

ISSUE 391 SPRING 2021
RCN.ORG.UK/BULLETIN

ADVICE

When staffing levels become a safety risk

CAREER

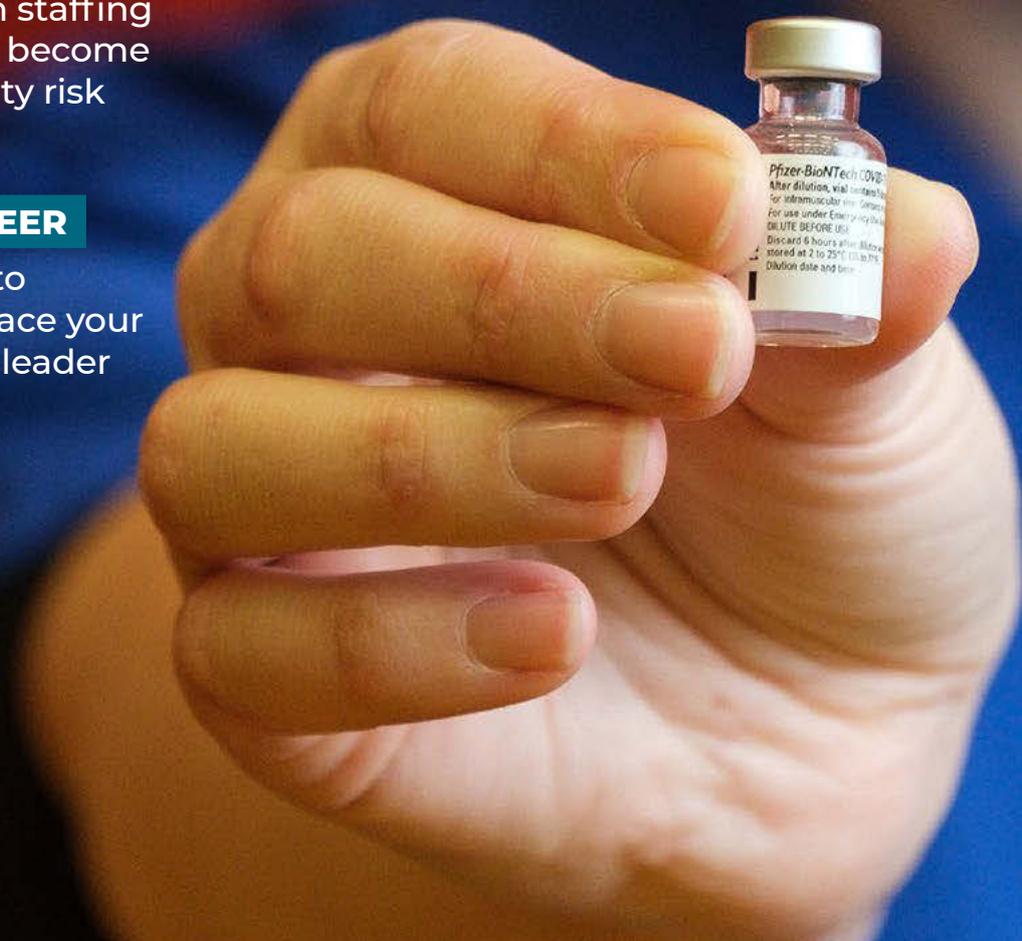
How to embrace your inner leader

WELLBEING

Five ways to eat well

ACTION

COVID-19 variants: our fight to protect you



HOPE IN OUR HANDS

NURSING STAFF VITAL TO SUCCESS OF MASS VACCINE ROLLOUT

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i This issue of *RCN Bulletin* went to press on 25 February. Find the latest information from the RCN online: rcn.org.uk

Story to tell?

Don't forget, this is your magazine. If you've got a story to share, or there's a topic you'd like to see covered in a future issue, get in touch. Send an email to bulletin@rcn.org.uk

You can catch up on all the latest from *RCN Bulletin* online at rcn.org.uk/bulletin

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A moment with Donna

I couldn't be prouder of our profession right now. The COVID-19 vaccination programme has been a huge success so far and nursing staff are at the forefront of it – leading, organising, delivering (p10). Vaccinating so many people in such a short space of time is an incredible achievement and we must use this momentum to gain public support for our need to be properly recognised. Not with warm words and a pat on the back, but with pay that reflects our true worth.

We're highly skilled, trusted professionals with enormous responsibility in our safety critical roles. Yet we're worse off now than we were a decade ago. It's not acceptable. I've been speaking with politicians to stress that this isn't about a COVID-19 bonus, but about resetting nursing pay. We must stand together to show we deserve more (p3).

Meanwhile, our work to protect you goes on as we take our demands for better PPE and ventilation in health care settings to the heart of government (p6). With each delay to

decisive action, more nursing staff risk their own lives. On 11 March, we'll pause to remember those who have died due to COVID-19 and come together to support each other as the crisis continues (p3).

We're also making sure your registration isn't at risk when circumstances outside your control mean patient care is compromised. I've been relaying your concerns about safe staffing to the Nursing and Midwifery Council and we're monitoring how they take context into account in their investigations. We've also created new resources to support you to speak up at work (p9).

Please know that we're here for you and are fighting for you. Our COVID-19 online FAQs are continually updated, and our member advice line is open seven days a week. Don't hesitate to reach out if you need help. Visit rcn.org.uk/get-help or call 0345 772 6100.

Dame Donna Kinnair
RCN Chief Executive & General Secretary

Could you be the next RCN President?

You have until 29 March to put yourself forward for election. The President acts as an ambassador for the nursing profession and represents the RCN across the UK and the world. They also serve as a full member of the RCN's governing Council.

Once nominations close, members will vote by post for their favourite candidate. The successful person will be announced on 15 June and take up their post on 1 July. Find out more and complete a nomination form: rcn.org.uk/elections

Join us to pause and reflect

On 11 March, we'll be hosting a virtual commemorative event to mark one year since the pandemic was declared. Join us to remember colleagues who've died due to COVID-19 and reflect on the impact the past year has had on the profession. Find out more: rcn.org.uk/time-to-reflect and sign our online book of remembrance: bookofremembrance.rcni.com

Our fight for fair pay continues

We've submitted evidence to the NHS pay review body (PRB) explaining why nursing staff deserve a 12.5% pay rise. We stressed the link between fair pay, recruitment, retention, and safe staffing and used members' experiences to show how severe nursing shortages have affected the UK's ability to cope with the pandemic. We also used expert analysis to demonstrate the affordability of a pay rise.

Health ministers in England, Northern Ireland and Wales have asked the PRB to recommend what pay increase NHS staff in those countries should receive for 2021/22. The Scottish government hasn't asked the PRB to make recommendations and has indicated they will have direct discussions with trade unions through collective bargaining to determine a pay award for NHS staff.

