



Royal College  
of Nursing



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**SPECIAL ISSUE**

# LONG COVID

**WE EXPLORE THE LATEST RESEARCH, YOUR WORKPLACE RIGHTS,  
THE PSYCHOLOGICAL TOLL AND HOW TO SUPPORT YOUR COLLEAGUES**



ROYAL COLLEGE OF NURSING

This issue of *RCN Bulletin* went to press on 25 November. Find the latest information from the RCN: [rcn.org.uk](http://rcn.org.uk)

Pat Cullen

## A moment with Pat

This issue of *RCN Bulletin* is a long COVID special, addressing the issues that members have raised with us. Long COVID, or post-COVID syndrome, continues to disproportionately affect nursing staff. Some of you are suffering with the ongoing symptoms. Others are encountering patients and colleagues with the condition.

While research continues, we're starting to learn more about long COVID. Read about the most common symptoms, what might be causing it, and how treatment pathways are developing (p5).

We've also heard from members who are scared for the future and, in some cases, have been left without the adequate support of their managers and employers. Remember, the RCN, as your professional union, is here for you. Find out more about your workplace rights if you have long COVID and how the RCN can support you (p8).

For those experiencing ongoing COVID-19 symptoms, simple words and gestures from colleagues can make a positive difference (p10). We now know that long COVID comes with an increased chance

of experiencing depression and anxiety but accessing counselling or connecting with others who have the condition can improve the way you're feeling (p11).

As ever, look after yourselves this winter, and contact us if you need help or advice. Our #WinterWellbeing campaign webpages ([rcn.org.uk/winterwellbeing](http://rcn.org.uk/winterwellbeing)) have resources to support your physical and mental wellbeing and our counselling service offers free, confidential therapy to help you deal with challenging emotional issues ([rcn.org.uk/counselling](http://rcn.org.uk/counselling)).

We're aware of the intense pressures you're facing – all year round – and continue to fight on your behalf for safe staffing and fair pay (p3). We'll not stop until governments across the UK do more to tackle the nursing workforce crisis. With your help we can shout loud about the need to invest in this amazing profession. Patients need it and nursing staff deserve it. Take care.

**Pat Cullen**  
**RCN General Secretary & Chief Executive**

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### 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](mailto:bulletin@rcn.org.uk)

Catch up on all the latest from *RCN Bulletin* online: [rcn.org.uk/bulletin](http://rcn.org.uk/bulletin)

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## NHS pay and pensions: go online for all the latest

Our indicative ballots on industrial action in England and Wales were still underway as this issue of *RCN Bulletin* went to press, but by the time you read this, we may have announced what next steps we're taking. The ballots were called after governments in both countries implemented a 3% pay increase for NHS staff despite most RCN members who responded in our consultations saying this was unacceptable.

Members of the RCN Scotland Board were also due to meet the Cabinet Secretary for Health and Social Care to discuss the results of our indicative ballot there after 90% of members who voted said they'd be willing to take industrial action short of strike over the Scottish NHS pay deal. Almost 30% of eligible members voted in the ballot with 60% saying they'd be willing to withdraw their labour in strike action.

We were still calling for ministers in Northern Ireland to announce a pay offer as we went to press. Get the latest: [rcn.org.uk/fairpay](http://rcn.org.uk/fairpay)

Meanwhile, members of the NHS pension scheme in England and Wales should go online to find out about proposed changes to contribution rates. The Department of Health and Social Care (DHSC) is running a consultation and we want to know what impact the changes will have on you: [rcn.org.uk/nhs-pension-changes](http://rcn.org.uk/nhs-pension-changes)

### Calling all newly registered nurses

We've digitised our newly registered nurse (NRN) handbook so you can access it whenever and wherever you need to. From guidance on the foundations of good practice to preceptorship, career planning, employment advice and more, you'll find essential information to help you make a smooth transition from student to registered nurse. Access it on Starting Out, our dedicated online resource for student and NRN members: [startingout.rcn.org.uk/nrn-handbook](http://startingout.rcn.org.uk/nrn-handbook)



## SAFE STAFFING

### Campaign with us for change

We've launched a new campaign in Wales to get the law on safe staffing levels extended to cover community and mental health nursing. We lobbied hard for the introduction of the Nurse Staffing Levels (Wales) Act in 2016 and have since successfully pushed for it to apply to paediatric inpatient wards, as well as adult acute and surgical inpatient settings as it did initially. Sign our petition to add your voice to our campaign: [forthefullteam.com](http://forthefullteam.com)

In England, we continue to lobby for changes to the Health and Care Bill to introduce accountability for the health and care workforce. The bill, currently passing through parliament, sets out a package of reforms but doesn't address the urgent workforce crisis or how it will be fixed. We want to change this. Find out more: [rcn.org.uk/health-and-care-bill](http://rcn.org.uk/health-and-care-bill)

In Scotland, we're pushing for the Scottish government to set a clear timetable for implementation of the Health and Care (Staffing) (Scotland) Act. In Northern Ireland our priority is to hold the Department of Health and Northern Ireland Executive to account for delivery of the safe staffing framework, particularly the need for legislation: [rcn.org.uk/safe-staffing](http://rcn.org.uk/safe-staffing)

## Did you know?

We have RCN librarians who can help you search for evidence or put references together. With different training options to suit everyone, it's never been easier to get support. We have bookable 1 to 1s, a weekly drop-in, group workshops, and video tutorials, all delivered online. Find out more: [rcn.org.uk/literature-searching](http://rcn.org.uk/literature-searching)

### Powerful podcasts

Check out some of the RCN's podcasts for interesting and unique perspectives on different areas of nursing and health care. A recent episode of *Nursing Matters* looked at climate change and its impact on health care to coincide with the COP26 summit. While the latest *Past Caring* podcast delved into the importance of D/deaf nursing, especially in mental health care, talking to some of the earliest D/deaf nursing cohort and getting the perspective of a Deaf patient. Listen now: [rcn.org.uk/podcasts](http://rcn.org.uk/podcasts)

### Bill-busting deals!



### It's easy to save with RCNXtra

Did you know all members have access to top offers on food, groceries and utilities? Register now at [rcn.org.uk/xtra](http://rcn.org.uk/xtra) to start saving.

*Xtra benefits. Xtra easy.*

## UPCOMING EVENTS

8 Dec  
Online inclusion café exploring sex and disability

13 Dec  
Yoga nidra guided meditation to help you sleep

16 Dec  
Learn how to search the British Nursing Index

16 Dec  
Carols at Christmas virtual service

24 Mar  
Clinical research nursing conference

 Find details of all these events and more: [rcn.org.uk/events](http://rcn.org.uk/events)



Find out more about our Fair Pay for Nursing campaign: [rcn.org.uk/fairpay](https://rcn.org.uk/fairpay)

Members hand our 160,000-strong petition for fair nursing pay into Downing Street

### 'We want staff to be cared for financially'

My family and I went to Westminster to say a final farewell to my father who died a few weeks earlier after catching COVID-19. The spot had always meant a lot to him. As I was leaving, I saw the RCN logo among a group of people. I went up to one of them and said: "Thank you very much for the work you do."

In the three weeks that my father was looked after by the NHS, I couldn't have asked for better care. For me, it was all the little human touches. I was in Argentina at the time and one evening I was on the phone with one of the nursing staff. Although my father was in a coma and unlikely to feel anything, I asked: "When you walk past him, can you give his arm a little squeeze for me?" They replied: "Of course."

