were able to meet the infection prevention requirements.

"Thankfully, this worst-case scenario hasn't materialised, but it has resulted in a situation where we have members who now haven't worked their contracted hours through no fault of their own, so theoretically 'owe' the trust hours. The RCN and the other unions are in negotiations with the management to try and find a solution."

> We've had to push back quite hard to get our position across and understood

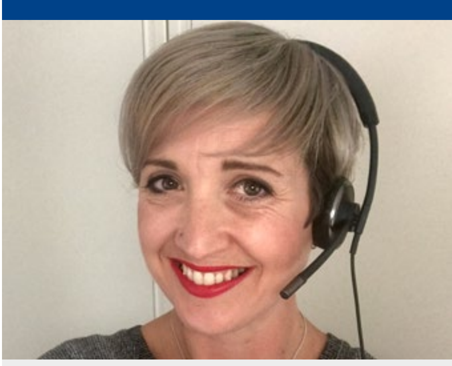
While things are clearly far from normal, Rob is seeing a shift from the trust towards trying to get back to more "day-to-day" activities, with tentative conversations taking place about how that might work.

"I think there will be a move towards restarting lower level sickness reviews and disciplinary matters soon," says Rob. "We'll be talking about how that will work, whether it's via video conferencing or social distancing, with the potential to reinstate full hearings further down the line. But obviously it will all be dependent on adhering to the appropriate guidance."

Want to become a rep?

The RCN has three types of workplace reps – stewards, safety reps and learning reps. Find out how each role helps members in the workplace and how you could get involved at **rcn.org.uk/get-involved/rcn-reps**

THE VIEW FROM HERE



Terina Scheeres
Head of the RCN Customer Services Centre

COVID-19 has created incredible challenges for maintaining our telephone advice for members, but we've adapted to overcome them and are proud to be providing our full service, seven days a week.

We've moved our operations out of the physical contact centre, providing laptops, monitors, even chairs and desks so our advisers can work from home. It had to be done, and done fast, so we found a way to do it. Now we're thriving working remotely.

At first, we were receiving 800 calls a day, which is double the usual rate. Wait times were up to 30 minutes and we couldn't answer every call. Now, wait times are down to two minutes. We've also seen a big rise in the use of our live chat and email services.

We know how much members value and rely upon our advice service, so we've pulled out all the stops to ensure it has continued, redeploying 12 staff members from across the RCN to support us on a temporary basis.

While we offer lots of online support and advice, we know sometimes hearing a reassuring voice over the phone is what members want and need.

I would urge you to contact us if you need to. We're always here for you.

rcn.org.uk/get-help

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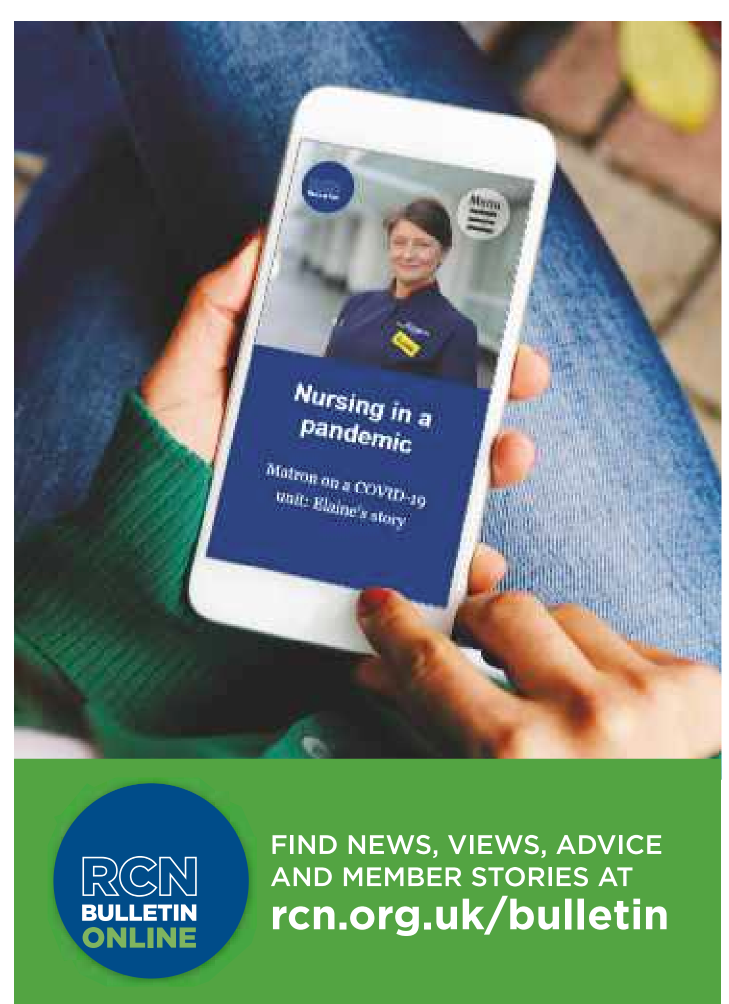

