



Royal College  
of Nursing

# HORSE POWER

HOW EQUINE THERAPY HELPED NURSE AMANDA  
DEAL WITH THE TRAUMA OF THE PANDEMIC

**CLINICAL**

Endometriosis  
explained

**ADVICE**

Child safeguarding:  
what you need to know

**RCN**  
**BULLETIN**

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ROYAL COLLEGE OF NURSING  
NORTHERN IRELAND BOARD

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Pat Cullen

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**A moment with Pat**

As we move into a new year, we continue to see nursing at the forefront of the response to the ongoing pandemic. The RCN's strength and uniqueness is that we are a sum of more than one part and, in the face of the biggest health and care challenge the world has seen, our professional mandate for nursing has never been more important.

We have fresh opportunities to grasp on behalf of our half a million professionals – to get nursing fully recognised as a modern and contemporary profession and to take account of the vast expertise of members across all sectors.

Political influencing is a priority and we've had some major successes over the past few months.

In England, we persuaded the government to reconsider its mandatory vaccine law. Though we encourage all nursing staff to have their COVID-19 jabs, this was the wrong policy that risked thousands being sacked and threatened patient safety.

We've also pressured ministers into extending NHS pension benefits for retired workers in England, Scotland and Wales who've returned to nursing during the pandemic (p3). Northern Ireland is consulting on the same extension. This is genuine progress and makes an important difference to those affected.

The voter turnout in our recent pay ballot in Northern Ireland is remarkable and provides real leverage to negotiate (p3). It leaves politicians in no doubt about our strength of feeling and shows the power of members' making their voices heard.

Paying nursing staff fairly is a key factor in retaining experienced staff as well as attracting others to the profession. We all know that unsafe staffing levels compromise patient care – it goes against the very reasons we came into nursing. As we navigate the changing COVID-19 landscape, governments across the UK must get a grip of the fundamental barriers to safe and effective patient care.

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

**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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## Members in Northern Ireland reject 3% pay award

A massive 92% of members who voted in our recent ballot on the Health and Social Care (HSC) pay award in Northern Ireland said it was unacceptable. The consultative ballot, which saw more than half of eligible members take part, was on the 3% pay award for 2021/22 for staff on Agenda for Change terms and conditions. Elected members are now considering next steps.

In England, Wales and Northern Ireland, governments have asked the Pay Review Body (PRB) for recommendations on NHS pay for 2022/23. We've submitted evidence to the PRB insisting that pay reflects the reality of nursing roles, the increasing cost of living and the workforce crisis. We're also clear that nursing pay is a political choice that ministers make.

In Scotland, we'll be working alongside other unions to negotiate an NHS pay offer directly with the Scottish government and NHS employers.

Find out more and campaign with us: [rcn.org.uk/fairpay](https://rcn.org.uk/fairpay)

### Support to stay safe under pressure

We've created resources to support you to make difficult clinical decisions and raise concerns when services become unsafe. They include guidance on what employers should do to reduce pressures caused by short staffing and advice on refusal to treat.

There's also helpful information on how to use our *Nursing Workforce Standards* to advocate for high quality patient care and a useful video with a senior leader from the Nursing and Midwifery Council (NMC) on what to do if you feel that you're crossing your "red lines".

Access the resources: [rcn.org.uk/unsustainable-pressures](https://rcn.org.uk/unsustainable-pressures)

**SAFE STAFFING SAVES LIVES**



## UPCOMING EVENTS


21 March  
Creative writing workshop for World Poetry Day

28 March  
Lecture on the history of Aboriginal Australian nursing staff

5 April  
Try origami for relaxation and wellbeing

26-27 April  
Attend the virtual RCN Education Forum conference

14 May  
Online one-day travel health conference

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

## NHS PENSIONS LATEST

### Big changes ahead

The UK government has announced that changes to NHS pension contribution rates for staff in England and Wales will be introduced from October. It'll affect how much you pay into the scheme each month, with its impact dependent on your circumstances. Some staff will pay more, some less. We've said the changes must be clearly communicated and that NHS pay must rise to account for increased pension contributions. Similar changes in Scotland and Northern Ireland are being consulted on.

Meanwhile, it's been agreed that NHS pension benefits for retired workers who've returned to nursing during the pandemic will be extended until the end of October following RCN pressure. This applies to staff in England, Scotland and Wales with a consultation underway in Northern Ireland.

We've also joined forces with other unions to launch legal action seeking to prevent the government from making members of the NHS pension scheme share the cost of remedying age discrimination that arose when changes were made to the scheme in 2015.

Find more information: [rcn.org.uk/pensions](https://rcn.org.uk/pensions)

### Did you know?

RCN Congress is back as an in-person event this year. It's being held in Glasgow from 5-9 June and is free to attend. It's where members debate nursing issues, set the direction of our future work and share best practice: [rcn.org.uk/congress](https://rcn.org.uk/congress)

### First steps to success

We're keen to spread the word about First Steps – our popular online learning tool for health care assistants. It's mapped to national occupational standards, covers the key aspects of assisting nursing practice and is free to access. Plus, you can learn at your own pace, dipping in and out to suit your schedule.

So, if you're a nursing support worker starting out or seeking to refresh your knowledge, or in a role that supports learning and development, check it out: [rcn.org.uk/first-steps](https://rcn.org.uk/first-steps)