When we use words like "superhuman" or "angel", it can have a dehumanising effect. Nursing staff do a tough job to the best of their abilities, and it takes its toll physically, emotionally and financially. Clap for carers was a lovely thought, but it wasn't enough. Staff need to be cared for financially, and to be attracted to the profession.

The 12.5% pay rise the RCN is campaigning for is fair. It's about recognising a job well done, in enormously difficult circumstances. I believe the people of this country value our nursing workforce and it's about time the government paid attention to that.

Nader, professor of politics

## SUPPORT FOR FAIR PAY

### 'Where is the compassion for us?'

As nursing staff, we learn that compassion is the cornerstone of nursing, but when it comes to the death of a patient, where is the compassion for us?

It's only reasonable to expect that health care staff may feel some form of grief or bereavement when one of their patients dies. But from my experience as a student, there's little support directly related to self-care after death. This needs to change.

Caring for a patient at the end of life and performing "last offices" – the care given to a body after death – can be a highly emotional experience. But the stigma of talking about it – and the feeling that as nursing staff we should just rally around and "get on with it" – is very real.

From washing a patient to supporting the family, our role is key. But it can then start to be treated as an everyday task – when actually it's far from it.

Nurturing the mental health of staff at this stage in patient care is absolutely paramount, not only for the wellbeing of the staff member but also because it directly affects the quality of care we provide to patients who are living.

I'd like to see a shift in the culture around death. Just because something is the norm, it doesn't mean it should stay that way.

Let's keep talking, keep asking questions. And importantly, let's make sure we reach out for help if we're struggling – it's a strength to recognise this and to take a step back if that's what's needed.



Megan, newly registered nurse

Read more from Megan: [rcn.org.uk/dealing-with-death](https://rcn.org.uk/dealing-with-death)

## SHOUT OUT

### 'The lifeblood of any ward'

In March I walked onto Hague Ward at Tameside Hospital. It was my first time on a ward and my first time as a trainee nursing associate. I knew nothing about how a ward ran.

Since then, I've been guided by all nursing staff and especially nursing support workers who've shown me how important these roles are in health and social care.

I now know nursing support workers are the lifeblood of any ward – the eyes and ears of who needs what. Many have given years of selfless service to the role.

Never underestimate the value of a nursing support worker. They understand health promotion and the barriers and challenges many patients and families face. Before I started my training, I only had a vague notion of what nursing support workers might do. Now, I've realised how much I can learn from them and their pivotal role in health and social care.

**Ann, trainee nursing associate**



## OPINION

## NURSING AND POLITICS

### 'We should all be political'

When you think of nursing and politics, what springs to mind? Safe staffing and retention, student funding, COVID policies, or mandated hours? These are all things that have an impact on nursing staff and consequently our patients. But they are also just the obvious ways politics and nursing are connected.

As nursing staff, we want what's best for all our patients. But unfortunately, numerous studies have shown poorer health outcomes for different groups of people. It's important we understand the causes and impacts of health inequalities so we can do what's in our power to help our patients and tailor care and support to individual circumstances.

But also, what can we do on a larger scale? This is not "just" a nursing issue, it's political. From decisions about the focus and scale of public service funding to the cost of housing and access to healthy food, these are systemic issues. And that's why all nursing staff should be political. We have the expertise, the lived experience – we see how health inequalities affect our patients. Speak out. Sign petitions. Write to MPs. We can make our voices heard.

**Lucy, RCN UK Students Committee**



Get involved with the RCN's campaigning work: [rcn.org.uk/campaigns](https://rcn.org.uk/campaigns)

## SHARING SNAPSHOTS

Members celebrated RCN Nursing Support Workers' Day on 23 November, shining a light on the essential care nursing support workers provide to patients across the UK. Find out what happened and watch our specially made film: [rcn.org.uk/nursingsupportworkersday](https://rcn.org.uk/nursingsupportworkersday)

# Long COVID: the latest research

Thousands of health care workers are suffering with long COVID, also known as post-COVID syndrome. Nearly two years since the pandemic began, what do we know about it?

Around 1.2 million people in the UK are currently suffering with long COVID, according to figures published by the Office for National Statistics (ONS) in November. Health care workers are worst affected, with 3.3% reporting ongoing symptoms more than four weeks after their initial infection, compared with nearly 1.9% of the general population. In concerning news for the nursing workforce, women and people aged 35-69 are also more likely to be suffering from long COVID.

Around 426,000 people reported that their symptoms have lasted for a year or more. Many of those say that their ability to carry out daily activities has been significantly limited. This will in turn have an impact on health services, as those suffering seek treatment.

The definition of long COVID, or post-COVID syndrome, is still broad. NICE guidance defines it as: “signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis”.

The term “long COVID” may be being used to describe multiple conditions that patients are experiencing in the aftermath of COVID-19. This may include fluctuating multi-system symptoms, post-viral fatigue, lasting organ damage and, for those who were admitted to an ICU with the virus, post-intensive care syndrome.

There have been more than 200 symptoms reported by those with

the condition, covering respiratory, cardiovascular, musculoskeletal, neurological, gastrointestinal and even dermatological issues. Patients are also reporting mental health issues – predominantly depression and anxiety (see p11). The four most common symptoms are:

- fatigue – reported by 55%
- shortness of breath – 39%
- loss of smell – 33%
- difficulty concentrating (brain fog) – 30%.

## How does COVID-19 affect your body?

COVID-19 is a respiratory disease and research demonstrates that it affects two types of cells in the lungs: those involved in gas exchange, causing patients to become hypoxic (oxygen levels drop); and those that secrete a substance that helps keep the lungs elastic, so when damaged, breathing becomes harder.

Damage to the alveoli causes an inflammatory response and cytokines are released. Cytokines are proteins that provide instructions to the immune system. Some patients release too many cytokines, activating too many

immune cells, leading to hyperinflammation or a “cytokine storm”. The body starts to attack its own cells and tissues, so parts of the lung can be destroyed or damaged.

It is reported that coagulation to repair this damage can lead to clotting, which is probably why some COVID patients have experienced pulmonary embolism. Plus, the virus can cause a thickening of the lung lining, making it harder to breathe.

## Lasting effects

After the acute phase of illness, some of these issues can continue. Other recent research suggests that cytokine storm could be causing long COVID in some people – the ongoing autoimmune activity could be linked to fatigue. There’s growing evidence that patients are experiencing problems with energy production in the mitochondria. It is considered that this could be similar to the experiences of people who have ME or chronic fatigue syndrome.

A study has also suggested that both cytokine storm and COVID entering the central nervous system could cause cerebral inflammation, leading to delirium and long-term fatigue, as well as anxiety, depression and post-traumatic stress disorder.

Some people are experiencing lasting lung damage, which could be detected via chest X-ray or CT scan of the lungs, with damage to other organs too.



**1.2 million**  
people in the UK are estimated to have long COVID

55%

of people with long COVID are experiencing fatigue, the most common symptom

**Supporting and managing patients**

It is recognised that accessing specialist care has not been straightforward for every long COVID patient. In October 2020, NHS England/Improvement announced a long COVID support plan, including the development of the Your COVID Recovery website, investment in post-COVID assessment services, and NIHR-funded research.