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Circle

Nursing Vacancies

NHS Lothian is Scotland's second largest health board with a population of some 850,000. The Lothian region is a place of exceptional beauty and contrast, from Edinburgh's historic skyline to the wonderful surrounding countryside and the coastline of the Firth of Forth.

The Royal Hospital for Children & Young people (RHCYP) has a 150 year history and provides a comprehensive range of services for the local population and nationally. The hospital is due to move to a purpose built, state of the art new build within the site of Edinburgh Royal Infirmary.

A number of exciting opportunities have arisen for qualified paediatric nurses within Children's Services, Royal Hospital for Children & Young people (RHCYP) Edinburgh.

So come and join our expanding and dynamic team in the capital city of Scotland. We offer a wide variety of specialities with great learning opportunities. Be a part of our flexible and friendly team and make the move with us in 2020. New Hospital, New Opportunities, New You.

Opportunities include:

Band 7 & 8a Trainee/ Advanced Nurse Practitioners (Paediatric Haematology Oncology, Critical Care, Paediatrics and Emergency Department) – To join the Advanced Nurse Practitioner Teams in Haematology Oncology, Critical Care, Paediatrics and the Emergency Department using higher levels of decision making and clinical judgement. The post holder will ensure that children and young people's health needs are assessed, treated and managed. Education will be via the ANP MSc Pathway.

Band 7 Clinical Coordinators/ Nurse Practitioners – To work effectively and provide leadership, clinical support and advice to nursing and junior medical staff acting as a first point of contact for patient and bed flow and making referrals to or coordinating with the other members of the Hospital at Night Team.

Band 5 Staff Nurses Paediatric Critical Care – As part of a multidisciplinary team in Critical Care the post holder will have the responsibility to ensure the delivery of high quality care to patients by the assessment of care needs, the development of programmes of care and the implementation and the evaluation of these programmes.

Theatres and Anaesthetic Department – This is an opportunity to join our multidisciplinary team providing high quality care within the peri-operative environment. To support the delivery of a wide range of surgical specialities including but not limited to orthopaedics, spinal surgery, neurosurgery, Ophthalmology, Plastics, GI, Dental, Oncology, General Surgery and Emergency procedures.

Posts available for Clinical Lead and Team Lead positions and scrub and anaesthetic assistants. There will be opportunities to develop in all roles where relevant.

Band 6 Clinical Nurse Specialist (Diabetes, Gastroenterology, Hepatology & Nutrition, Cardiac Liaison Nurse) – To undertake the role of the specialist nurse, utilising specialist clinical knowledge to inform decision making and clinical judgment. To provide specialist advice to the multidisciplinary team in relation to the management of patient conditions through the assessment, treatment and review planning process in partnership with the patient/carer.