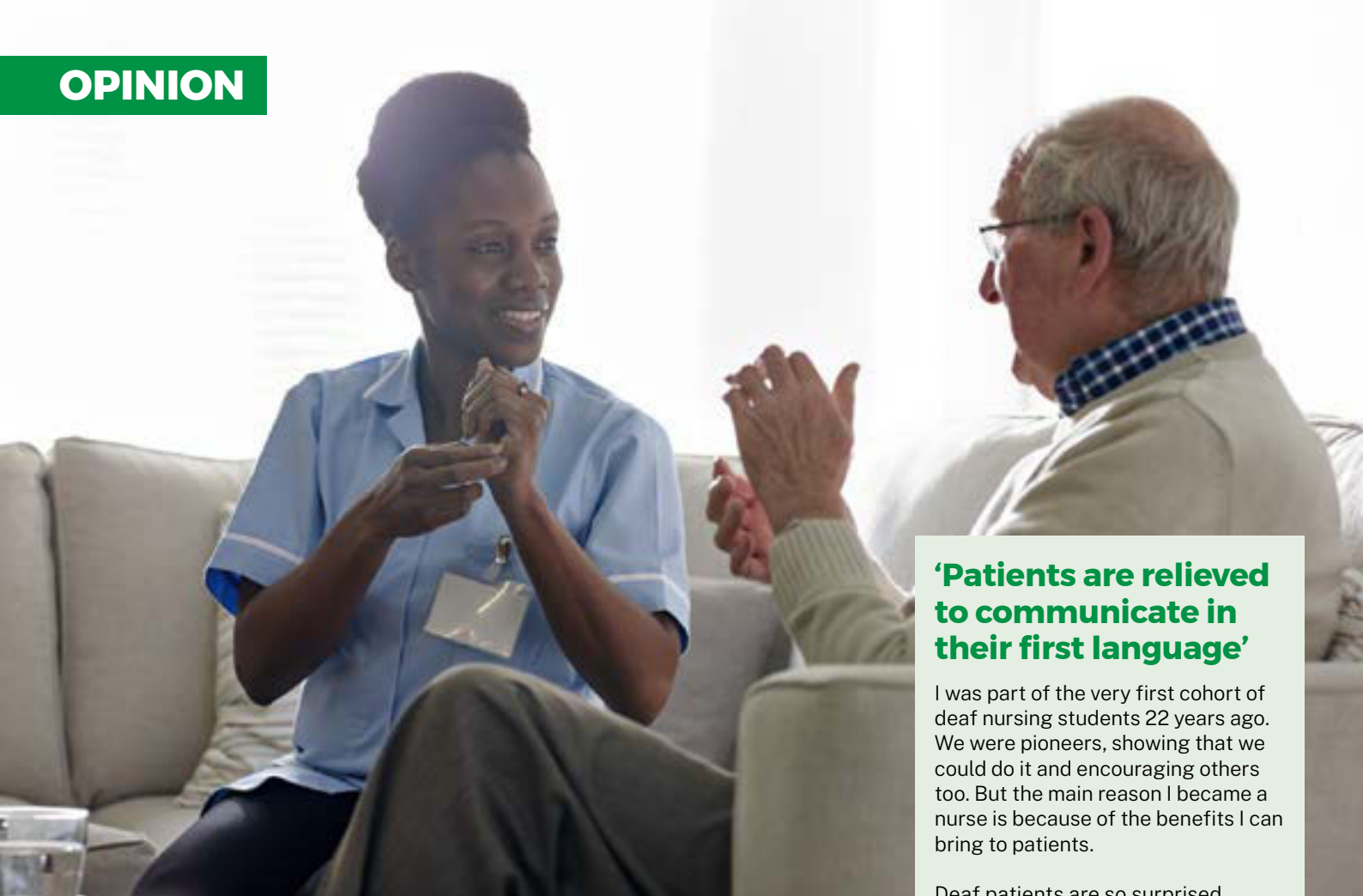


### Be a savvy spender with RCNXtra

Enjoy exclusive discounts on the weekly grocery shop. You'll earn WOW Points each time you shop using RCNXtra. Invite friends and family to join the scheme too.

[rcn.org.uk/member-discounts](https://rcn.org.uk/member-discounts)

*Xtra benefits. Xtra easy.*



**‘Patients are relieved to communicate in their first language’**

I was part of the very first cohort of deaf nursing students 22 years ago. We were pioneers, showing that we could do it and encouraging others too. But the main reason I became a nurse is because of the benefits I can bring to patients.

Deaf patients are so surprised and relieved to find out they can communicate with me in their first language. Being able to establish a relationship through language and culture is so important, especially in mental health care.

Often clients come out of a meeting with their consultant asking something like: “What is schizophrenia?” A lot of the medical vocabulary doesn’t necessarily translate or have meaning for deaf people. Patients are left not understanding and feeling upset, which can in turn lead to an episode of behaviour.

We have a number of deaf-friendly leaflets we can translate into patients’ language. Simply passing information back and forth isn’t going to lead to a good outcome. You need that inference, that deeper awareness of what people mean.

This is why it’s so important to encourage more deaf nursing staff to train and to put systems in place to enable this to happen.

**Jennifer, deaf recovery community nurse**

Read more: [rcn.org.uk/improving-care-for-deaf-patients](https://rcn.org.uk/improving-care-for-deaf-patients)

**IMPROVING CARE FOR DEAF PATIENTS**

**‘Living with an incurable disease has taught me so much’**

I suffered with stomach pains for years, but investigations only concluded I would struggle to conceive naturally.

Despite this, I did fall pregnant. At my six-week scan, a mass was discovered on my right ovary and I later had to have my ovary and fallopian tube removed.

Six weeks after giving birth to a healthy daughter, I was diagnosed with pseudomyxoma peritonei (PMP), a rare and slow-growing abdominal cancer.

Dealing with this diagnosis has been the hardest battle of my life. I’ve had four recurrences over 12 years. But as a survivor of PMP, I’ve learnt the importance of remaining positive while acknowledging your fears.

Throughout it all I remained determined to complete my nursing qualification and work in women’s health.

I know from my own experiences that the compassion and care we give has an impact that lasts a lifetime.



We can make a difference to peoples’ lives in a way few others can, bringing hope and help to patients when they need it most.

My daughter is 11 now, and I feel blessed. There have been so many milestones I once thought I wouldn’t see.

Living with an incurable disease has taught me many valuable life lessons.

These continue to drive the passion and purpose within me to help others and ease their pain.

**Charlotte, breast care nurse**

Read Charlotte’s full story: [rcn.org.uk/pmp-survivor](https://rcn.org.uk/pmp-survivor)

# What do you think?

We've made significant changes to *RCN Bulletin* over the past 18 months, relaunching it with a clearer sense of purpose, a new design and distinct sections. We're keen to know what you think and what more we could do to improve.

We're also interested to learn how much you value printed magazines, as we seek to reduce our impact on the environment and make best use of members' money.

**We've launched a survey that takes just 10 minutes to complete.**



**The quickest and easiest way to complete the survey is online:**  
[surveys.rcn.org.uk/s/mags-survey](https://surveys.rcn.org.uk/s/mags-survey)

If it's not possible to complete the survey online, fill out the form below, cut out this page and send to Kim Scott, RCN Headquarters, 20 Cavendish Square, London W1G 0RN. Your responses will be treated anonymously and will be deleted once analysis is complete.