Further measures were announced in July 2021, including the expansion of assessment services, support for general practice and development of a standard rehabilitation pathway. This announcement also included a national learning network for nurses in the community and acute care, plus support for NHS staff suffering from long COVID, including mental health hubs, rapid referrals and support from occupational health. However, some of these initiatives may not be delivered until next year.

NHS England says there are now 89 post-COVID assessment clinics in England, which are receiving more than 1,500 referrals per week. These are less

readily available in other areas of the UK.

NHS Wales has created a long COVID app, while the Scottish government launched an online decision support tool. The Scottish government has also funded research projects including one looking at the impact of long COVID on NHS workers. In Northern Ireland, the Clinical Education Centre held a series of webinars to help health care staff support patients with long COVID.

The Queen’s Nursing Institute has produced a resource for community nursing staff called *Living with Covid-19 (Long Covid) and Beyond*. Meanwhile, NICE has created a primary care pathway for post-COVID care, with an emphasis on self-management and community support.

3.3%

of health care workers are reported to have long COVID

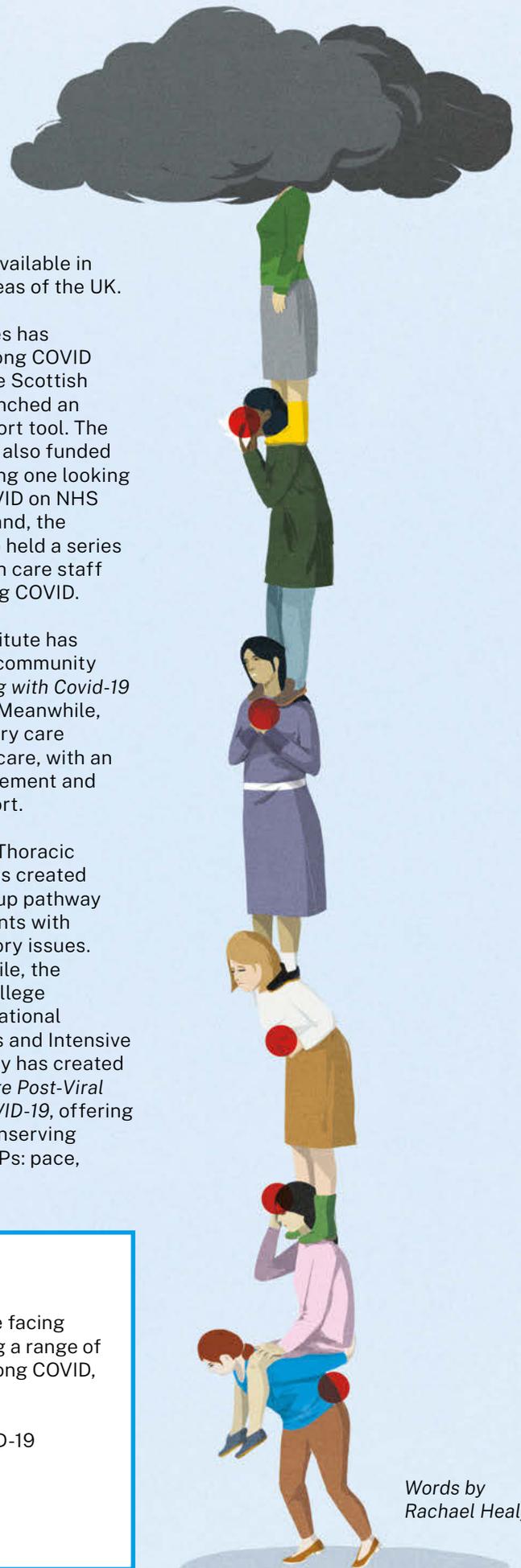
The British Thoracic Society has created a follow-up pathway for patients with respiratory issues. Meanwhile, the Royal College of Occupational Therapists and Intensive Care Society has created *How to Manage Post-Viral Fatigue after COVID-19*, offering practical advice on conserving energy, using the “Three Ps: pace, plan, prioritise”.

**RCN resources**

The RCN has been consulting members to find out the issues you’re facing when it comes to long COVID. With your input, we’re now developing a range of tools and resources that will help members treating patients with long COVID, as well as members who are experiencing long COVID themselves.

Look out for further updates coming soon and find extensive COVID-19 resources on our website: [rcn.org.uk/covid-19](https://rcn.org.uk/covid-19)

See a fully referenced version of this article at *RCN Bulletin* online: [rcn.org.uk/bulletin](https://rcn.org.uk/bulletin)



Words by Rachael Healy



# Long COVID: your rights at work

Nursing staff with long COVID deserve to be supported by their employers, but some have faced pressure to return to work too soon and even lost earnings. Here are your rights and where to seek support if you find yourself in the same position

Leila\* caught COVID-19 in the early weeks of the pandemic. She experienced intense symptoms – crippling chest, lung and muscle pain, fatigue that caused her to sleep for days – but tried to recover at home. After nearly three weeks of being unable to stand, she finally managed to get up. In a telephone catch-up, her manager asked her to come back to work.

“Work defined it as ‘being tired’ rather than ‘fatigue’. But those are two separate things,” she says. “I went into work because I felt pressurised, but I couldn’t do it.”

Getting up at 5am, followed by a long journey and busy shift, exacerbated her symptoms: “It debilitated me. I was back in bed for 2-3 weeks. This was a pattern over the course of a few months.”

Just when Leila most needed support, she experienced hostility from her managers. She was accused of exaggerating her symptoms and was initially told she was not allowed a phased return. She eventually saw occupational health, who recommended a four-week phased return. However, she was denied reasonable adjustments, such as later start times.

Michelle\* has also faced issues securing the leave and adjustments she needs since contracting COVID-19 in early 2021. After being signed off sick by her GP for six weeks, she began feeling pressure to get back to work. “When I returned, I realised how bad my symptoms were,” she says. “I’d get exhausted quickly and need time to recover. I wanted to go back but I physically couldn’t.”

“

I wanted to go back to work but I physically couldn’t

## Your rights

### Sick pay

NHS: in response to the pandemic, the UK government agreed a temporary change to sick pay entitlements such that eligible staff (those covered by NHS terms and conditions of service) off work for a COVID-related absence would receive full pay. Under these temporary arrangements, COVID-19 sickness absence will not affect your existing sickness entitlements and you'll be paid full pay during the absence.

Independent sector: the government allocated a temporary fund to pay COVID-19 sicknesses in full earlier in the pandemic. If you did not receive normal pay for your COVID-19 related sick leave, ask your employer for a reason in writing (find a template letter on our website: [rcn.org.uk/covid-absence-letter](https://rcn.org.uk/covid-absence-letter)). If you still don't receive it, contact the RCN (see box below).

### Phased return

Policies on phased return may vary, so read your employer's policy. Take advice from your occupational health department if you have one. They should be able to help you plan a structured phased return.

### Reasonable adjustments

Your employer should have policies in place to deal with long-term sickness and disability. If your condition is or is likely to be long-lasting, you are entitled to reasonable adjustments, such as changes to shift patterns or agreements about the type of tasks that you can manage, to allow you to continue working.

Occupational health suggested a phased return and a move to home-working. "But my boss was pressuring me, asking when I was coming into the office," Michelle says. "At one point my boss phoned and was abusive to me, threatening my banding. I had to ring the RCN."