Band 7 Senior Clinical Nurse Specialist (Cystic Fibrosis) – To work autonomously as senior clinical nurse specialist to manage the care of patients with a confirmed diagnosis utilising high levels of specialist clinical assessment, decision making and clinical judgement to formulate appropriate treatment plan within the speciality. The post holder will provide specialist advice and support for patients, clients and relatives through the care pathway from diagnosis, through complex treatment to discharge. The post holder has professional and managerial responsibility for the nursing team allocated to the specialist service within the South East of Scotland paediatric and adolescent Cystic Fibrosis (CF) nursing service covering the Lothian's and Borders region. They will provide additional expert CF knowledge and expertise to shared care regions of Fife and Forth Valley.

All applicants should be NMC Registered Paediatric nurses or HCPC registered ODPs (Theatres)

For more information or an informal chat please contact: Laura Reilly Deputy Associate Nurse Director 0131 536 0912

[https://apply.jobs.scot.nhs.uk/vacancies.aspx]

Staff Nurses – Dublin Ireland

Looking for a Career move to Dublin, Ireland?

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Situated 10 minutes from the airport and close to Dublin City Centre, Connolly Hospital is a preferred work location offering accessible road, sea and other links. It is surrounded by a host of amenities such as the Phoenix Park, The National Aquatic Centre, and Blanchardstown Shopping Centre.

We are looking to attract ambitious, motivated and compassionate qualified nurses to join our Nursing Team. In return you will be provided with opportunities to achieve your full potential, through ongoing professional development that is supported both at a clinical level and by experienced nurses in the practice development department.

We have many opportunities in the areas of Medical Wards, Surgery Wards, Emergency Medicine and especially Critical Care which is currently in expansion.

We offer a variety of working options to help you achieve a good work life balance - parental Leave, part time hours, condensed hours.

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- Professional Coaching
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- Culture of Strong Staff engagement.

We look forward to hearing from you.

Any informal enquires can be forwarded to the Director of Nursing Ms. Judy McEntee on 01 6465121/6465180 or judy.mcentee@hse.ie

If you are interested in applying for a staff nurse position in Connolly Hospital please forward your CV to hr.connolly@hse.ie.
Closing date for receipt of CV's is 27th June 2020.

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- In addition you will be paid £1,200 per 10 day Trip

Job requirements

- Intermittent Catheterisation twice daily – morning and night for 30 minutes each time
- The rest is free time

If you would like to speak to me please give me a call - Julie 07793 073857 or email julietranter@googlemail.com

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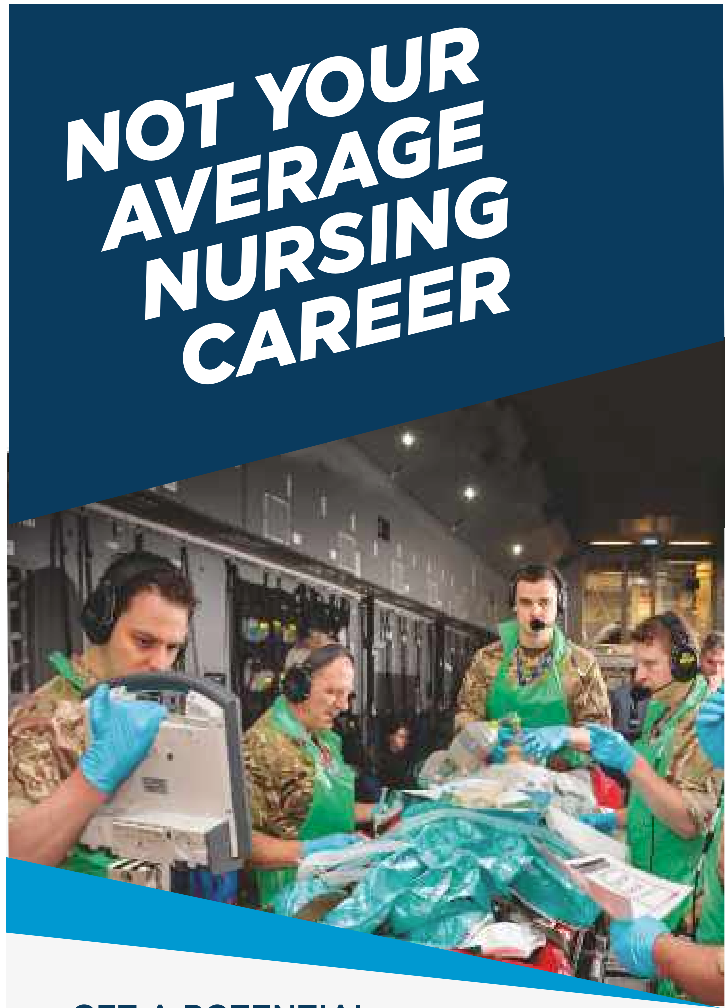
Sue Warner, The Cedar Brook Practice, 11 Kingshill Close, Hayes, Middlesex UB4 8DD