We continue to demand an immediate and significant pay rise for nursing. Join our fight for fair pay: rcn.org.uk/fairpay

UPCOMING EDUCATIONAL EVENTS

10 March Report writing with the Royal Literary Fund	26 March Occupational health nursing virtual conference and exhibition
12 March How to search the British Nursing Index	20-21 April RCN Education Forum national conference and exhibition
16 March Rheumatology nursing webinar	24 April Flight nursing workshop

 Find details of all these events and more: rcn.org.uk/events

TOP FIVE

Recently released resources

- 1. Introducing critical care.** An online learning tool to support nursing staff new to critical care with bite-sized resources and flash cards that can be printed: rcn.org.uk/introducing-critical-care
- 2. Modern ward rounds: good practice for multidisciplinary inpatient review.** Practical guidance to help clinical teams identify areas for improvement: rcn.org.uk/publications (code 009 566)
- 3. First steps.** Recently refreshed online learning resource for nursing support workers: rcn.org.uk/firststeps
- 4. Pregnancy and disability.** New online information to help members provide optimal care to women with a disability during pregnancy, childbirth and postnatally: rcn.org.uk/pregnancy-and-disability
- 5. Fertility preservation.** Guidance for nursing staff supporting people who are beginning treatment that may adversely affect their ability to have children: rcn.org.uk/publications (code 009 531)

Did you know?

The *Royal Marsden Manual of Clinical and Cancer Nursing Procedures* is now freely available through the RCN Library. Download to your smartphone or tablet for an indispensable guide to nursing practice: rcn.org.uk/library

NEW PODCAST

Listen, learn, discover

We've recently launched a new podcast exploring the history of nursing through conversations with historians, artists and nursing staff. Each episode of *Past Caring* is inspired by previous RCN exhibitions and covers topics such as women's health and nursing myths. The first episode looks at the history of infectious diseases and what it can teach us when tackling COVID-19.

Search for *Past Caring* on Apple Podcasts or Soundcloud.



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Picture of Kerry by Anna Lythgoe

VACCINE VIEWS

‘I didn’t hesitate to have it’

Before becoming a student nurse, I was a senior health care assistant in a nursing home. I was back working there over the university holidays when COVID-19 hit last year.

We had a big outbreak. Like in a lot of care homes, I imagine, it all happened so quickly, before we had any real information or training. It was a tough experience. We lost quite a lot of patients and then in April I also lost my grandma.

After opting in to do a paid clinical placement on an acute mental health ward in Liverpool, I went back to work at the nursing home this Christmas, which meant I was offered the COVID-19 vaccine early on.

I didn’t hesitate to have it. I was just happy it was available to me. Witnessing so many COVID-related deaths and having to make those hard phone calls to families, there was no doubt in my mind that these vaccines are necessary. It’s the best path out of this pandemic.

I know a new vaccine can cause apprehension though. What I would say to any other students, or any nursing staff who are feeling unsure, is to inform yourself using reliable sources. There’s so much going around on social media, but that’s not where we should be getting our information from. Go on the NHS website, speak to your GP or the vaccine team in your trust.

We have a responsibility as health care professionals to get the facts, make an informed choice and ensure we’re not spreading any misinformation to the people who trust us.



James, student mental health nurse

Read more from James: rcn.org.uk/studentmag

‘The end is in sight’

I was the first person in Gloucestershire to receive the COVID-19 vaccine, so I felt hugely privileged. It felt like my trust thought it was important for me and other black, Asian and minority ethnic (BAME) colleagues to be offered the vaccine as a high-risk group.

There’s evidence that BAME health care workers have particularly suffered from COVID-19. That motivates me to communicate with my colleagues, especially from BAME backgrounds, about how important it is to be vaccinated.

As health care practitioners, we support informed consent every day. We should also make an informed decision. There is a lot of misinformation out there, but there are also trustworthy sources to help us understand the scientific evidence of the vaccine’s benefits.

Speak to your colleagues too. Personally, I share my story. I haven’t had any issues, just a temporary achy arm and I was back at work within an hour.

We already use PPE and other protective measures; the vaccine is just another aspect of that. Think about the ultimate goal: an end to the pandemic. Having the vaccine made me feel like the end is in sight.

Kerry, lead nurse for infection control

ADVICE THAT CHANGED MY LIFE

'Never think you can't learn from those new to the job'

As a student nurse, I was once helping an older patient who was blind into a new nightdress. As I was doing so, I described it to her, then went on to describe her surroundings. She beamed. Later our ward sister said: "That was nice to hear; I want you to explain to the other nurses what you did." I was reluctant as the other staff knew much more than me. She replied: "In life you never stop learning. Never think you can't learn from those new to the job."

Maggie, director of nursing and quality, health in justice. Read more about Maggie's role in prison nursing: rcn.org.uk/bulletin

BECOMING A REP

I'd been thinking about becoming an RCN steward since I qualified but after seeing the impact of COVID-19, and how it was making the issues nursing staff were already facing worse, I thought: "Now is the time to make a difference". Being a rep has given me the focus to do something positive. It feels great knowing I can speak up for and support my colleagues at this chaotic time.

Jennifer, nurse and RCN steward

Read Jennifer's story in full and find out how to become an RCN rep: rcn.org.uk/jennifers-story

POSITIVITY IN A PANDEMIC

'Before I start a new shift, I take five minutes to reset my mind'

This is my second time being redeployed to ITU. Knowing what to expect has helped but still, these past months have been the toughest of my nursing career so far.

No matter what, I try to maintain a positive mindset. Not only for myself but for my patients, colleagues and family. If I'm caught up in what happened on the last shift or worrying about what's to come, it's going to have an impact on my patient care and my own wellbeing.

We spend every shift rushing around, so for me it's important to take five minutes before and after to slow down, check in with my emotions, reset my mind. If I can, I try to physically get away from the unit on my breaks; it's amazing what a few minutes of fresh air and a quick phone call to my mum can do. On my days off, I go for walks, be among nature, listen to music. They're small things, but they make all the difference.

Zara, junior sister, acute and chronic pain services

i Give your mind a rest with these mindfulness videos created by nursing staff for nursing staff: rcn.org.uk/time-and-space

OPINION



SHARING A SNAPSHOT

Nurse Steve Ryles captured this powerful image of nursing assistants Hollie and Clare, daughter and mother, taking a moment together before starting their shifts on ITU on Christmas Day at Royal Stoke University Hospital

COVID-19 variants: our fight for your safety

We've taken our demands for better ventilation and PPE to the Prime Minister as we work to protect you from new, more infectious, strains of the virus. Here's what we know about UK COVID-19 variants and why we're insisting on improved safety measures

Several new COVID-19 variants of concern (VoC) have emerged across the globe, with early indications that these are more transmissible than previous strains of the virus.

The first known case of the UK variant was recorded on 20 September. By mid-December it accounted for nearly two-thirds of new UK cases. Further VoC were identified in South Africa and Brazil. Recently, mutations of the UK VoC have been reported.

What do we know about the UK variant?

A December report from the UK's New and Emerging Respiratory Virus Threats

Advisory Group (NERVTAG) said the transmission rate of the UK variant was 71% higher than previous variants. This figure comes from research headed by Dr Erik Volz at Imperial College London, who told the BBC in January: "It basically means someone with the old variant might infect one person, then someone with the new variant would infect 1.7 people on average."