Leila also contacted the RCN for support. Despite the fact that all NHS nursing staff should receive full pay if their absence from work is COVID-related, she has lost out on wages, leaving her unable to pay bills. The RCN is now fighting her employer's decisions on her behalf. "My symptoms might have been exacerbated because I had no support from my managers," she says. "They haven't treated me professionally, but the most hurtful thing has been seeing how little they think of me."

Vicki\*, a community nurse, also caught COVID-19 in spring 2020. She works for a service contracted to the NHS. When fatigue, migraines and breathlessness

stopped her working as much as she used to, her employer refused to pay her enhancements and put her on standard sick leave.

After a severe flare-up in early 2021 left her "feeling like I was 90-year-old lady with complex health issues", her employer threatened to put her on half pay. "I felt like I had been left to rot by the NHS, my organisation, everyone," Vicki says.

She contacted the RCN and has been able to reclaim some of her lost earnings. Even if you work for an outsourced NHS service, you should receive full pay on COVID-19 sick leave.



**I don't feel safe enough to be at work, but the pressure is there**

Michelle worries about the impact pressure to return to work could have on patient safety. "I don't feel I'm safe enough to be in the workplace, even with mitigations in place, but the pressure is there to come back. Every time we revalidate, we sign to say: I'm mentally and physically fit and healthy. I don't think some managers are thinking about that."

Continued support from occupational health and a health coach have helped Michelle, but she stresses that managers must respect phased returns and reasonable adjustments. "Employers need more information on how to deal with staff who have long COVID," she says. "There needs to be a national steer."

To other nursing staff with long COVID, Michelle says: "Seek support from your union if you are experiencing harassment from work. At the start, I was taken aback at the way I was spoken to. Now, I'm not afraid to stand up for myself. People need to be aware of their resources and draw on them rather than suffering in silence."

*\*Names have been changed*

*Words by Rachael Healy*

## RCN support

- Contact the RCN Advice team via our online form or live chat: [rcn.org.uk/get-help/contact-advice](https://rcn.org.uk/get-help/contact-advice)
- If you need psychological support, the RCN Counselling service could help: [rcn.org.uk/counselling](https://rcn.org.uk/counselling)

# Long COVID: how to support a colleague

Many of you will now know someone who is experiencing ongoing COVID-19 symptoms. Nursing staff who have long COVID share some things you can do to make your colleagues feel supported

## DO:

- **Read up on long COVID.** The more you know about symptoms and the care your colleague might require, the easier it will be to support them. Leila\* says: "Managers would benefit from training on post-COVID syndrome so they understand what we're going through."
- **Show empathy.** A lack of empathy from Leila's colleagues made her feel isolated. Try to put yourself in your colleague's position.
- **Send your best wishes.** Colleagues keeping in touch informally and sending flowers helped nurse Michelle\* feel supported during the months she's been confined to her home with severe symptoms.
- **Be an active listener.** Some nurses have reported feeling ignored. Provide space for your colleague to share their experiences without being interrupted or judged.
- **Believe them.** Letting your colleague know that you believe them and acting upon what they say can make a huge difference.
- **Treat them as an individual.** You or a friend may have recovered quickly, but not everyone will have a smooth recovery.
- **Show support.** During the worst periods of fatigue and pain, it can be difficult to advocate for yourself. Stick up for your colleague.



## • Change the subject.

Avoid making every conversation about their health. "I asked friends and family not to ask me how I was," says Natasha\*. "Telling people over and over that I still hadn't recovered was difficult."

- **Accommodate adjustments.** Follow workplace policies regarding sickness absence and phased returns and respect your colleague's right to not discuss this outside official meetings. Accommodate adjustments put in place to help them return to work.

## DON'T:

- **Don't comment on their appearance.** Having people tell her "you look well" when she was feeling awful made Michelle feel disbelieved.
- **Don't press for personal details.** Intrusive questions about the details of her illness and how it has affected her family made Michelle feel uncomfortable.

- **Don't make uninvited medical assessments.** Leila was left feeling scared and unsupported when a colleague told her she did not need a phased return to work.

- **Avoid toxic positivity.** Michelle had colleagues tell her off for "being too negative". Don't tell someone how they should be feeling, even if you mean well.

## • Don't take out your stress on them.

Many workplaces are understaffed and this is a huge issue. However, it is not your colleague's fault that they're unable to work right now. Leila was shouted at by colleagues when her fatigue and chest pain meant she was unable to come in. When she most needed kindness, she was left feeling anxious and isolated.

# The psychological toll of long COVID

Many people with long COVID symptoms are experiencing mental health issues too. We look at the link and where to find support

Long COVID can be unpredictable, the physical symptoms might prevent you from socialising and working, and with no idea how long this will last, it's no surprise that many people are experiencing related mental health issues.

One study in *The Lancet* showed that 34% of people were suffering from mood disorders or anxiety six months after their initial COVID-19 infection, while another showed a slight increase in those experiencing these mental health issues between six and 12 months post-infection.

"There's a link between increased rates of mental and emotional struggles with any long-term debilitating condition," says Stephen Jones, RCN Professional Lead for Mental Health. "Although long COVID is not yet clearly defined, generally people who experience the longer-term effects of contracting COVID-19 are also experiencing mental health struggles as they come to terms with increased isolation, anxiety and renewed fears of what will happen to them."

**“ It makes me sad that my life has changed so much**

Many RCN members have described this pattern. Leila\* contracted COVID-19 in spring 2020. She has faced debilitating physical symptoms, which have left her unable to work or do things like running that she previously enjoyed. She also feels unsupported by her employers, adding to her isolation.

"Psychologically, I've been through hell," says Leila. "The combination of my symptoms and the way my managers have spoken to me has affected my mental health. For over a year, I have sobbed day and night, which I do feel has exacerbated my symptoms. It makes me sad that my life has changed so much."

Professional support can help, Stephen says: "There is a wealth of information and resources out there. But



See a fully referenced version of this article on the *RCN Bulletin* website: [rcn.org.uk/bulletin](https://rcn.org.uk/bulletin)

the main thing is to make sure you connect with someone – it will be helpful to share what you're going through."

For Leila, the RCN Counselling Service provided much-needed support. "I had seven sessions that were really helpful, because I've got no one else to talk to. There's a lot of hurt I need to get out."

Social media has offered support for nurse Michelle\*, who connected with other long COVID sufferers on Facebook and Reddit. She says: "You can start getting in your own head, thinking: am I weak? But there are thousands of people out there experiencing the same things. It's rubbish that we're having to go through all this, but at least it makes you feel less lonely."

It's also important to know that you don't have to be resilient all the time. "We often use this term to describe nursing staff, but for someone experiencing a mental health crisis, they will feel anything but," Stephen says. "Nursing staff should feel supported."

*\*Names have been changed  
Words by Rachael Healy and Susan Embley*

## Get help

- Contact the RCN Counselling Service: [rcn.org.uk/counselling](https://rcn.org.uk/counselling)
- Visit the RCN COVID-19 wellbeing pages: [rcn.org.uk/covid-19-mental-health](https://rcn.org.uk/covid-19-mental-health)
- Contact Frontline 19, a nationwide service offering free counselling to those working on the frontline during the pandemic: [frontline19.com](https://frontline19.com)
- Share your experience and find support from other long COVID sufferers: [longcovid.org](https://longcovid.org)



# Winning the fight for safer staffing

Jess and Janice explain how they successfully pushed for shift pattern changes at their trust, improving patient safety and staff wellbeing

“During the pandemic, it became really apparent to me that we just can’t compromise on patient safety,” says Jess Moorhouse, an RCN learning rep and nurse at the Royal Free Hospital in London. “It was obvious in the second surge that nursing staff were extremely burnt out – particularly where I work in intensive care. I felt that changing the shift patterns would make a significant difference.”