**COMPLETE THE SURVEY TO ENTER OUR IPAD PRIZE DRAW**

<b>Membership category:</b>	<input type="checkbox"/> Nurse <input type="checkbox"/> Nursing support worker <input type="checkbox"/> Student <input type="checkbox"/> Retired
<b>Years in membership:</b>	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31+
<b>Age:</b>	<input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
<b>Ethnicity:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> Prefer not to say
<b>Email address*:</b>	
<b>How often do you read <i>RCN Bulletin</i>?</b>	<input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
<b>What statement best describes how you read <i>RCN Bulletin</i>?</b>	<input type="checkbox"/> I read it in full <input type="checkbox"/> I read most of the content <input type="checkbox"/> I skim through the content to see if anything catches my eye <input type="checkbox"/> I look at the cover to see if anything looks interesting
<b>How strongly do you feel about the RCN taking action to reduce its carbon footprint?</b>	Not at all strong <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very strong
<b>Where are you most likely to read <i>RCN Bulletin</i>?</b>	<input type="checkbox"/> At home <input type="checkbox"/> At work <input type="checkbox"/> During my commute (trains, buses etc) <input type="checkbox"/> During other travel <input type="checkbox"/> Other (please specify):
<b>How frequently do you think <i>RCN Bulletin</i> should be printed and posted?</b>	<input type="checkbox"/> Once a year <input type="checkbox"/> Twice a year <input type="checkbox"/> Four times a year (the current frequency) <input type="checkbox"/> Six times a year <input type="checkbox"/> Monthly <input type="checkbox"/> Not at all
<b>What <i>RCN Bulletin</i> content section do you find most valuable? (tick all that apply)</b>	<input type="checkbox"/> Update <input type="checkbox"/> Opinion <input type="checkbox"/> Clinical <input type="checkbox"/> Advice <input type="checkbox"/> People <input type="checkbox"/> Wellbeing <input type="checkbox"/> Career <input type="checkbox"/> Action <input type="checkbox"/> Job adverts <input type="checkbox"/> Other (please specify):
<b>How satisfied are you with the content in <i>RCN Bulletin</i>?</b>	Very dissatisfied <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very satisfied
<b>How well do you feel <i>RCN Bulletin</i> fulfils its intended purpose? Please write one of the below numbers in each box to indicate.</b> 1. Unsure 2. Not at all well 3. Not very well 4. Quite well 5. Very well	<input type="checkbox"/> letting members know what the RCN is doing <input type="checkbox"/> informing members about new RCN products and services <input type="checkbox"/> giving members advice on workplace issues <input type="checkbox"/> making members feel good about being part of the nursing profession <input type="checkbox"/> inspiring members with stories about excellent nursing practice <input type="checkbox"/> sharing members' stories <input type="checkbox"/> encouraging members to get involved in RCN campaigns and activities <input type="checkbox"/> sharing best clinical practice <input type="checkbox"/> advertising nursing jobs
<b>How satisfied are you with the language and tone used in <i>RCN Bulletin</i>?</b>	Very dissatisfied <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very satisfied
<b>Please indicate where you feel the language and tone of <i>RCN Bulletin</i> lies.</b>	Dense <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Light Formal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Friendly Complex <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Simple Negative <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Positive
<b>Which of the following would be attractive changes for <i>RCN Bulletin</i>?</b>	<input type="checkbox"/> Increased frequency <input type="checkbox"/> Decreased frequency <input type="checkbox"/> More pages <input type="checkbox"/> Fewer pages <input type="checkbox"/> Better paper quality <input type="checkbox"/> It is made online only <input type="checkbox"/> More adverts <input type="checkbox"/> Fewer adverts <input type="checkbox"/> None of the above <input type="checkbox"/> Other (please specify):
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<b>Would you miss <i>RCN Bulletin</i> if it didn't exist in print?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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# PPE: our fight for your safety



Two years into the pandemic, risk assessments are still needed to protect you from avoidable infection. We've created a new tool to support workplace decisions about PPE

In the first week of January, more than 45,000 NHS hospital staff in England were off work each day on average because of COVID-19. This rose to almost 50,000 on some days.

As the Omicron variant ripped through our communities, health care staff in every setting in every part of the UK were again exposed to unprecedented risks.

Two years into the pandemic, the RCN continues to fight for better protection for its members, demanding FFP3 masks be supplied to all staff caring for people with known or suspected COVID-19.

We do this as national infection prevention and control guidance remains unclear on the issue, failing to acknowledge firm evidence of airborne transmission of the virus.

This is causing confusion for employers and a postcode lottery in the provision of personal

protective equipment (PPE), argues RCN Professional Lead for Infection Prevention and Control Rose Gallagher.

“We know health care workers are at increased risk of being infected with COVID-19,” says Rose. “Yet the guidance lacks clarity to support risk assessments. It doesn't say how COVID-19 is transmitted, neglecting to recognise the airborne route as a significant risk to nursing staff.

“There is a clear expectation under the Control of Substances Hazardous to Health (COSHH) Regulations 2002 that an employer's risk assessment takes into account the level, type and duration of exposure to substances hazardous to health, in this case to SARS-CoV-2, which has been classified as a group three biological agent. For employers to do this effectively, the route of transmission must be known. Equally, for members making ‘in the moment’ assessments of risk, having clarity on the route of transmission is vital.



If you're worried risk assessments aren't being conducted properly, or adequate PPE is not routinely provided, raise these concerns with your RCN safety rep or directly with your employer using RCN advice: [rcn.org.uk/raisingconcerns](https://rcn.org.uk/raisingconcerns)



## Health care workers are at increased risk of being infected with COVID-19



Image © Dr JD Williamson

the chief medical officer take action and campaigned jointly with other health unions. The UK government has so far refused to budge.

### Understanding risks

Not willing to let staff go unprotected, the RCN has changed tack, working with health and safety experts in other organisations to launch a new COVID-19 workplace risk assessment toolkit. It aims to support staff to consider and manage risks associated with COVID-19 and aid local decision making on PPE.

“It’s really important that members understand their employers’ responsibilities in protecting them against the risks of COVID-19,” stresses Rose. “If members aren’t aware of their rights, it makes it difficult for them to have conversations with their managers.”

The toolkit seeks to empower people with that knowledge to help what can be challenging discussions at work.

“This pandemic still has a long way to go and there will be more twists and turns along the way. We know infection rates will increase and decrease throughout the year, dependent on different factors.

“We need to be flexible and adapt to whatever the virus throws at us. There may be times when FFP3 masks are unnecessary, if there are fewer cases in the community and transmission risk is lower, but right now we need to be cautious.

“The danger that SARS-CoV-2 (the virus that causes COVID-19) presents to us must be respected because it continues to kill people. We can’t be complacent about this. I know staff are tired – it can be uncomfortable and exhausting to wear PPE for long periods – so it’s vital employers are vigilant in allowing staff their breaks. Employers must also provide training and conduct face fit testing if FFP3 masks are being used. Fit testing of FFP3s for a safe fit is required by law.”

Words by Kim Scott

“As it stands, the UK guidance is open to interpretation, so these staff are subject to local decisions on what level of protection they should wear. With infection rates so high over the past few months, precautionary use of FFP3 masks would have helped reduce virus transmission at work.”

### Unequal provision

By contrast, other international agencies such as the European Centre for Disease Prevention and Control (ECDC), have updated their guidance in line with growing evidence about the airborne route of virus spread. The ECDC now recommends the equivalent use of FFP3 masks for any health worker caring for people with known or suspected COVID-19.

The UK lags behind this European approach, with the lack of national clarity resulting in unequal provision of respiratory protective equipment (RPE) – an avoidable situation we’ve fought hard to change.

Since new variants of concern were first identified early last year, we’ve held meetings with the health secretary, sent letters to the prime minister, demanded

### Know your rights

- Employers have a legal duty to ensure the health, safety and welfare of their employees at work.
- Employers must conduct suitable and sufficient risk assessments in consultation with staff.
- Employees have the right to see risk assessments.
- If a risk assessment hasn’t been performed, employees have the right to ask that one is.
- Employers must keep evidence under review and reassess risks.
- FFP3 masks must be face fit tested by a competent person and training given on their use.
- Tight fitting FFP3 masks must not be worn continuously for longer than one hour.
- Workers should not be penalised for exercising their right not to expose themselves to risks.
- Employers should have a culture of openness and challenge in controlling risk.

Access the COVID-19 workplace risk assessment toolkit: [rcn.org.uk/covid-risk-assessment-toolkit](https://rcn.org.uk/covid-risk-assessment-toolkit)

**1 in 10**  
women have  
endometriosis

# Endometriosis explained

It takes patients eight years on average to get an endometriosis diagnosis. Nurse practitioner Deb tells us about her specialist role and how nursing staff could help spot the condition earlier



Deb Panes

One in 10 women have endometriosis. It's a long-term, chronic condition that can affect anyone of reproductive age who has a uterus. Endometriosis can cause pain, distress and infertility and may require years of symptom management or even surgery.