NERVTAG also warned this variant may result in a higher viral load in respiratory samples of those with the infection. There is some evidence to suggest a correlation between viral load, disease severity and transmission. In late January, NERVTAG highlighted preliminary evidence that the UK

variant may cause more severe cases of COVID-19.

What the RCN is doing

Our members work in all health care settings, including people's homes. While we're in the early days of understanding the new VoC, you're still at work. NHS England figures published in January showed a 22% increase in staff absence due to COVID-19.

Given the impact of emerging variants and evidence on airborne transmission, we're demanding an urgent, in-depth review of existing infection prevention and control (IPC) guidance and ventilation in all health care settings.

Our demands in detail

In February, we led a coalition of health experts calling on the Prime Minister to:

- assess and improve ventilation in all health care settings to reduce airborne spread of COVID-19
- provide a precautionary higher level of respiratory protection for all health care professionals caring for people with known or suspected COVID-19, including in community settings and homes
- update the UK's IPC guidance to reflect the latest evidence on airborne transmission of COVID-19
- collect and publish consistent data on health care workers who have contracted COVID-19 from likely occupational exposure so we can better protect staff
- publish scientific evidence on airborne transmission in health care settings, while supporting research to fill any knowledge gaps.

See the full letter to the Prime Minister: rcn.org.uk/ppe-pm-letter

GET PPE
ADVICE ONLINE
rcn.org.uk/ppe

Ventilation is also a key concern. A government public health advert about airborne transmission claimed ventilating homes could reduce infection risk by up to 70%. Yet there's been no such advice for health care settings. "When members watched the government video, they rightly questioned what that means in all health care settings," says Rose Gallagher, RCN Professional Lead for Infection Prevention and Control.

A recent study found that coughing generates aerosol particles 10 times more infectious than those from speaking or breathing, putting staff working with COVID-19 patients at even greater risk. There is also increasing evidence that the virus is transmitted in health care settings beyond formally classified aerosol generating procedures (AGPs), with the risk of health care workers developing and dying from COVID-19 three-four times greater than that of the general public.

We demand the government provides tailored ventilation advice for all health and social care employers. "In health and safety legislation, if you can't remove a hazard, you take measures to reduce exposure – in this case, vaccination programmes, PPE and ventilation," Kim explains. "For the foreseeable future, we are going to need both effective ventilation and suitable PPE."

In the absence of clarity from the government, some hospitals have provided staff with higher-grade RPE. The current IPC guidance says trusts/boards can do this based on local risk assessment, but we're concerned this creates a "postcode lottery" for nursing staff, despite high infection rates countrywide.

"COVID-19 is a new virus and we need to be cautious until we have definitive evidence," says Rose. "Protecting health and care workers is our top priority and we are disappointed at the government's lack of response on this issue. It is entirely reasonable to ask questions and seek assurance. We should not dismiss concerns when it comes to the health and safety of staff."

We've written to Government Chief Scientific Advisor Sir Patrick Vallance, Health Minister Jo Churchill, and the Health and Safety Executive. Now, after inadequate action, we've joined with other royal colleges and trade unions, scientists and academics to escalate our demands to Prime Minister Boris Johnson.

Preventing the spread of COVID-19 requires good hand hygiene, correct glove use, distancing and cleaning. Alongside this, we're calling for staff in all settings to be given a higher level of respiratory protective equipment (RPE) to protect against airborne spread when caring for patients with known or suspected COVID-19. This is supported by the World Health Organization (WHO), which states: "FFP2/3 masks may be worn by health care workers when providing care to COVID-19 patients if they are widely available and cost is not an issue."

Kim Sunley, RCN National Officer, says: "As soon as we became aware of the new variant and the fact it is more transmissible and potentially more infectious, we demanded clarity on whether the guidance on PPE, particularly respiratory protection, needed to be updated. We called for the precautionary principle: when you don't know the risk, you put in a higher level of protection."

A precautionary higher grade of RPE would address concerns around airborne spread of the UK variant of COVID-19 and align the UK IPC guidance with WHO advice.

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We should not dismiss concerns when it comes to the health and safety of staff

Your redeployment checklist

As the pandemic continues, you may be asked to work in different areas to support services in high demand, cover staff sickness or help routine treatments return. Use these 10 points to assess your situation and make sure your employer is doing what it should

1 Your personal circumstances and risk

Employers should complete occupational health risk assessments when redeploying staff. These must be based on your health and wellbeing and be relevant to the area of practice and patients being treated, including what PPE is needed. Employers must also consider your unique experiences and skills before deciding where to redeploy you.

2 Your contract and pay

It's important to look at relevant local policies and check that your contract allows you to be moved. If it doesn't, discuss this with your manager and contact us on 0345 772 6100 for further advice. If your contract does allow the move, you shouldn't experience any detriment to your pay or terms and conditions.

3 PPE requirements

You must be provided with appropriate personal protective equipment and receive fit testing and training, including safe donning and doffing, where necessary.

4 Security systems and IT

You'll need an induction to the relevant security, telephone and alarm systems, as well as incident reporting and record keeping procedures.

5 Your working time

Your employer must comply with your contract of employment and local policies as well as meet the requirements of working time regulations. They must ensure that appropriate arrangements for recording and accruing overtime and time off in lieu are in place, and any related payments are made.

6 Your role, responsibilities and team

The specific duties and responsibilities of the role and your level of competence should be discussed from the outset. You should also know who your line manager is and who you'll be working with. You should be given information about team members' competencies, the senior staff on shift, who is on call and arrangements for supervision and support. Any concerns should be escalated and reported (see bottom box).

7 Your work area

You should have an induction to the clinical area to cover:

- policies and procedures
- the infection status of the setting
- access to and use of equipment
- moving and handling procedures
- location of the staff room, toilets, lockers and drinking water
- working times, the rota and break allocation.

8 Access to policies and procedures

This should be discussed, with copies available. You might want to check the:

- record keeping policies
- referral process
- medicine safety procedures
- emergency procedures
- infection control procedures.

9 Indemnity cover

Employers must ensure that the appropriate indemnity arrangements are in place for all staff who are required to move to a new work area.

10 Career development and returning to your role

Although temporary redeployment can be unsettling, there could be learning opportunities to working in a different environment. Both you and your employer should maximise these by setting objectives during your redeployment. Consider how you might use the experience and reflect on it for revalidation if you're a registered nurse.

When you return to your original place of work, you may need a period of reorientation. Employers should consider a further risk assessment to include additional education and training needs, and any support, clinical supervision or counselling needed to help you return to your previous role.

Concerned about your competence?

It's important to speak up if you don't feel you have the necessary skills and knowledge to deliver safe care. Speak to your manager if you have concerns about your competence and use our model letter to follow this up. Find this plus more advice on redeployment: rcn.org.uk/redeployment. If you need further support, then document your issues, and contact us on 0345 772 6100.

What to do when staffing levels become a safety risk

We've created new resources to help you speak up if care is being compromised

It's important to follow your organisation's incident reporting procedures to log concerns about staffing and safety. However, we recognise that this could be challenging right now.

We've created two model letters – one for registered nurses (see below) and another for nursing support workers – to help you document and report concerns during the COVID-19 pandemic.