When Jess and her fellow intensive care nursing staff faced unprecedented challenges during the COVID-19 pandemic, they took it upon themselves to push for change.

The number of hours paid per shift for all nursing staff at the Royal Free London NHS Foundation Trust, which manages the Royal Free, Barnet and Chase Farm Hospitals, changed in 2017, going from 11.5 hours down to 10.75 hours with increased unpaid breaks. At the time, nursing staff expressed their concerns.

Those on permanent contracts had to take on extra shifts to make the same monthly pay as before, and the decrease in hours per shift meant that staff had less financial incentive to pick up bank shifts. This led to concerns about short staffing and increased chances of burnout.

“

Everyone now feels empowered



**It was important, not just for us, but for the safety of our patients**



Jess Moorhouse (left) and Janice Baker (right), pictured by Rob Anderman

Janice Baker, a senior sister at Barnet Hospital and an RCN member, says: “The start of this year was really difficult. We didn’t have any let up. We felt like we couldn’t do any extra shifts to help the unit because we were so tired.

“Everyone was just exhausted. Our ultimate goal is to look after our patients to the best of our ability. As hard as we were trying, it felt like we were providing basic care.”

**Pushing back**

In March 2021, supported by the RCN, Jess and Janice started campaigning for a reversion to the old shift pattern and more investment in critical care staffing. Working with other

colleagues, they coordinated actions across their two sites to demonstrate to trust management that nursing staff were a united front.

“I wanted to do right by the nursing staff that I cared about, and it had a knock-on effect,” says Janice. “If you feel like somebody cares about you, you want to do the best you can for them as well. I made it clear to my staff that I was doing this for them, but that I needed their help. They were receptive straight away.”

Janice created a focus group with representatives from bands 5, 6 and 7, as well as a health care assistant, so that everyone was represented. This allowed for slick communication and helped avoid overwhelming staff with too much information.

The action began in the ITUs and RCN members across both sites organised meetings for ITU nursing staff. From there, issues were outlined, and a collective letter was sent to the director of nursing. It was signed by 236 members of ITU staff.

The letter was the first of a series of actions to demonstrate growing support,

showing the scale and importance of safe staffing to ensure quality care. When members presented their case to the director of nursing, 141 nursing staff attended to support those leading.

**United front**

Following a successful organising campaign (see box), the trust has agreed to return to the previous shift pattern and the structure has been introduced for more than 2,500 nursing staff.

“What kept us all going was that feeling that we were all in this together, and that this was important, not just for us but for the safety of our patients,” says Jess.

“The fact that so many of us, across different sites, were involved and backed what we were trying to do made all the difference. No one could have done this by themselves.”

Janice adds: “There were times when it was hard. Sometimes you feel like you’re not getting anywhere, with endless meetings and conversations, but we had to reassure people that just joining in made a difference. There is strength in numbers.

“We knew we would have a fight on our hands, so when trust management agreed to listen, we took that little victory. And from then on, took every win we could.

“I can’t put into words the sense of achievement I feel. What is amazing is how empowered everyone feels because they contributed to this change.”

*Words by Becky Gilroy*

**Organising for change**

Jess and Janice’s work is a great example of organising – an approach to making positive change happen, where you and your colleagues identify the issues that matter to you and then work together to bring about solutions.

Members led the push for change, supported by RCN London staff who helped facilitate and chair meetings, supported members to take collective action and stood with them when they approached management.

There are some exciting developments in our organising work with new roles currently being recruited to. Find out more about how you can get involved: [rcn.org.uk/organising](https://rcn.org.uk/organising)

# ‘We can help women stop a tragic cycle’

RCN Nurse of the Year Nicola defied opposition to set up an early medical abortion service in Northern Ireland amid the pandemic

A nurse who has revolutionised women’s sexual health care in Northern Ireland has been named RCN Nurse of the Year 2021.

Nicola Bailey, a sexual health services nurse manager at the Belfast Health and Social Care Trust, set up the Rose Clinic, an early medical abortion (EMA) service for women up to the tenth week of pregnancy.

For decades, abortions in Northern Ireland were only allowed if a woman’s life was at risk, or there was a risk of permanent and serious damage to her mental or physical health.

But on 31 March 2020, regulations decriminalising abortion in the country came into effect, permitting terminations in the first 12 weeks of pregnancy in any circumstance, and beyond that under certain circumstances. However, just before the change was implemented, COVID-19 hit.

At the time, no services existed in the Belfast area and lockdown rules meant women were suddenly unable to travel to England to access free NHS abortion care, as they had previously been able to do. In 2019 alone, 1,014 women from Northern Ireland travelled to England or Wales for a termination.

Within days of the change in regulations, Nicola set up the Rose Clinic. Working within the trust’s sexual health service, she rearranged services and used some of the existing budget to make time and space for EMA care.

“Already, before this change, travelling to England for an abortion was often only an option for some women,” says Nicola. “It wasn’t an option for the most vulnerable, the poorest, the youngest, the ones in controlling relationships and those who

could not just leave their children to go to England for a termination. The pandemic limited women’s options even further because of the difficulty in travelling. We had to get a local service in place straight away.”

In the days that followed, Nicola got to work developing clinic protocols and standard operating procedures with her colleague, associate specialist Siobhan Kirk. Drug cupboards were acquired, legal paperwork organised and online consultation forms and patient information leaflets designed. Nicola also forged links with the Northern Ireland sexual and reproductive health charity Informing Choices, which agreed to act as a central access point for EMA self-referral.

EMA is a two-stage treatment process in which a woman is given a mifepristone pill within a clinical setting and a misoprostol pill to be taken at home 1-2 days later.

Setting up a new service in lockdown was a challenge, but the sensitivities surrounding abortion in Northern Ireland made it even more so. Nicola says one of the most significant challenges was and still is the regular presence of protestors outside the clinic.

## Supporting vulnerable women

“Often the women coming to my clinics are vulnerable and it’s hard for them to walk past the protestors stuffing leaflets in their bags,” she says. “I go out to wherever my patients are and walk them in.”

Despite the regulation change, no formal abortion services have been commissioned in Northern Ireland because of disagreement between the main political parties.



Nicola Bailey, pictured by Presseya



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**Sometimes  
you have  
to push on  
through the  
barriers**



The RCN Nursing Awards celebrate the successes of nursing staff across 15 categories, with the overall winner crowned RCN Nurse of the Year. The awards are held annually, recognising the commitment, compassion, and clinical excellence of the entire nursing team. See the full list of this year's winners: [rcni.com/nurse-awards/award-winners](https://rcni.com/nurse-awards/award-winners)

In July 2021, the UK government introduced new powers enabling Secretary of State for Northern Ireland Brandon Lewis to direct Stormont to set up full abortion services throughout the country by March 2022. But in October 2021 a second legal challenge was mounted by anti-abortion campaigners opposing the move.

Dealing with the political opposition and the protests isn't easy, Nicola says, and is sometimes exhausting. "But if we didn't carry on, who would care for these women? All it takes is one person to stand up to make a change, and sometimes you have to push on through the barriers."