Yet, on average, it takes eight years from the onset of symptoms to get a diagnosis.

Deb Panes is a member of the RCN Women's Health Forum and an endometriosis nurse practitioner at St Michael's Hospital in Bristol, a specialist tertiary referral service for complex and severe endometriosis. "Often by the time women get to us they've seen a number of doctors and had many tests. They're frustrated that no one is able to give them a firm diagnosis."

Stock image of endometriosis scar tissue under a microscope



While endometriosis awareness and care has improved in the past decade, with the number of specialist centres and nurses increasing, “it can be difficult to diagnose,” Deb says.

Symptoms can include heavy and painful periods, chronic pelvic pain, pain during sex, painful bowel movements and urination, chronic fatigue and depression. Some patients find symptoms dismissed or misdiagnosed as, for example, irritable bowel syndrome (IBS).

While endometrial growths themselves are benign, the symptoms they cause can be extreme, so an endometriosis specialist will assess and treat the symptoms. “Some people are in pain every single day,” says Deb. “Obviously that can affect your quality of life.”

### Increasing awareness

Nursing staff everywhere could help cut the time it takes to reach diagnosis: “If you, as a practice nurse, ward nurse or nursing support worker, come across a patient who opens up about their heavy painful periods, it’s about listening and saying: ‘That’s not normal.’ Ask yourself: ‘How can I signpost this person to the right information?’ Listen and be understanding, even if you don’t have the answers,” Deb says.

“I want to stress the invisibility of the condition. Just because patients look well and put across that they’re coping, it doesn’t mean they’re not suffering with chronic pelvic pain.”

During her seven years as an endometriosis nurse practitioner, Deb has had countless emotional conversations with patients who’d previously been told they’re exaggerating their pain, functioning too well for an endometriosis diagnosis,

or even been advised to have a baby to cure their pain.

“My role is about allowing people to open up, validating their symptoms and never telling them it’s all in their head. Pain is individual to the patient.”

### Treatment options

Deb supports patients through their entire journey with the clinic – from initial assessment to pain management and complex surgery. She takes a full medical history, manages medicines, and assesses which treatments suit the patient’s priorities. Hormonal contraception or strong hormone injections, such as Zoladex, can significantly reduce symptoms, but wouldn’t be appropriate for someone attempting to conceive.

Pain relief is key and analgesics are commonly prescribed. “We’ve got a great pain clinic here with a holistic approach to help patients live with their pain, because not everyone wants to have an operation or take hormones.”

For patients with severe disease, ultrasound scan, MRI and laparoscopy with biopsy can identify the extent of deep infiltrating endometriosis. Endometriosis can spread through the pelvis, and sometimes beyond, with tissue growth on the bowel and bladder that may require surgical removal, leading to a temporary stoma.

Nursing staff can also advise on exercise and nutrition, which “can make a big improvement to symptoms and mental health.”

### Psychological support

There is a significant psychological element to endometriosis. “Living with any chronic condition, especially a

chronic pain condition, can have a huge impact on a patient’s mental health,” Deb says. “Patients often feel their endometriosis is out of their control, that it controls them.”

Helping patients express their concerns and manage their mood is crucial. Initially, some may need anti-anxiety or anti-depression medication, others may benefit from talking therapies.

Simply being there to answer questions or allay concerns is central to the role. During COVID-19, patients have suffered from a lack of social support, difficulty accessing community services, and surgery delays. “The number of patients talking about suicidal thoughts has increased over lockdowns,” Deb says. “It’s not a little bit of low mood, it’s the impact that managing a chronic condition has on their lives.”

Numerous patients have told Deb that having a specialist nurse to speak to has been invaluable: “It really offers that opportunity to open up.”

Words by Rachael Healy

### Useful RCN resources

Visit [rcn.org.uk/publications](https://rcn.org.uk/publications) and search for:

- *Endometriosis Factsheet*
- *Clinical Nurse Specialist in Endometriosis*
- *Making Sense of Women’s Health*



March is Endometriosis Awareness Month. Find out more at Endometriosis UK: [endometriosis-uk.org](https://endometriosis-uk.org)

## What is endometriosis?

Endometriosis is a condition where tissue similar to the uterus lining (endometrium) is present outside the uterus.

This can cause a chronic, inflammatory reaction and formation of internal scar tissue. Although the growths

are benign, they can cause intense pain, chronic fatigue, heavy and painful periods, bowel issues and infertility. Endometriosis can be superficial or severe (where the endometrium is 5mm or thicker). Severity of the condition does not always correlate to severity of symptoms.

# Safeguarding children: what you need to know

Recent high profile child abuse cases have shown the importance of health care workers recognising the signs of cruelty and neglect. Updated RCN guidance can help

RCN member Leila Francis is a specialist nurse providing expert advice on the assessment and treatment of children who have been maltreated, including victims of sexual abuse, trafficking and "FII" – fabricated or induced illness where a parent or carer exaggerates or deliberately causes symptoms of illness in a child.

Nearly 60,000 children in the UK were subject to child protection measures in 2020. Systems differ slightly in England, Wales, Scotland and Northern Ireland, but all have one aim: to keep children safe from abuse and neglect.

Some children are more vulnerable to abuse than others – those who live in chaotic or dysfunctional households, for example, children with learning disabilities and those linked with gangs.

Safeguarding nurses, like Leila, work with children or adults, helping to ensure that appropriate services are commissioned to safeguard and support those at risk. Along with other experts in child safeguarding, Leila has helped update RCN guidance on protecting

children and young people. It makes clear that all nursing staff, not just those who work in children's services, have a part to play in keeping children and young people safe.

"The responsibility also applies to nursing staff working primarily with adults," says Leila. "Staff in these settings need to be aware that any adult may pose a risk to children."

She adds: "Even if your primary responsibility does not relate to children, you'll have the opportunity to observe and identify behaviour which could indicate a child is being abused or neglected."

The RCN guidance offers advice on issues to consider in relation to safeguarding children, as well as principles to apply to your practice and guidance on raising concerns (see boxes).

Not all abuse carries physical signs. Evidence of emotional or sexual abuse and neglect may be less immediately obvious but certain behaviours should trigger concern.

For example, children who are very withdrawn, fearful or anxious about doing something wrong may be suffering emotional abuse. And sexual abuse or exploitation can cause children to have knowledge of or interest in sexual acts inappropriate to their age. They may use sexual language or ask others to play sexual games.

Unexplained gifts or new possessions, having older boyfriends or girlfriends and regularly missing school can also suggest child criminal or sexual exploitation.