It can be frightening to do this on your own, so try and get as many colleagues as possible to sign the letter and be reassured that you're doing the right thing. Give the letter to your manager at the end of your shift and keep copies for yourself and the RCN. We'll support you to take things further if needed.

You should also document patient safety issues or missed care in the patient notes. For example, if you should have been doing observations on a patient every two hours but only managed to do them every four hours, document this and the reasons why.

We understand that this may not improve the staffing situation and that much of this is outside your employer's control, but our letter will help you document concerns in a quick and easy way. If the matter remains unresolved, you should escalate your concerns.

What type of incidents should I report?

The Health and Safety Executive (HSE) describes an incident as a:

- **near miss** – an event not causing harm, but has the potential to cause injury or ill health, including dangerous occurrences, or
- **undesired circumstance** – a set of conditions or circumstances that have the potential to cause injury or ill health, for example, lack of appropriately trained nursing staff to safely move and handle patients.

What if the staffing situation doesn't improve?

If you've submitted our letter and nothing happens, your next step is to formally raise concerns. Follow our advice at rcn.org.uk/raisingconcerns and call us on 0345 772 6100 if your issues remain unresolved.

Dear [send to your line manager and their manager or director of nursing],

As a registered nurse, I have an obligation under the Nursing and Midwifery Council code to raise and escalate any concerns about issues that will impact patient care or safety.

As my employer, under health and safety legislation, you have a duty of care towards your staff and the patients they care for and should take all reasonable steps to address these concerns.

With both of these points in mind, I am writing to raise the following concerns.

[Add detail as appropriate. You might want to mention specific shifts when there weren't enough nursing staff to deliver safe care; staff:patient ratios; staffing levels and skill mix; patient numbers and acuity; leadership or management; adverse events; and other ways you've tried to raise this concern].

As a registered nurse, I act at all times to deliver safe and effective care to patients and uphold the highest professional standards. I have done all I can, but care is currently being compromised. Given the nature of my concerns, I am formally asking you to intervene in the interests of safe care.

I intend to share a copy of this letter with my professional body and trade union, the Royal College of Nursing.



READ MORE ONLINE
rcn.org.uk/covid-19-staffing-advice

1,200
vaccinations per day
is the target for
Louise's centre

Hope in our hands: inside a mass vaccination centre

Louise Cahill is the clinical coordinator of a COVID-19 vaccination centre in Newport, Wales. She talks us through an average day and what it means to be involved in the historic immunisation programme

I get to the centre at 7:30am, change into my scrubs and pick up the keys for our fridges where we store our vaccine. I make sure our stock and fridge temperatures are correct. Then I lay out our laptops. In Wales our immunisation system is electronic, which makes things easier; there's not paper everywhere, and the system automatically recalls people for their second vaccine.

After that, I turn the urn on so everyone gets a cup of tea or coffee when they arrive. That's one of the most important jobs of the morning!

Staff come in for 8am. I provide a safety briefing, explaining how our process works, because we often have new staff. There are 20 vaccinators at our centre, but you don't have the same people every day. I have to allocate staff to cover immunisation, egress (where patients sit for 15 minutes

after receiving their vaccine), cleaning, and handling the flow of people.

As well as nurses, we have physiotherapists, occupational therapists, pharmacists, military medics and health care support workers. It's about making sure everybody is in the right place and appropriately supported, being mindful of their backgrounds and skillsets, and giving them help to build their confidence while playing to their strengths as well.

Learning and adapting

I talk about any incidents at other sites and what we've learned. I've always liked creating calm from chaos—finding structure in a situation where every day is different. That's one of the reasons we do a safety briefing each morning: we always learn something from the day before.

“

This is
a proud
moment
for nursing

Then we kick off our day with vaccinations starting at 8:45am.

From then on, my focus is on ensuring the smooth running of the centre – making sure our systems are working well, patients are flowing through and any issues are dealt with. I also ensure we have enough supplies of the vaccine, needles, gauze, cotton wool, sharps boxes and other consumables.

Managing patient expectations is one of our biggest challenges. A lot of people conflate the COVID-19 vaccine with the flu vaccine: they go into their GP and three minutes later it's done. With the mass vaccination centre, the process is longer. Good communication is key, so people understand that it takes time to enter the building with social distancing, be checked for symptoms, receive information about the vaccine, and wait for 15 minutes afterwards.

Patients also need to understand they won't immediately have immunity. We have to say: please keep using PPE and social distancing, and come back for your second dose.

Providing reassurance

Nurses are used to exploring things with patients, giving people space to share concerns. Some people who've been vaccine-hesitant coming in have left with their vaccine. That's a testament to our immunisers.

Our goal is to vaccinate 1,200 people per day. The target makes me focus on patient flow, which is a balancing act with patient experience. You want patients to feel safe and get all their questions answered, while also keeping things moving.

It's a lot of responsibility but I really enjoy it. The team I work with is fantastic. It feels monumental and when you're working in operations, you realise what a massive challenge this is.

Above me is Wendy Warren who set up all the mass vaccination centres in the region, she's also a nurse, as is Sara Goode who leads our emergency planning. It's great to see nurses filling these important roles but I wish more people were aware of nursing's involvement in the success of the vaccine rollout. There are still too many medics speaking on behalf of our profession. This is a proud moment for nursing, and we should claim that pride. Hope really is in our hands.



Got a question about the COVID-19 vaccine?

Our online FAQs are continuously updated in response to member queries and developments in the vaccine programme. They cover everything from the vaccine ingredients, associated allergies, required training and indemnity cover for immunisers, how to access the vaccine as a health care worker and advice on where you stand if you refuse to have the vaccine: rcn.org.uk/covid-19-vaccination

10 tips for talking about vaccinations

Nursing staff are an important and trusted source of advice on vaccinations. The approach you take, whatever your role and wherever you work, is key

- 1** Remember the aim of the conversation is to gain trust and support people to hopefully accept vaccination.
- 2** Raising the subject gives the message that this is important and gives people permission to ask questions.
- 3** Ask questions to help understand the individual's main concerns. Listen to them.
- 4** Be empathic. Tell them you understand why they might be concerned and why they may have questions.
- 5** Acknowledge we all want what's best for ourselves and our loved ones.
- 6** Avoid fact-filled lectures which could be counterproductive. Stick to the concerns raised and provide a limited number of main points in response, expressed simply.
- 7** Focus on the risk to them. Many people have little experience of diseases because of the success of other vaccination programmes.
- 8** Identify a myth as being false and focus on the benefits of vaccination while acknowledging the side effects of vaccines.
- 9** Highlight the consensus among health professionals and scientists about the evidence in support of vaccination. Confirming that you've received the vaccine sets an important example.
- 10** If people decide not to be vaccinated, be clear they can change their mind at any stage and leave the door open for further discussion.

These practical tips are adapted from Bedford H and Elliman D (2019) Fifteen-minute consultation: Vaccine-hesitant parents Arch Dis Child Educ Pract Ed:BMJ



ECMO: the machine that breathes for you

Nurse consultant Jo-anne explains how this lifesaving technology is being used to treat people with severe COVID-19, allowing their lungs to heal

Picture of Jo-anne by Warren Page

Specific patients in specialist intensive care units are being supported with extracorporeal membrane oxygenation (ECMO), a medical support delivered continuously at the bedside.