Nicola is an active member of the Northern Ireland Abortion and Contraception Taskgroup, which campaigns for formally commissioned services. "It's so important to press for commissioned services for our women," says Nicola. "Without this, clinics offering EMAs are liable to fold."

She is proud of the holistic care her clinics deliver. "We have women coming in who have had numerous children removed from their care, which is a tragedy for them and the children. Now if they come in to see me with an unwanted pregnancy, I can help them stop that cycle."

Keen to keep moving care forward, Nicola is putting together a proposal to extend abortion services at the Rose Clinic for women who are 10-12 weeks' pregnant. She also wants a public health campaign to signpost to regulated abortion services, to deter women from buying tablets for termination on the internet, and to raise awareness of services that appear to be offering full choices to women but are actually run by anti-abortion groups.

While the political stalemate doesn't look like being resolved in the near future, the number of women attending her clinic is rising. "These women and the impact our services have on their lives keep me going," says Nicola. "You never know how your kindness can turn someone else's life around, especially when people are at their most vulnerable."

*Words by Elaine Cole*

# How to make your job description work for you

What to do if your role has changed but your pay hasn't

Are your duties now the same as what you agreed when starting in your role? For many nursing staff, the answer might be no. In every setting all over the UK, you're taking on more than you ever have, and this is likely to continue with the ongoing challenges of COVID-19.

It's reasonable to ask if you're being paid at the right rate for the work you're now doing. If you think you're not, what can you do about it?

RCN National Officer Clare Jacobs says the first thing you should do is review your existing job description and ask yourself if it accurately reflects your duties.

"All too often, job descriptions are forgotten about and not updated, even though we know jobs evolve over time and rarely stay the same. This could cause problems if you're considering whether you're being paid fairly for what you're doing.

"Check your knowledge, skills and expertise are reflected in your job description because this can have an impact on your pay banding. Always keep it in mind – it's not just a historic piece of paper."

It's never too late to act, Clare says.

"Compare your new job description, if you have one, with the one you had before. If you don't have a new job description, write down what you do now," Clare advises. "List the differences and focus on the skill, demand and responsibilities of your job. Don't focus on the volume of work – being busier than ever doesn't necessarily make a difference to your pay band."

Clare adds that nursing staff who work in the NHS should also refer to the NHS Job Evaluation Handbook.

"You can ask your employer for a copy of the report that was written for your job when the banding was assessed – it might be called a job match or job evaluation report," she says. "This should show you the way your job has been compared against the national job profiles or how it's been evaluated against the factors. Use the RCN toolkit (see box) to help you with this."

Stock image

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**We all want opportunities but don't want to be taken for granted**

**The ‘other duties’ clause**

Be careful if your employer says your new duties come under the “other duties requested by your line manager” clause.

“These clauses are perfectly acceptable to include, but the duties need to be commensurate with the role,” says Clare. “If you’re asked to do something on a substantive and

recurring basis above your grade, you need to ask if you’re acting up or if this is a substantive change to your contract. Ask in a curious rather than a confrontational manner because we all want opportunities but don’t want to be taken for granted.”

Clare adds: “For example, if you were asked to take on a new responsibility at the start of the COVID-19 emergency

and you’re still working with that higher level of responsibility utilising additional skills, it’s now time to say this is a requirement of the job. We don’t want employers exploiting the situation and expecting people to work in a particular way, outside emergency situations.”

**Regular reviews**

Not all nursing staff will have a job description, so don’t worry if you can’t find yours. While it’s sensible to have one, there’s no contractual obligation to be given one.

However, if you do have one, it forms a fundamental part of your employment contract. It means you have a common, agreed understanding of what’s required of you in your role.

Clare says: “Job descriptions are useful reference documents and should be used and discussed in your performance reviews and annual appraisals.”

If you work in the NHS, you will have a job description and it’s used to determine your pay banding. For this reason, it should be reviewed regularly.

“There’s no hard and fast rule as to how often this should be done, but I’d advise reviewing it when you take on new substantive duties and at least once a year,” Clare says. “Your job description should reflect the work you’re doing so your annual appraisal is an opportunity to flag if this is necessary.”

*Words by Sharon Palfrey*



**RCN resources**

- Download the RCN toolkit, *NHS Job Evaluation Reviews: What to Do if You Think Your Pay Band is Wrong*: [rcn.org.uk/publications](https://rcn.org.uk/publications) (code 007206)
- Find out more about NHS job evaluation: [rcn.org.uk/nhs-job-evaluation](https://rcn.org.uk/nhs-job-evaluation)
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Professor Fiona Watt,  
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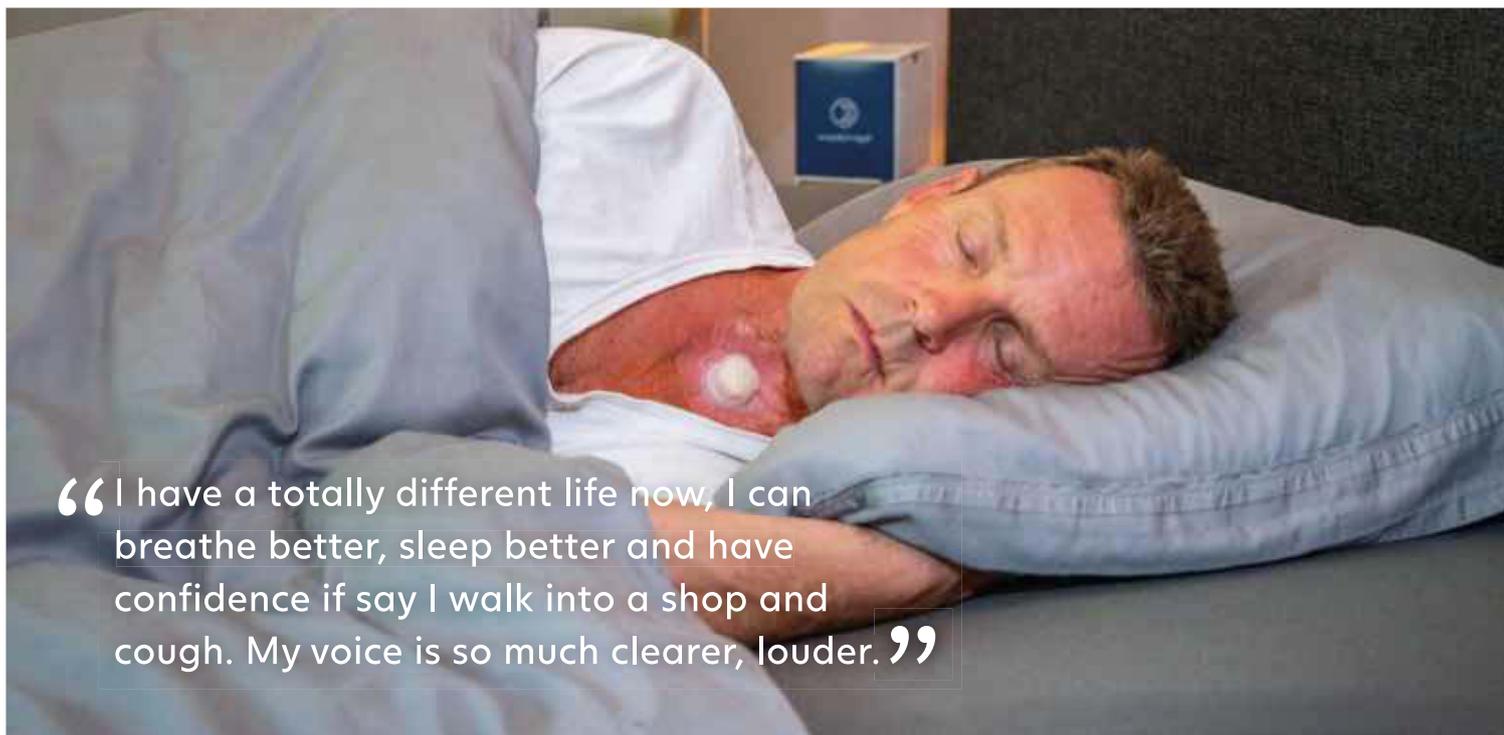
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30 Nov – 3 Dec 2022  
Mayflower Theatre  
Southampton

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Dancers: Erina Takahashi and Isaac Hernandez; Photo © Jason Ball, Creative Direction: Charlotte Wilkinson Studio.