Words by Daniel Allen

## Join the forum

Leila Francis is a member of our Children and Young People Staying Healthy Forum committee. The forum promotes the physical, mental and emotional health and wellbeing of children and young people. Find out more: [rcn.org.uk/cyp-staying-healthy-forum](https://rcn.org.uk/cyp-staying-healthy-forum)

## Safeguarding principles

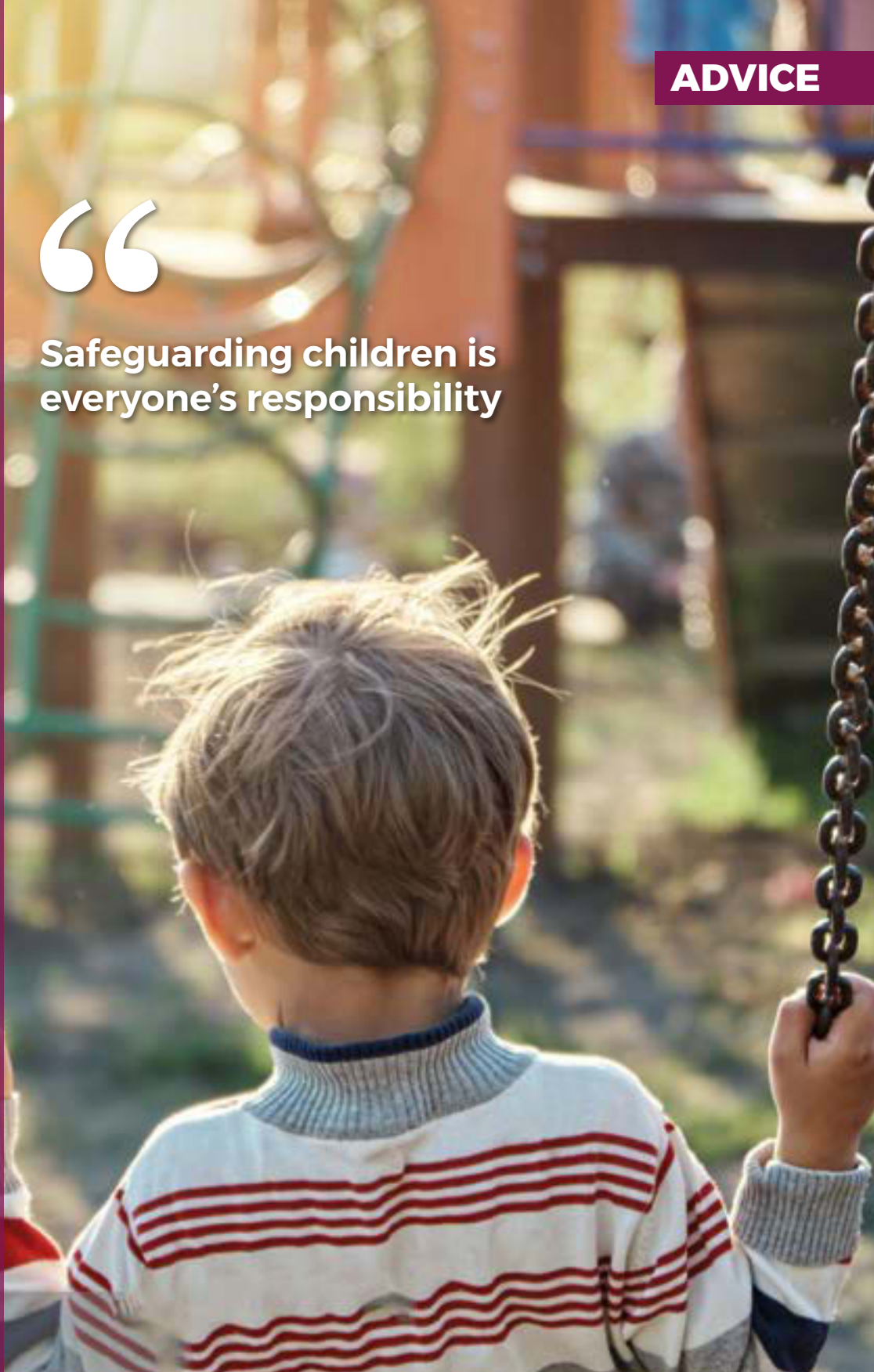
- A child's welfare is paramount in every respect, regardless of whether you feel sympathy or respect for the parent or carer.
- Children have a right to be safe and should be protected from all forms of abuse and neglect. Safeguarding children is everyone's responsibility.
- Make sure you know who has parental responsibility and who is living with the child.
- Consider the involvement of and potential risks posed by all adults who have a significant influence on a family, even if they don't live in the same house.
- Acting as an effective advocate for a child or young person is the responsibility of all nursing staff, but nursing staff should balance children's rights and wishes with a professional responsibility to keep them safe.
- Nursing staff should be aware of the possible impact of a parent or carer's physical and mental health on the wellbeing and development of a child or young person, including an unborn child.
- Be clear about your own and colleagues' roles, responsibilities and professional boundaries, and even about the possibility of abuse by other professionals. Raise concerns about the conduct of colleagues if appropriate.

### Raising concerns

- Follow your organisation’s child protection policies and procedures. These will tell you how to share information and who with. All providers of health services have a named professional for safeguarding children.
- The principles for sharing information about child safeguarding concerns are: necessary, proportionate, relevant, adequate, accurate, timely and secure.
- Good record keeping is essential in piecing together apparently unrelated factors. Reports should be factual, clear, accurate, accessible and comprehensive.
- Write down all observations and discussions as they happen. Record your professional judgement and any action taken. Be sure to add the date and time for all entries.
- Use a body map to identify any specific marks or injuries.
- Note dates of and reasons for attendance, non-attendance and significant incidents.
- Always make referrals to other agencies in writing.



## Safeguarding children is everyone’s responsibility



**i** Read the full safeguarding guidance: [rcn.org.uk/safeguarding-children](https://rcn.org.uk/safeguarding-children)

### Signs of abuse

- Physical signs, including bruising in unusual areas, bruised eyes and bite marks.
- Poor physical health, inadequate hygiene and inappropriate dress.
- Repeatedly missed appointments or failed access visits.
- Unrealistic parental expectations and over-protection.
- Poor school attendance not explained on health grounds.
- Behavioural signs such as fear of certain adults.
- Stories provided by an adult that are inconsistent with a child’s injuries.
- Repeated attendance with different types of injury.

# Horse power

How equine therapy helped intensive care sister Amanda deal with the trauma of the pandemic

“ICU is a very different environment to anywhere else in the hospital,” says Amanda. “The sickest of the sick come to us. If we can’t fix them,” she hesitates, “there’s nowhere else to go.”

Burnout can be common and it’s important to find ways to “keep sane”. But the careful balance Amanda had found was rocked when the pandemic hit.

“When we had our first COVID patients, it wasn’t being taken seriously enough,” Amanda recalls. “We didn’t have enough PPE; the right processes weren’t in place. There was this overwhelming sense of having no control; we could see what was coming but felt powerless to do anything.”

As it progressed, patient ratios were stretched, redeployed staff were thrown in the deep end, PPE and safety concerns became daily stressors, and nursing staff felt overwhelming worry for colleagues, family and friends.

But for Amanda, it was at the end of a long year of working incessantly under these conditions that COVID hit hardest.

## Grief came crashing in

Amanda’s nephew, who had kidney issues, caught COVID and was taken straight to ICU.

“I knew what that meant. I knew he was incredibly sick and that because of the drugs he was on, the chances of him coming out were small,” Amanda says. “And he didn’t. He didn’t come out.”

Receiving the phone call at work to let her know her nephew had died “pulled the rug out. It was like all the grief for all the deaths over the past year just came crashing in.” She left work halfway through that shift and didn’t go back for 13 weeks.

“I’d been to see my GP,” says Amanda. “I’d done all the things I was meant to do. But I’m not the kind of person who can meditate, who can just sit there quietly. I needed to take my mind off the things I was obsessively thinking about.”