Jo-anne Fowles is an ECMO nurse consultant at Royal Papworth Hospital in Cambridge, one of only a few hospitals in the UK offering the service.

ECMO is a technology that has helped patients with severe respiratory failure, including when that's due to respiratory viruses such as swine flu (H1N1) in 2009 and again now with COVID-19.

How it works

In severe cases of COVID-19, the virus can cause a patient's lungs to struggle to ventilate, unable to add oxygen and clear carbon dioxide, and that's where ECMO comes in.

It doesn't treat the patient's underlying illness but supports the lungs while conventional therapies are used to treat them, or time is given for natural recovery processes to kick in.

A patient's blood is removed from the body, usually from a large vein in the neck or groin, then passed through the ECMO machine. There, carbon dioxide is removed from the blood and oxygen is added before the blood is transferred back into the body.

"It acts like the patient's lung outside the body," Jo-anne says.

ECMO is administered to patients who have a reversible severe lung injury and is usually used for conditions such as very severe asthma, severe pneumonia and acute respiratory distress syndrome (ARDS). It allows a decrease in the degree of injury caused by mechanical ventilation.

"In cases of very severe asthma, when it is often extremely difficult to use a conventional ventilator without damaging the lungs, ECMO is a really good support," says Jo-anne.

"We can put ECMO on for a short length of time for these patients to support their oxygenation and carbon dioxide removal while treating the severe asthma attack."



Picture of the ECMO machine provided by Royal Papworth Hospital NHS Foundation Trust

patients. However, we always maintain safety and a very high standard of care for our patients.”

To help meet demand, redeployed nursing staff, doctors and allied health professionals have taken on the role of bedside caregivers, freeing up the ECMO nurses to manage the equipment for several patients at once. “It’s a team approach which means we can offer this support when there are so many patients,” Jo-anne adds.

Supporting recovery

Patients are liberated from the ECMO when they show signs of recovery. They’re monitored as ECMO is turned down to minimal support, and if this is successful, a trial of no ECMO support is carried out.

If the patient can tolerate this for 24 to 36 hours and maintain their own oxygenation levels, the support is removed. Afterwards they are cared for like any other ICU patient.

Some COVID-19 patients are staying on ECMO for much longer. “The average length of time for our patients supported on ECMO has always been about 14 days. During the first surge, the average time for our patients on ECMO supported for COVID-19 was more like 30.”

One of Jo-anne’s surviving patients was on ECMO for more than 60 days. “We assess our patients continuously – and every patient is very different,” she says.

Just like other intensive care staff, nurses on the unit have had to adapt to the challenges of wearing full PPE, undertaking procedures such as proning more often, and they’ve adjusted communication with family members by making phone calls more frequently and using video chat technology.

Jo-anne says it’s all worth it. “When you help a patient on ECMO move down and out the unit, it’s very rewarding. We’re very lucky to do what we do.”

Useful resources

NHS England ECMO service specification: tinyurl.com/ecmo-service-spec



It acts like the patient’s lung outside the body

Putting a patient on ECMO is decided collaboratively between the referring hospital and the ECMO teams, and it depends on specific guidance, clinical criteria and advances in understanding where it can be beneficial to patients.

“The national ECMO service is not just about Royal Papworth, it’s about the five centres in England working together. Other centres have also joined the service during the pandemic to add capacity,” says Jo-anne.

“We work as a multidisciplinary team with medics, perfusionists, physiotherapists and nurses in different roles. We try and keep it patient-centred,” she says.

The nursing role

Jo-anne’s unit has had to make changes to meet the challenges of the pandemic. It has been treating COVID-19 patients since March last year.

Having helped develop the role of the ECMO nurse specialist at Royal Papworth Hospital – with a bespoke training programme including study days, assessed reflective essays and clinical assessments – Jo-anne has been well-placed to organise the unit’s response.

Nurses in ECMO units have two responsibilities: they provide bedside care and they monitor the ECMO machine. “As a bedside nurse, we do all the things you would do for any critically ill patient,” says Jo-anne.

“If we’re talking about COVID-19, normally an ECMO patient would have a nurse on a one-to-one ratio, but sometimes we’re having one critical care nurse to two or even three ECMO

30

days is the average time COVID-19 patients spend on ECMO

i The RCN Critical Care and Flight Nursing Forum is a professional network for members working in intensive care. It develops policy and guidance, provides specialist representation and organises learning events to share best practice. Find out more and join: rcn.org.uk/criticalcareforum

Five ways to embrace your inner leader

An RCN forum project encourages all nursing staff to recognise and value themselves as leaders

How do you define good leadership? Ask the internet and it will respond with a range of qualities, all apparently vital for anyone with aspirations to lead: empathy, vision, positivity, honesty, humility, integrity, compassion, confidence. It might sound like an unobtainable list of attributes, but the *Emerging Leaders* project headed by the RCN Nurses in Management and Leadership Forum aims to encourage all nursing staff to see that they possess and demonstrate these skills every day. It seeks to demystify the concept of leadership by showing that leading is an innate part of nursing and, even when not in a formal leadership role, nursing staff can assert their influence and lead.

Show emotional intelligence

There are many theories and frameworks regarding emotional intelligence (EI), but common to all is an individual's ability to monitor and manage their own feelings while understanding those of others. EI enables you to respond calmly and rationally, but crucially also allows you insight into another person's emotions.

Can you learn EI? Certainly. Reflection will improve your self-awareness, providing clarity on what you're feeling and why you're feeling it. Listening to others – being able to give and receive honest feedback – is also important, as is being responsive to what you've heard and showing empathy.

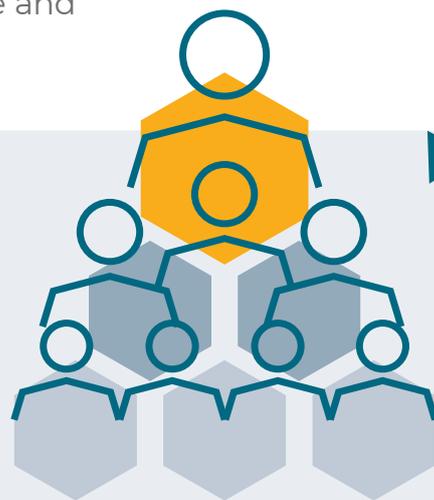
Less conventional methods, like storytelling, can work too as shown by the Council of Deans of Health student leadership programme: tinyurl.com/student-nurse-leadership



Be a role model

This is about displaying values and behaviours that exemplify professional practice. Leadership is a shared responsibility and exists at all levels, so you don't have to be "in charge" to be a role model. Think "influence" rather than "seniority".