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## For more information contact our recruitment team at:

[recruitment@spirehealthcare.com](mailto:recruitment@spirehealthcare.com)

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**INTERNATIONAL**

**Nurse - Ready to move on and move up? Time to move to Mayo!**

Mayo University Hospital has several posts for experienced 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](http://www.saolta.ie/hospital/muh) provides lots of information about our services.

**We are currently recruiting for: Clinical Nurse Specialist  
Diabetes salary range: €51,422 to €60,792.  
Staff Nurse Coronary Care salary range: €31,109 to €47,931**

[https://inmo.ie/salary\\_information](https://inmo.ie/salary_information)

- \* Watch our hospital videos here [www.saolta.ie/hospital/muh](http://www.saolta.ie/hospital/muh)
- \* Find out more about Mayo by visiting [www.mayo.ie](http://www.mayo.ie)
- \* Nurse registration in Ireland [www.nmbi.ie/Home](http://www.nmbi.ie/Home)
- \* Housing [www.daft.ie/mayo/property-for-sale](http://www.daft.ie/mayo/property-for-sale)
- \* The Wild Atlantic Way [www.wildatlanticway.com/home/](http://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: **61MUH2021 – Clinical Nurse Specialist – Diabetes / Staff Nurse Coronary Care**

Closing date for receipt of applications is  
**12noon on Tuesday 4th January 2022**  
Email: [Recruitment.HRMUH@hse.ie](mailto:Recruitment.HRMUH@hse.ie)  
Telephone: **+353 94 904 2334**

For informal enquiries contact:  
Mr Craig Allen  
Assistant Director of Nursing  
**00353 94 904 2481**  
Email: [craig.allen@hse.ie](mailto:craig.allen@hse.ie)



**INTERNATIONAL**



**Mental Health Nurses - Be Tasmanian!**

- Find community
- Immerse yourself in art
- Choose wine from independent vineyards
- Buy lobster fresh from the dock
- Sail the twilight races
- Dance to live music
- Roam the mountains
- Let your children run wild.

**Something is happening here and you're invited to be a part of it. The Tasmanian Mental Health Reforms are driving change for our communities, delivering:**

- Mental Health Hospital in the Home Teams
- New Acute Care and Mental Health Emergency Co-Response Teams
- Mental Health Centres that will provide Safe Haven, Recovery College and 24-hour services for people needing acute residential treatment and care
- Mental Health Homeless Outreach Support Teams
- New Tasmanian Eating Disorders Service
- A range of new CAMHS, including specific services for Children in Out of Home Care, a Youth Outreach Team, a Youth Early intervention Service and a Youth Forensic Mental Health Service
- New and Expanded Alcohol and Drug Services
- Expanded Community Mental Health Teams.

**Permanent jobs, Permanent Residency**

We are offering permanent government jobs and the opportunity to apply for state nominated permanent residency. With one of the best packages in Australia we provide flights, short-term accommodation, visa fee reimbursement and migration support. We believe this offers our staff and their loved ones the security they need to make the big move.

**Talk to us**

- For an overview of employment opportunities and information about settling in Tasmania, contact our Workforce Lead, British Mental Health Nurse - Jo [josephine.poole@ths.tas.gov.au](mailto:josephine.poole@ths.tas.gov.au)
- To explore our island Discover Tasmania | Attractions, Places To Visit & Accommodation



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## What it's like to be a nurse at Babylon



Melanie Chippendale  
Advanced Nurse Practitioner

I love working for Babylon as a Digital ANP for a variety of reasons. Babylon embraced digital consulting long before COVID-19 and has robust consulting systems that work well for staff and patients alike. They put patients first and have the largest GP practice in England! As a staff member, you have access to training, support and contact with colleagues at your fingertips, while enjoying all of the benefits of working at home.

Babylon ANPs are valued and the role is well understood. Of course it's fast-paced, busy and it can be stressful, what ANP role isn't? For me it is a great job, fits in with my current lifestyle, and gives the opportunity for a good work-life balance.

Please email [nursing.recruitment@babylonhealth.com](mailto:nursing.recruitment@babylonhealth.com) to find out more. Or call us on **07939 252361** to speak to a member of our recruitment or nursing team.



## CHILD HEALTH

**Are you an experienced PICU or NICU nurse looking for an exciting career opportunity? We are currently looking to recruit dynamic nurses to join our neonatal and paediatric retrieval teams.**



PaNDR (Paediatric and Neonatal Decision Support and Retrieval Service) launched in April 2021 and is the neonatal and paediatric retrieval service for the East of England. It amalgamates a well-established neonatal transfer team with a new rapidly expanding paediatric retrieval service.

Whilst the neonatal and paediatric teams work within their own speciality teams they also work supportively and collaboratively together. Providing expert critical care to neonates and children up to the age of 16 years with a variety of medical and surgical conditions both at their referring hospital and in the ambulance en-route to a specialist centre.

If you would like to be part of this friendly, progressive, innovative team providing excellent family centred care to critically ill neonates and children in the East of England and would like more information please contact:

Lorraine Highe, Matron for PaNDR: [lorraine.highe@addenbrookes.nhs.uk](mailto:lorraine.highe@addenbrookes.nhs.uk)  
Nathalie Sutton Senior Sister PIC PaNDR: [nathalie.sutton@addenbrookes.nhs.uk](mailto:nathalie.sutton@addenbrookes.nhs.uk)  
Emma Towler Senior Sister NIC PaNDR: [emma.towler@addenbrookes.nhs.uk](mailto:emma.towler@addenbrookes.nhs.uk)

*We currently have the following career opportunities available:*

**Band 8A Advanced Nurse Practitioners • Band 7 Transport Nurses • Band 7 Practice Development • Band 6 ODP • Band 6 Transport Nurse**

With plans for a pioneering new Children's Hospital in development for the East of England and based in Cambridge, this is a perfect time to join our paediatric and neonatal services. More information about the Cambridge Children's Hospital can be found at: [www.cambridgechildrens.org](http://www.cambridgechildrens.org)

Professionalism and clinical competence in neonatal or paediatric intensive care are key qualities required. Applicants must be proactive in pursuing a quality service for the neonates and children and families in our care. Successful applicants will be provided with plenty of opportunities to develop and maintain their clinical, leadership and management skills in highly supportive team structures.