Dina Shale, the owner of The Way of the Horse – an equine-assisted therapy centre in Leicestershire – suggested Amanda try their course Project Pony, which offers a different approach to processing trauma.

“It doesn’t ask you to relive the trauma, unlike many other therapies,” says Amanda. “Instead, it helps you to connect with how you’re feeling; to recognise what happens in your body when you’re stressed and what you can do to cope with that.”

Over the course of 12 weeks, Amanda attended theory lessons on stress and trauma and was given techniques to cope and reset. This was complemented by time spent with horses, watching how the animals respond to, process and rid themselves of stress.

The horses also help people recognise their own emotional state. “If you’re carrying any stress, fear or tension, the horses will pick that up immediately,” Amanda says.

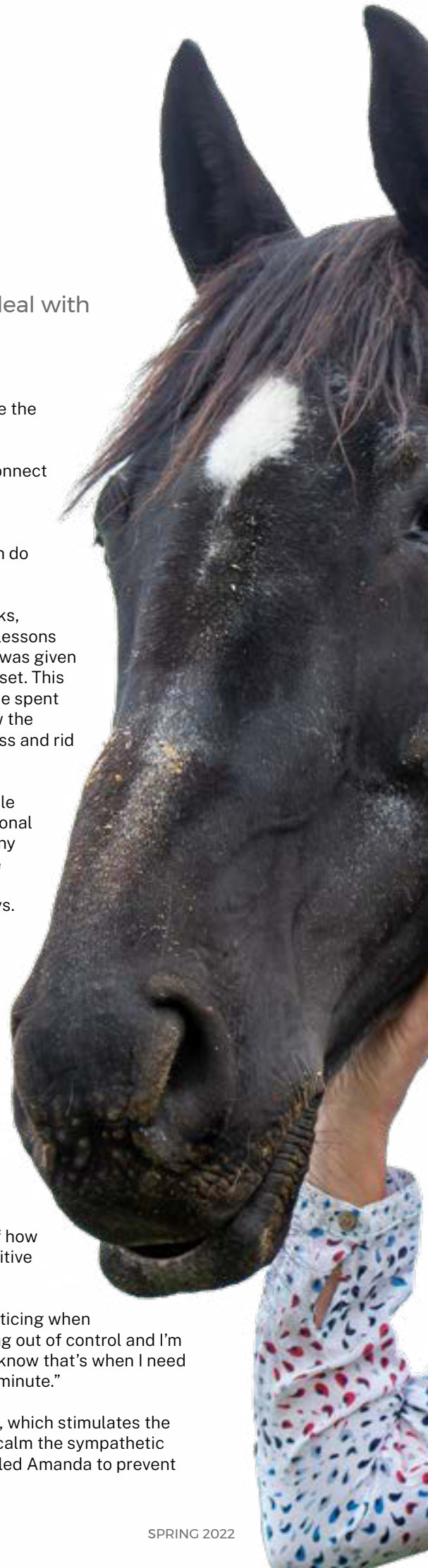
“Only by learning to recognise your own emotional state and finding a way to let go will the horses connect with you. When that happens, it’s kind of magical.”

## From horses to hospitals

Since being back at work, the therapy has helped Amanda be more aware of how she’s feeling and take positive steps when needed.

“I’m definitely better at noticing when my stress levels are getting out of control and I’m starting to disassociate. I know that’s when I need to take myself away for a minute.”

Practising deep breathing, which stimulates the vagus nerve and helps to calm the sympathetic nervous system, has enabled Amanda to prevent





## When you let go and the horses connect with you, it's kind of magical

stress from escalating. Having since realised that she'd been perimenopausal, which she feels contributed to her levels of anxiety, Amanda credits horse therapy with helping her to be better in tune with herself and her body.

“The therapy really helped me get out of that anxiety cycle, to get in touch with myself and to find the confidence and enthusiasm to educate myself more about health and diet and other positive steps I could take as I approach the menopause.

“I truly believe so many people, especially those working in health care, could benefit a lot from this therapy. Without it, I think I'd be in a very different place right now.”

*Words by Leah Williams*

### Read more online

Find Amanda's full story and more information about courses run by The Way of the Horse\*, including a 3-day online course – Road to Recovery – part-funded for key workers running 12-15 April: [rcn.org.uk/magazines/wellbeing](https://rcn.org.uk/magazines/wellbeing)

\*Courses run by The Way of the Horse are not accredited or endorsed by the RCN

Amanda, pictured by Steve Baker

# A trusted voice for British Sikhs

Rohit won the leadership category of the RCN Nursing Awards for his pioneering work with the Sikh community. He's encouraging applications from diverse members as the 2022 awards open for entries

Pictures of Rohit  
by Barney Newman



When Rohit Sagoo recognised that his community had specific health needs that weren't being met, he knew it was something he couldn't ignore.

"I'd been reading research around the rates of obesity, heart disease and stroke in the Sikh community," says Rohit. "I could see there was a real need to care for people and I thought I needed to act.

"That comes from my father, who is my role model. He's always had the view that there's no harm in taking risks and you need to persevere."

In 2015, Rohit set up British Sikh Nurses with the aim of bridging the gap between the NHS and the South Asian community. "It was on a shoestring budget, on my own, with help from my wife," he says. "I thought, let's do it and see where it goes. And people responded. It's been such a positive journey."

After raising the new organisation's profile on social media, attention escalated with the Department of Health asking for help to campaign for organ donation. Other issues followed, including increasing awareness of mental health, diabetes, hypertension and basic life support.

"It was really about engaging hard-to-reach groups, including the older generation and those with limited or no English language," Rohit says.

## Fighting stigma

Tangible outcomes of his work with British Sikh Nurses include leading stem cell donation drives that have helped three patients find a match, with more than 10,000 people signing up to the register.

"There can be a stigma in South Asian families about asking for help," says

Rohit. "We gave them a platform and gradually people started saying, can you help us? It opened up a massive doorway. That makes me so happy."

Key challenges have included building trust in a community where mistrust in health care is common.

"I've definitely become a trusted voice within the community," says Rohit.

That role has come into sharp focus during the pandemic, where he has worked hard to overcome vaccine hesitancy. "There were lots of questions about what the vaccine contained and whether it was vegetarian," he says.

"For us, it was a myth-busting exercise and we needed to reassure communities it was safe. At the beginning there was slow uptake and then suddenly people started coming forward."

More than  
**10,000**  
people have become  
stem cell donors  
thanks to British  
Sikh Nurses

### Rohit's top tips to inspire innovation

- If you spot a gap, don't be afraid to fill it. "You don't need a massive budget. Social media platforms are free and they make it very easy to disseminate your messages."
- Know your audience and who you're trying to engage with. "Make sure your voice is succinct."
- Be honest. "You need to be trustworthy, with no mixed messages."
- Remember that nursing staff have many, but often under-recognised, entrepreneurial skills. "There are so many things you can do," says Rohit. "Look at your passions for inspiration. We can undervalue ourselves and what we do."
- Don't be afraid to take risks. "You don't know where it might lead."

won the leadership category of the RCN Nursing Awards.

"I was so surprised to win," he says. "I met the other finalists and felt like I'd done nothing in comparison, as they were amazing. It was a real shock and I was lost for words."