Role models hold high standards, support colleagues, and know the limits of their own skills. They also understand and help shape the culture of an organisation. Visit the leadership subject guide from the RCN Library to find out more: rcn.org.uk/library



Motivate others

Leadership behaviours are interlinked. Effectiveness as a role model, for instance, helps motivate others. All team members can play a part in influencing colleagues. Though designed for more senior staff, NHS Improvement's *Ward Leader's Handbook* has

some helpful advice for developing motivational skills: tinyurl.com/ward-leaders-handbook

It says leaders can motivate by:

- recognising team members' passions and concerns
- seeking out and listening to different views
- encouraging the whole team to own an idea or initiative.



i Learn more about and join the RCN Nurses in Management and Leadership Forum: rcn.org.uk/leadership-forum



Display courage

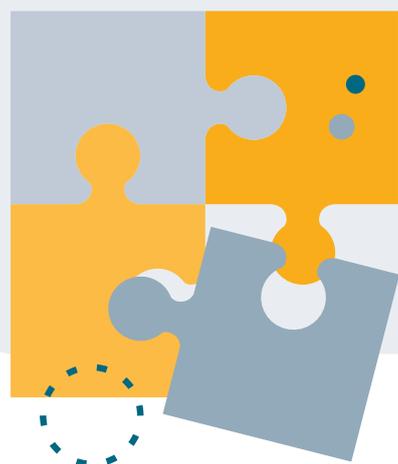
Leadership, no matter what stage of your career, can be difficult. But whether you're a student with concerns about poor care or a senior nurse struggling to meet the needs of patients due to short staffing, staying silent can pose risks.

Leaders make tough decisions and doing so can upset people. But don't settle for mediocrity, the *Ward Leader's Handbook* advises. If you feel prevented from providing safe, compassionate care, read our guidance on how to raise concerns: rcn.org.uk/raisingconcerns

Create shared goals

Good leadership isn't about being the best, it's about making everyone else better. It involves working together towards a shared aim, with people influencing each other.

When nursing leadership is effective, team members each contribute and act together, producing positive clinical outcomes. Team members feel valued and supported in that process.



But while those in formal leadership roles have a responsibility to create the conditions for that to happen, building constructive working environments, positive cultures and the freedom to innovate rests not on one person but on a collective contribution to leadership from each team member.

Want to be a better leader?

Our Developing Leadership Programme is designed to help you be an effective role model and bring about positive change while promoting a team approach that is inclusive, vibrant, and supported by continuous learning. The programme can be delivered virtually to a group of aspiring leaders in your workplace or you can take part as an individual. Booking is now open for online sessions from April: rcn.org.uk/developing-leaders



'We are all leaders'

Our understanding of leadership has developed over the last 20 to 30 years, with the relationship between leader and followers becoming better understood. Followers are no longer passive and subservient, and leadership now is about influencing each other and working together towards a shared aim. This understanding helps clarify what it is to lead and to be a leader. It also means we can more easily recognise leadership and apply it to our work.

At this point we might ask what the difference is between leadership and management. A helpful distinction is to think of leadership as being about change, while management is about coping with complexity and maintaining stability. We can see in the current pandemic that both leadership and management are required. And I believe, because of the work we do, that nursing staff are good at both. We care for the whole person and advocate on behalf of patients and the services and resources they need. We also co-ordinate and integrate the contribution of the multi-professional team into the daily care and treatment that patients need.

Nursing staff share clear values and a moral compass that informs their practice. They possess the attributes of good leaders and their actions create effective leadership. All of us need to recognise that we have these capabilities and we must have the confidence to rightfully identify as leaders of our clinical practice.

Sally Bassett
Chair of the RCN Nurses in Management and Leadership Forum

Eating for endurance

Nutritional therapist Nicola shares her top five tips for maintaining a healthy mind and body

1 Prepare

My biggest tip for all nursing staff is to prepare meals in advance. Although that might sound difficult when you're time poor, it's a lot easier than you might think and can be really beneficial for mind and body. Planning also helps us avoid reaching for the nearest thing to eat, without thinking, which can mean we don't always go for the most favourable foods.

Shift work and stress can disrupt our natural circadian rhythm – the body's internal clock that helps us to sleep, be alert and function efficiently.

Making wise food choices can help our natural rhythms, leading to better brain function, which is positive for you and your patients.

Grab a load of vegetables – broccoli, sweet potato, courgette, anything you like – and roast in the oven for around 20 minutes. Keep in an airtight container in the fridge. This will stay fresh for over a week and can be used in a variety of ways. Add to salads, pair with a tin of tomatoes for a quick pasta sauce or ratatouille or roast a chicken and add as a side dish. This is a great way to ensure there's always something to hand to avoid reaching for sugary snacks that lack nutrients.

Stock image



2 Protein

Proteins are essential for our immune system, help us with energy and stop us snacking as they fill us up for longer. All meat, eggs, lentils, chickpeas, beans, and green leafy vegetables are rich in protein.

3 Omega 3 fats

We shouldn't fear natural fats, which help with brain function. Good sources of natural fats include fish such as tinned mackerel, walnuts, avocado and other nuts and seeds. Add mackerel to the cooked veg you prepare with a handful of nuts and you've got a very quick, tasty and healthy lunch.

4 Superfoods

No food is "bad", but some foods really do aid wellbeing and health. My number one superfood is broccoli. It's full of vitamins, and can be eaten in salads or as part of a main meal (for example, add to salmon and new potatoes).

5 Water

Hydration is key. Nursing staff advocate good hydration for patients, and this is because it's proven to aid brain function. Drinking a glass of water will do more for your concentration and energy than a sugary snack or caffeinated drink.

i Nicola Moore is a nutritional therapist who runs sessions for nursing staff at RCN events. Find more advice and free recipes on her website: nicola-moore.com

Lost your taste and smell?

It's a common symptom of COVID-19, with research suggesting as many as 60% of people with the virus are affected. Though temporary, it can last for months and have a serious impact on your appetite. With nourishment so crucial when fending off illness, how can you gain enjoyment from food when taste and smell are still absent?

Spice

Making use of hot foods like mustard, chilli and wasabi will kickstart your senses. Strong combinations like sweet and sour also help.

Salt

Salty foods like anchovies, soy sauce, parmesan cheese and marmite can invigorate the tastebuds, but be careful not to increase your salt intake too much, as excess salt can cause raised blood pressure.

Texture

Combining smooth and crunchy foods can enliven senses. Try adding chopped nuts to noodle dishes, or croutons to a soup.

**READ MORE
ONLINE**
[rcn.org.uk/
healthy-you](http://rcn.org.uk/healthy-you)

Could you help improve staff health and wellbeing?

We all know the importance of taking breaks, staying hydrated and eating well at work – not just for our own health, but for the benefit of patient care too. But the demands of nursing often mean self-care is sacrificed. Our Rest, Rehydrate, Refuel (3Rs) initiative supports RCN reps, members and employers to make simple workplace changes to improve staff health and wellbeing.

"As an intensive care nurse, I noticed some staff were reluctant to take breaks as they didn't want to leave their patients," says Hilary, an RCN steward in Scotland. "Working with my senior charge nurse, we created a place for staff water bottles and introduced break buddies, which means staff are covered and have peace of mind that their patient will be cared for when they're taking a break.

"Elsewhere, some members told me they weren't allowed water bottles on their ward, which isn't the case. I attended meetings with other nursing staff across the organisation to introduce the 3Rs initiative more widely and share RCN resources like hydration posters and coasters.