Telephone: 020 8836 3057 E-Mail: sue.warner@nhs.net

Closing date:- 26th June 2020



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Signature

METHODIST HOMES FOR THE AGED MAISON L'AUMONE (GUERNSEY) CARE MANAGER

We are seeking to appoint a Care Manager to assist our Care Director and lead our committed team in the day to day running of Maison L'Aumone, a purpose built 41 bedded residential home. The successful candidate needs to be an RGN/RMN and possess NVQ Level 5 Leadership & Management in Health & Social Care or be willing to undertake the award. Applicants will need to adopt a person-centred ethos and be able to demonstrate strong leadership qualities. A minimum of one year's management experience is essential.

MAISON DE QUETTEVILLE (GUERNSEY) REGISTERED NIGHT NURSE

We are seeking to appoint a Registered Night Nurse to assist with providing care for our 14 bedded EMI nursing unit specialising with Dementia Care. The ideal candidate needs to be a 1st Level Registered Nurse. Applicants will need to be able to lead a team of care staff in the delivery of person-centred care to our residents. The position is full time working a 36 hour week. Opportunity given to undertake the VQ Assessor Award and Diligent Ergocoach training. Salary £37,814 plus weekend enhancements.

For further information, please contact Hazel Robins on 01481 259935 or email hazel.robins@mhagsy.co.uk

Registered Nurses

Wyndley Grange Nursing Home, Sutton Coldfield, West Midlands
Salary: £16.95 to £17.58 per hour, additional enhancements available
Position: FT / PT / Flexible

We are looking for dedicated Registered Nurses to join our dynamic friendly team. With a genuine interest in caring for older people, you will be responsible for ensuring all residents receive a consistently high standard of person centred care. You will have a valid NMC Pin Number – Level 1 RN (Adult Branch), and a minimum of 12 months experience.

For further information please contact:
Nick Murch - Registered Manager/Provider - nickmurch@homecroft-ltd.co.uk, Mobile: 07843 598227

PRACTICE NURSE

Redfern Health Centre, Salcombe

We are a friendly 3 partner busy practice in sunny South Devon looking for a Practice Nurse for 30 hours per week.

We are looking for someone, who is enthusiastic with good interpersonal and IT skills and who has the ability to work as part of a team and independently.

The successful candidate will provide the full range of practice nursing duties including chronic disease management.

Previous experience an advantage, but training available for the right candidate. Salary negotiable depending upon experience.

For more information or to apply with a CV and covering letter, please contact Sue Sharp - sue.sharp@nhs.net

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- Glastonbury: Manipura Academy of Reflexology - **www.manipurareflexology.co.uk**
- Lichfield: In-Spires Reflexology College - **www.inspiresreflexologycollege.co.uk**
- Lincoln: Anahata College of Reflexology - **www.reflexologylincoln.co.uk**
- London: Reflexology Academy - **www.reflexologyacademylondon.com**
- Milton Keynes and St. Albans: Temple Academy of Reflexology – **www.templeacademyreflexology.co.uk**
- York, Sheffield, Nottingham, Leicester and Peterborough: Jubilee College – **www.jubileecollege.com**

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