Now he hopes the award win will raise the profile of his organisation further,

increasing its influence and growing its reach.

"I was the only person of colour to win one of the 2021 awards," adds Rohit. "I hope my winning will encourage other people from black and Asian communities to put themselves forward. I want to open up the door even more."

*Words by Lynne Pearce*

**i** Find out more about British Sikh Nurses: [sikhnurses.co.uk](http://sikhnurses.co.uk)

In the past, there has been little research into the health of South Asian communities, and there can be distrust in Western health care, with its primary focus on prescriptions, Rohit believes. "In India, they don't just rely on medication," he explains. "There are homeopathic and ayurvedic treatments."

Trying to reach South Asian communities is also much more complex than simply publishing leaflets in different languages. "Will they be picked up or understood? You need to get the key information right and disseminated properly," says Rohit. "You have to be able to understand the culture, its nuances and how best to communicate. You can't be a bull in a china shop."

#### National recognition

Last autumn, Rohit's pioneering contribution was rewarded when he



### Enter the RCN Nursing Awards 2022

We're inviting nominations across 14 categories with the overall winner crowned RCN Nurse of the Year. Find out more and nominate before the deadline of 25 March: [rcni.com/nurse-awards](http://rcni.com/nurse-awards)

# What do witches and nurses have in common?

Nurse historian Nicola's new research into the Scottish healers and midwives accused of witchcraft 400 years ago reveals secrets about the origins of nursing



Between 1563 and 1736, nearly 4,000 people were accused of being witches under Scotland's Witchcraft Act. Approximately two-thirds of these, mostly women, were burned at the stake.

People were accused of witchcraft for many reasons, but for some, actions taken to care for the sick or assist with childbirth contributed to their downfall. At the 2021 RCN Foundation lecture, Professor Nicola Ring from Edinburgh Napier University presented new research into the connections between these witchcraft trials and early nursing and midwifery practices.

Using Edinburgh University's Survey of Scottish Witchcraft (SSW), the research identified those accused of witchcraft for reasons relating to folk healing or midwifery, uncovering details about their work.

In 2020, Nicola heard about the Witches of Scotland campaign – Claire Mitchell QC's attempt to secure a posthumous pardon for those executed under the Witchcraft Act. "Despite being knowledgeable about nursing history, I never thought we could research these people, because I didn't think records existed," Nicola explains.

"Conversations with Claire made me realise we could find out more about these early practitioners. That gave me the idea for the project."

Nicola teamed up with midwifery and child health nursing colleagues, Nessa McHugh and Rachel Davidson-Welch, and secured RCN Foundation funding. They studied the 142 people named on the SSW

with witchcraft accusations relating to healing or midwifery practices.

In the witchcraft trial records, the focus was on harm the healers or midwives were perceived to have caused. Perhaps they'd cared for a sick neighbour who died. Or, if a patient recovered, this was considered evidence of devilish practice. "Often there's tantalising glimpses of what these healers and midwives were doing," says Nicola. "You know they were giving health drinks or using salves, but you're left asking 'What for? What was in these?'"

There were some "patterns and trends", such as the use of herbalism. "There were many traditional folklore-type practices or rituals reported. For example, midwives putting protective circlets of woodbine around women in labour."

The introduction of the Witchcraft Act intersected with Scotland's religious Reformation – the move from Catholicism to Protestantism in 1560 – and the researchers found many people accused of witchcraft due to their continued use of pre-Reformation healing practices.

"They weren't just providing physical healing, they were addressing spiritual wellbeing too, for example by using prayers," Nicola says.

"Some of what they were doing would have been acceptable practice pre-Reformation, but post-Reformation was not." This spiritual side of 16th-century Scottish healing resonates with holistic care, something that is still essential today.







## Midwives put protective circlets of woodbine around women in labour



**i** Did you know? The online version of this article is among the most read on the RCN Magazines website. Find all our latest features: [rcn.org.uk/magazines](https://rcn.org.uk/magazines)

They found examples of both specific practices and principles, such as the importance of washing patients and clothes, that resonated with nursing today. “Some accused women were also being assertive, standing up for their families. Others did not conform to social norms. Seeing all this, it’s fair to say that being accused as witches would’ve been the fate of myself, Rachel and Nessa.”

### Harrowing findings

Going into the project, Nicola was aware of “the ‘witch healer’ perception of an old, poor, uneducated woman”. Although many of the 142 accused matched this, many did not. They found a higher proportion of male healers (17%) than men in nursing and midwifery today (around 10%).

“Some people stood out, so we investigated 12 women and four men further, including Agnes Sampson, one of Scotland’s best-known witches – a renowned midwife, who was caught up in the North Berwick witchcraft trials.”

King James VI was a driving force behind Scotland’s pursuit of alleged witches. In 1597 he published *Daemonology*, a book about black magic including arguments for why witches should be persecuted in a Christian society. “The king himself was involved in Agnes’s trial,” says Nicola.

Conducting the research was disturbing at times. Some of those accused were examined by witch prickers – people paid to find the mark of the devil by pricking the accused with long needles. “We found examples of miscarriages of justice,” Nicola says. “Some cases were very harrowing. Many of the accused confessed, but if you had been sleep deprived for days, been tortured, were in pain, were dehydrated – it’s clear that would’ve contributed to why people confessed to, for example, being in demonic pacts or seeing fairies. They didn’t deserve their fate.”

They also found records of healers and midwives whose curing and caring work has previously been overlooked: “There were some interesting people practising in similar ways to physicians at the

time.” The team has secured another RCN Foundation Monica Baly bursary to further research a woman and man of particular interest.

Nicola believes analysing nursing history is good for the profession: “Too often the history of nursing is seen as starting with Nightingale, but that’s not true. This project tells us more about early practitioners. It shows many of the principles of what they were doing still apply within nursing today. We’re hoping that it sparks more interest in the history of nursing and midwifery and how knowing about the past helps us to understand our professions today.”

Words by Rachael Healy

### Find out more

Join the RCN Nursing History Forum: [rcn.org.uk/nursing-history-forum](https://rcn.org.uk/nursing-history-forum)

Learn about RCN Foundation funding: [rcnfoundation.rcn.org.uk](https://rcnfoundation.rcn.org.uk)

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AN IMPORTANT MESSAGE FROM PROFESSOR NICK LEMOINE CBE MD PHD FMEDSCI,  
CHAIR OF THE MEDICAL RESEARCH FOUNDATION

# Gifts in Wills could be the key to protecting the future of human health

Our experience of COVID-19 shows how suddenly a global health challenge can appear. As a member of our medical community, you will understand that while nobody can predict what we will face next, we can be certain that the future will bring many more threats to human health.

As Chair of the Medical Research Foundation – the charitable arm of the Medical Research Council – I have seen the incredible impact that individuals who remember the Foundation in their Wills can have on the future of our health and wellbeing here in the UK. These gifts fund research and researchers which can have far-reaching implications for human health.

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Right now, the Foundation is funding research to tackle antimicrobial resistance, and investing in researchers like Dr Myrsini Kaforou – who will make the fight against antimicrobial resistance her life's work.

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**“With a gift in your Will you can play a key role in providing the science that will protect the health of future generations.”**

Professor Fiona Watt,  
Patron of the Medical Research Foundation  
and Director of the European Molecular Biology Organization.