"Our organisation has pledged its commitment to this initiative, expedited by COVID-19, and I'm hoping that all areas will have a hydration station for staff very soon. This will help spread the message that staff can have their water bottles and are encouraged to use them."



Hilary

i Find information, inspiration and resources to improve staff health and wellbeing in your workplace: rcn.org.uk/rest-rehydrate-refuel

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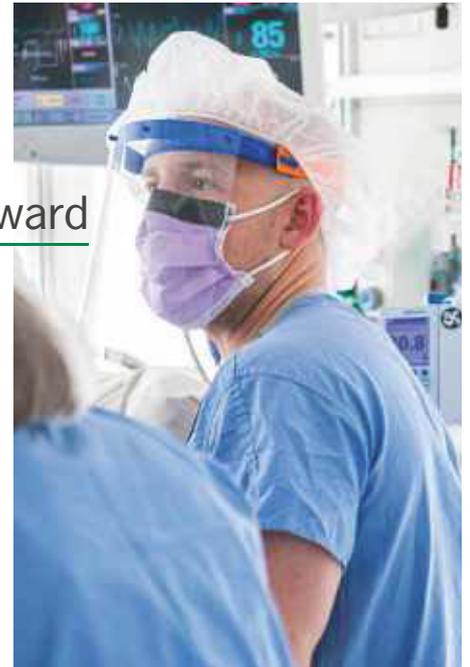
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East Surrey Community Team

More details can be found at <https://www.jobs.nhs.uk/>

A FTSE100 boss earns in three days what a nurse earned in the last 12 months



FAIR PAY FOR NURSING

#FairPayForNursing

Image copyright Dr J D Williamson



Available from
1st April 2021

PROVOX[®]
Life Breathe better.
Whatever you do.

Introducing Provox Life™

- Improved HME performance to support better pulmonary health
- Enables 24/7 HME use to help reduce coughing and mucus
- Innovative adhesives that are suitable for a variety of skin types and stoma contours



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Go HME



Night HME



Energy HME



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FreeHands HME



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Atos Medical is the world leader in laryngectomy care, we are passionate about making life easier for people who breathe through a neck stoma.

Provox Life™ is designed to address the challenges that patients experience with HMEs and attachments. The positive impact of Heat and Moisture Exchangers (HMEs) on pulmonary health and quality of life after total laryngectomy is evident*. Developed with the laryngectomy patient in mind, and based on thorough research, the system offers a complete, flexible solution no matter where they are on their recovery journey.

* Clinical studies: Bien, et al. The effect of a Heat and Moisture Exchanger (Provox HME) on pulmonary protection after total laryngectomy: a randomized controlled study. Eur Arch Otolaryngol 2010.

Parrilla et al. Pulmonary Rehabilitation after Total Laryngectomy. Annals of Otolaryngology & Laryngology 2015.

- Six high performing HMEs that offer improved humidification and breathability.
- Four newly designed adhesives for a wider range of skin types and stoma contours with improved materials and new SecureFit™ coupling.
- HMEs that are compatible with all adhesives in the Provox Life™ range for a personalised routine.
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Royal College
of Nursing

Got a question about COVID-19 and how it affects you?

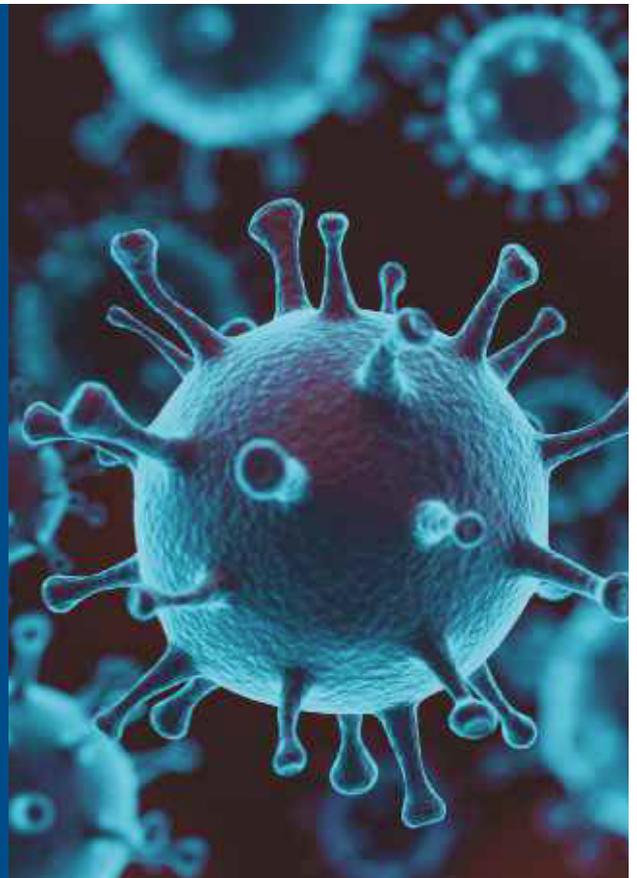
See our online advice guide for all our latest information on issues related to the pandemic. It includes frequently asked questions on topics including:

- vaccination
- staffing levels
- redeployment
- PPE
- shielding
- pregnancy
- sick pay
- student placements.

Answers are provided by RCN advisers in public health, infection control and employment relations

Always here for you

Staff at RCN Direct can help provide the information you need at this crucial time. Our online advice guide is being continually updated in response to your queries and concerns. If you can't find what you're looking for, contact us online at rcn.org.uk/get-help or call 0345 772 6100



Visit rcn.org.uk/covid-19



Theatre Nurses

Children's Health Ireland - Dublin

At CHI with our locations in Crumlin, Temple Street, Tallaght and Connolly, everything we do is aligned to the mission of CHI, to promote and provide child-centred, research-led and learning informed healthcare, to the highest standards of safety and excellence.

Would you like to work in a happy fast moving environment providing highly specialist perioperative nursing care to children and young adults. We are seeking passionate & dedicated Registered Nurses to join our friendly and welcoming theatre nursing teams.



No paediatric experience? No problem!

We can offer a robust in house package of support and perioperative education to ensure continual upskilling and confidence regardless of previous experience. Working in the theatre department, you will be encouraged to become multi-skilled and work within the various specialities including advanced clinical roles, leadership, and education. We have a dedicated education team that support and guide all staff to ensure you can reach your full potential.

CHI is passionate about creating diverse teams and value the importance of a positive work life balance. Flexible working opportunities are available for all staff to apply for. Health and wellbeing is vital for good quality patient outcomes and we ensure that all staff who work with us feel valued and supported.



You will have the privilege of caring for children aged 0-18, you will work across all specialities including, Cardiac, Hybrid Cardiac Catheterisation, General, ENT, Orthopaedics, Spines, Plastics, Neurology, Craniofacial, Maxillofacial, Ophthalmology, Renal, Urology, Dental and Cardiology, Neurosurgery, Gastroenterology and Haematology/Oncology, anaesthetics and recovery. We also extend skilled services to Interventional Radiology, MRI, CT, Nuclear Medicine. We carry out over 10,000 operations each year and rising with the ongoing development of the new children's hospital due to open in 2024

Further Information

For informal enquiries please contact Suzanne Cullen Assistant Director Nursing Workforce - Suzanne.cullen1@nchi.ie

For further information on living in Dublin please see [chi.jobs/living-in-dublin](#)

To Apply

Applications must be completed through the advertised post on [chi.jobs](#) by clicking 'Apply for Job'.