Our Paediatric Practice Development teams will ensure that you receive a full and comprehensive orientation package, professional support and plenty of learning and development opportunities.

### Why choose Cambridge University Hospitals?

Our values and reputation for outstanding care • Opportunities to experience a range of specialities • Career and development opportunities • For staff and aspiring leaders we offer study time and/or financial support to complete an MSc in Nursing, subject to application • £1,000 Welcome Subsidy on commencement and up to a further £3,000 loan to support your resettlement and contribute towards a deposit or first months' (rent subject to eligibility) • Preceptorship and mentoring programmes delivered by a dedicated clinical education support team • Research experience and opportunities • Culturally diverse city, prestigious universities and colleges, modern science parks and historical landmarks • Excellent schools/colleges and transport links (road, rail and air)



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Are you looking for a new challenge where your wellbeing is put first in a supportive culture that prides itself on teamwork and kindness?

Join Elysium Healthcare and be part of an organisation that has recently won the 'Best Strategy for Supporting Employee Wellbeing' at the Reward Gateway's 2021 Engagement Excellence Awards.

You'll have access to an extensive range of wellbeing resources, from resilience training and therapy days to employee confidential care services and a dedicated Wellbeing platform, which can support your mind and body.

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[www.elysiumhealthcare.co.uk/careers](http://www.elysiumhealthcare.co.uk/careers)



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- ✓ Training dates available to book right up until Winter 2022

**7 HOURS CPD**

### SKILLS FOR HEALTH CSTF = RED / ALL IN 1 DAY = BLACK

<b>LONDON CHISWICK</b> DEC - 1st, 4th, 7th, 11th, 23rd
<b>LONDON KENSINGTON</b> DEC - 8th, 9th, 14th, 17th, 20th, 21st
<b>LONDON STRATFORD</b> DEC - 1st, 2nd, 4th, 6th, 9th, 10th, 13th, 16th, 18th, 20th, 21st, 23rd
<b>LONDON WATERLOO</b> DEC - 3rd, 7th, 8th, 10th, 15th, 16th, 18th, 22nd
<b>CROYDON</b> DEC - 9th, 17th
<b>LUTON</b> DEC - 4th, 6th, 16th, 21st
<b>OXFORD</b> DEC - 2nd, 8th, 11th, 17th, 20th
<b>READING</b> DEC - 1st, 11th, 14th, 21st
<b>MAIDSTONE</b> DEC - 2nd, 6th, 11th, 15th, 21st, 22nd

<b>BRIGHTON</b> DEC - 2nd, 4th, 10th, 15th, 16th, 20th
<b>PORTSMOUTH</b> DEC - 2nd, 4th, 11th, 15th, 21st
<b>SOUTHAMPTON</b> DEC - 3rd, 9th, 11th, 18th, 21st
<b>BRISTOL</b> DEC - 9th, 16th, 23rd
<b>EXETER</b> DEC - 9th, 15th
<b>PLYMOUTH</b> DEC - 13th
<b>CARDIFF</b> DEC - 6th, 13th, 17th, 22nd
<b>CHELMSFORD</b> DEC - 8th, 15th
<b>COLCHESTER</b> DEC - 1st

<b>MILTON KEYNES</b> DEC - 3rd, 9th, 11th, 20th, 22nd
<b>NORWICH</b> DEC - 9th, 13th
<b>HUNTINGDON</b> DEC - 10th, 11th, 16th, 17th, 22nd
<b>BIRMINGHAM</b> DEC - 4th, 14th, 18th, 21st, 22nd, 23rd
<b>COVENTRY</b> DEC - 8th, 10th, 23rd
<b>LEICESTER</b> DEC - 13th, 17th
<b>NOTTINGHAM</b> DEC - 1st, 6th, 15th, 17th
<b>SHEFFIELD</b> DEC - 3rd, 10th, 11th, 18th, 20th, 22nd
<b>MANCHESTER</b> DEC - 1st, 4th, 7th, 11th, 15th, 18th, 21st, 22nd

<b>LIVERPOOL</b> DEC - 9th, 10th, 18th, 20th
<b>LEEDS</b> DEC - 6th, 11th, 17th, 20th
<b>NEWCASTLE</b> DEC - 6th, 8th, 16th
<b>EDINBURGH</b> DEC - 6th, 17th, 18th
<b>GLASGOW</b> DEC - 16th
<b>ABERDEEN</b> DEC - 13th

Visit [www.hs-group.com](http://www.hs-group.com) to see full list of training dates for 2022

Book Your Place Now at [www.hs-group.com/mand](http://www.hs-group.com/mand)

## Other Healthcare Training Courses

**Vaccination + Immunisation 2 Day Foundation** **NEW**

FROM **£195** +VAT

£234 (inc of VAT)

- ✓ Refresher + Foundation courses available
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**LONDON STRATFORD**:- DEC 14th/15th JAN 13th/14th  
**BIRMINGHAM**:- DEC 15th/16th JAN 20th/21st  
**MANCHESTER**:- DEC 9th/10th JAN 24th/25th

**Venepuncture + Cannulation (1 Day)**

ONLY **£125** +VAT

£150 (inc of VAT)

**6.5 HOURS CPD**

- ✓ Theory + simulation learning
- ✓ Includes latest changes in guidelines and compliance

**LONDON**:- DEC 2nd, 15th JAN 7th, 22nd FEB 5th  
**BIRMINGHAM**:- DEC 17th JAN 5th, 22nd FEB 4th  
**LEEDS**:- DEC 13th JAN 19th FEB 17th MAR 18th  
**MANCHESTER**:- JAN 15th, 26th FEB 11th, 28th

**PMVA (1 Day + 3 Day)\***

FROM **£125** +VAT

£150 (inc of VAT)

- ✓ Prevent + manage violence + aggression
- ✓ Reduce the risk of injury + accidents
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**LONDON (1 DAY)**:- DEC 3rd, 13th JAN 11th, 28th  
**BIRMINGHAM (1 DAY)**:- DEC 6th JAN 24th FEB 25th  
**LEEDS**:- DEC 17th JAN 13th FEB 14th

\* For 3 day training dates visit [www.hs-group.com/pmva3](http://www.hs-group.com/pmva3)

**Safeguarding Children Level 3 (1 Day)**

ONLY **£95** +VAT

£114 (inc of VAT)

**7.5 HOURS CPD**

- ✓ Delivered by a qualified Safeguarding Expert
- ✓ Aligned to the 'Skills for Health' + Intercollegiate guidelines
- ✓ Certificate valid for 3 years

**LONDON**:- DEC 6th JAN 18th FEB 18th

**Medication Administration (½ Day)**

ONLY **£65** +VAT

£78 (inc of VAT)

**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**:- DEC 18th JAN 8th FEB 19th MAR 12th  
**BIRMINGHAM**:- DEC 11th JAN 7th FEB 2nd  
**MANCHESTER**:- DEC 20th JAN 4th FEB 1st

**Safeguarding Adults Level 3 (1 Day)**

ONLY **£79** +VAT

£90 (inc of VAT)

**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**:- DEC 3rd JAN 10th FEB 9th MAR 8th  
**BIRMINGHAM**:- DEC 20th JAN 4th FEB 3rd MAR 3rd  
**MANCHESTER**:- DEC 6th JAN 7th FEB 4th

Book Online at [www.hs-group.com](http://www.hs-group.com)  
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