Midwife/Nurse

Ready to move on and move up? Time to move to Mayo!

Mayo University Hospital has several posts for experienced Senior Midwife / Nurse, nurses to join our dynamic team at an exciting time to be part of our service.

If you are thinking of coming home or keen to experience life in the West of Ireland now could be the time. Mayo University Hospital is based in Castlebar, Mayo, Ireland and is part of the Saolta University Health Care Group.

At the heart of the Wild Atlantic Way we have it all from stunning beaches and coastline to the vibrant city life of Galway. With so much to do in our region, an International airport on our doorstep and affordable housing - work life balance is something we actually do and don't just talk about.

Our Hospital has over 300 beds and provides a range of acute services to our local population. Our website www.saolta.ie/hospital/muh provides lots of information about our services.

We are currently recruiting experienced ADOM/N salary range: €9,151 to €2,895.

https://inmo.ie/salary_information

- Watch our hospital videos here www.saolta.ie/hospital/muh
- Find out more about Mayo by visiting www.mayo.ie
- Nurse registration in Ireland www.nmbi.ie/Home
- Housing www.daft.ie/mayo/property-for-sale
- The Wild Atlantic Way www.wildatlanticway.com/home

Make NOW the time to move - Get in contact and let us answer your questions and tell you more about why Mayo could be your best move yet.

Please email Human Resources at Mayo University Hospital if you would like to request an application form, job specification and additional campaign information. Please include in the email subject line: **01MUH2021 - Assistant Director of Nursing & Midwifery**

Closing date for receipt of applications is **12noon on Friday 2nd April 2021**

Email: Recruitment.HRMUH@hse.ie
Telephone: +353 94 904 2399

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For an application form and job description, please contact our HR Administrator, Lisa Vahey at LisaV.summerland@gmail.com or tel: 01481 724196 for further information.

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LONDON KENSINGTON MAR - 5th, 6th, 8th, 13th, 15th, 18th, 24th, 26th 30th	BIRMINGHAM MAR - 6th, 8th, 9th, 10th, 15th, 16th, 20th, 23rd, 24th, 29th, 30th	MILTON KEYNES MAR - 3rd, 6th, 11th, 12th, 20th, 25th, 26th, 31st	MANCHESTER MAR - 3rd, 12th, 13th, 15th, 22nd, 27th
LONDON STRATFORD MAR - 1st, 3rd, 6th, 11th, 12th, 13th, 15th, 17th, 20th, 23rd, 25th, 27th, 31st	BRISTOL MAR - 1st, 8th, 15th, 20th, 22nd, 25th	COLCHESTER MAR - 8th, 22nd	NEWCASTLE MAR - 2nd, 9th, 18th, 25th, 30th
LONDON WATERLOO MAR - 1st, 3rd, 6th, 8th, 9th, 11th, 13th, 17th, 18th, 22nd, 25th	EXETER MAR - 10th, 17th, 24th	NORWICH MAR - 10th, 11th, 15th, 25th, 29th	EDINBURGH MAR - 18th
CROYDON MAR - 2nd, 16th, 30th	CARDIFF MAR - 2nd, 9th, 23rd, 29th	SHEFFIELD MAR - 3rd, 8th, 10th, 12th, 15th, 20th, 24th, 26th, 29th, 31st	
	SOUTHAMPTON MAR - 2nd, 5th, 12th, 15th, 26th	CHELMSFORD MAR - 3rd, 17th, 24th	

Visit www.hs-group.com to see full list of training dates for April and May 2021

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LONDON:- MAR 8th/9th, 25th/26th, 30th/31st
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MANCHESTER:- MAR 8th/9th APR 15th/16th

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LONDON:- MAR 12th, 27th APR 27th MAY 6th, 22nd
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MANCHESTER:- MAR 17th APR 10th MAY 11th

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- ✓ Prevent + manage violence + aggression
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- ✓ Develop skills to cope with challenging situations

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LONDON (3 DAY):- MAR 15th/17th APR 13th/15th

Safeguarding Children Level 3 (1 Day)

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7.5 HOURS CPD

- ✓ Delivered by a qualified Safeguarding Expert
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LONDON:- MAR 9th APR 9th MAY 13th JUN 14th

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4 HOURS CPD

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

LONDON:- MAR 27th, 29th APR 10th MAY 11th
BIRMINGHAM:- MAR 27th APR 27th MAY 28th
MANCHESTER:- MAR 16th APR 22nd MAY 21st

Safeguarding Adults Level 3 (1 Day)

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7.5 HOURS CPD

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

LONDON:- MAR 8th APR 8th MAY 7th JUN 8th
BIRMINGHAM:- APR 27th MAY 24th JUN 25th
MANCHESTER:- APR 7th MAY 4th JUN 3rd

Book Online at www.hs-group.com
 (For in-house training enquiries please call us on 0203 010 0022)

FAIR PAY FOR NURSING



TEN THINGS TO SAY ABOUT PAY

1. The RCN's Fair Pay for Nursing campaign has been running for six months – engaging members and the public on the urgent need for a 12.5% pay rise for nursing staff. Every MP in the country has heard directly from RCN members about what a large investment in nursing pay would mean personally and professionally.
2. Last year, the RCN asked every member how nursing should be valued after the pandemic. It is the first time the RCN engaged all members in deciding our pay claim – members are taking the key decisions.
3. Nursing staff are worse off now than 10 years ago. It is insulting for ministers to delay the next pay award to summer 2021 – they must bring it forward and stop the delay.
4. There is overwhelming public support for a pay rise for nursing this year and tens of thousands have signed the RCN's petition to the Chancellor for 12.5%. The UK government should listen to that and respond with an early and significant award.
5. The UK government confirmed in November it will freeze pay in the public sector, except for workers in the NHS. RCN members work in many places, not just the NHS, and we do not support this divisive tactic – all of nursing deserves a fair pay rise.
6. The UK government has started the Pay Review Body process, where unions, the NHS and government all make a case for the level of pay rise that is needed. The RCN submitted its formal case in January for a 12.5% increase. Direct negotiations are expected in Scotland.
7. The RCN will continue to give formal evidence to the Pay Review Body until it makes a recommendation in summer 2021 but will maintain a campaign focused on government – only ministers have the power to set pay in the NHS.
8. The RCN has been clear that any final pay award will be taken back to members and fully consulted on. The RCN is its members – the more members who speak up and show the government how they feel, the more pressure politicians will be under.
9. A pay rise of 12.5% would begin to recognise this skill and professionalism of nursing staff, which has historically been undervalued. It would encourage the next generation to join nursing and keep experienced staff in post as a much-needed morale boost.
10. A pay rise of 12.5% is affordable to government. It puts money in our members pockets – providing a much-needed boost to the economy and businesses where our members live and work.

#FairPayForNursing



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