While we don't know what the future holds for human health in the UK, we do know that research, and the



“The funding I received through the Medical Research Foundation will be transformative for my research.” Dr Myrsini Kaforou

brilliant scientists driving that research forward, are the key to meeting those challenges for years to come.

But many of these scientists rely on the generosity and foresight of fellow members of the medical community who understand the power of science and are willing to leave a gift to medical research in their Wills.

At the Medical Research Foundation, over 90% of our voluntary income comes from individuals who choose to include a gift in their Will – they are crucial in the Foundation's ability to fund research that will enable the next generation of scientists to make real world discoveries in the future.

**I firmly believe that a gift in your Will to the Medical Research Foundation is an**

**excellent investment and will have a lasting impact on science and on the future of human health in the UK.**

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**Professor Nick Lemoine  
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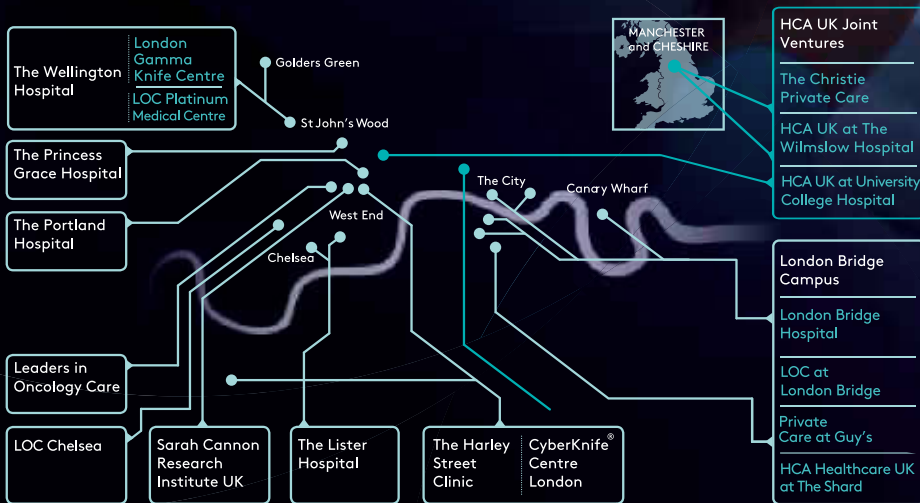
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Previous Hospice experience would be desirable but not essential. You are responsible for the assessment of care and / or the implementation and evaluation of these programmes. You are expected to carry out all relevant forms of care without direct supervision and may be required to supervise qualified or unqualified staff including basic / post basic learners. You may be required to take charge of the ward / department as a necessary part of role development. A PVG scheme application will be carried out as part of the recruitment process.

**As part of the St Margaret of Scotland Hospice team, you will enjoy a variety of benefits including:**

- an NHS comparable salary, leave allowance and continued access to Scottish NHS Superannuation Scheme (subject to eligibility)
- St Margaret of Scotland Hospice Group Pension Scheme (contributory basis)
- subsidised BUPA enrolment
- access to cycle to work scheme
- continuous educational development and progression opportunities
- subsidised restaurant
- gym facilities and swimming pool which can be used by staff
- on-site parking and excellent travel links to the wider Glasgow conurbation
- comprehensive induction and mentoring

**For further information contact:**

Kathryn Nattress, Director of Clinical Services and Governance, telephone **0141 952 1141** or Colin Ashwood, Human Resources Manager, telephone **0141 435 7001** or email [humanresources@smh.org.uk](mailto:humanresources@smh.org.uk)

Our website gives further details: [www.smh.org.uk](http://www.smh.org.uk)

## THEATRES



**Are you a dedicated Registered Nurse with a passion for theatres, looking for a new opportunity?**

We currently have great opportunities for band 5 Registered Nurses/ODPs to join our welcoming and friendly theatre team at Lister Hospital, Stevenage, and help us deliver exceptional care to our patients.

Our 17 theatres provide a vibrant, exciting and professional environment where the advanced equipment and technology is second to none. This includes fully integrated and equipped theatres, use of modern technology such as the Da Vinci Robot, and Laminar flow theatres. We also have an existing new project underway where new procedure rooms and a vascular hybrid centre is under construction. We continue to undergo significant transformation and our staff and patients are at the heart of delivering this ambitious agenda. We have ambitious plans to become an outstanding patient-led trust where dedicated staff provide high quality and compassionate care to our patients. Our hospital theatre team comprises Consultants and Practitioners who have vast experience and knowledge across a range of specialties. There are many complex procedures carried out daily, across a range of acute specialties.

**We can offer you the following:**

- An established preceptorship scheme for newly qualified
- Access to Clinical Education team
- Band 5 internal transfer scheme
- An annual grow together conversation
- Commitment and participation in a clinical excellence accreditation framework

For more details please contact 01438 286739 or [resourcing.enh-tr@nhs.net](mailto:resourcing.enh-tr@nhs.net)  
<https://www.enherts-tr.nhs.uk/careers/work-for-us/>

## FLU VACCINATION NURSES

H&G Healthcare Ltd is one of the leading Occupational Health providers of on-site Flu Vaccination Clinics across England, Scotland and Wales.

Our Team has a wealth of experience in delivering this service and our aim is to help companies improve the health and wellbeing of their workforce through the provision of efficiently run on-site Flu Vaccination Clinics during the months of October, November & December.

We are looking to expand our existing network and are seeking self-employed Registered General Nurses to join our team.

The minimum requirements for the role are:

- Previous experience in delivering vaccinations
- Flu Vaccination, BLS and Anaphylaxis training
- NMC Registration
- Professional Indemnity Insurance
- Full Driving License and access to a car

£27 - £38 per Hour Dependent upon Shift Length

For more information, or to join our team, please email a copy of your CV including details of your qualifications to [Admin@hghealthcare.co.uk](mailto:Admin@hghealthcare.co.uk)



[www.hghealthcare.co.uk](http://www.hghealthcare.co.uk)



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*Xtra benefits.  
Xtra easy.*





## This is where your detective skills really count

### Custody Nurse Practitioner

Experienced first level Registered Adult or Mental Health Nurses required. Starting salary will be between £43,582 - £48,469 depending on experience plus joining benefits.

Aggressive? Or suffering from a mental health condition? Uncooperative? Or lacking diabetes medication? Substance misuser? Or suffering from a head injury? This is where your detective skills really count.

When you're a Custody Nurse Practitioner you need to call on all your clinical expertise to work out what's wrong with detainees. It's your decision that will determine the course of action. Plus, officers will be waiting for your assessment. Which makes this one of the most challenging - but also rewarding - clinical roles you can have.

Working in a Metropolitan Police Service Custody Suite, you'll take responsibility for everything - from identifying appropriate interventions and collecting forensic samples, to maintaining complete and accurate records. So you need to be confident in your abilities and dedicated to providing the very highest standards of care. In return, we offer a generous bonus scheme including £2,500 joining bonus, £2,500 bonus after one year's service, and a £1,000 CPD allowance.

Come and see us on our stand at the RCNi Nursing Careers and Jobs Fair on 29th April 2022 at the Novotel London West, Hammersmith.

To find out more information or to apply please visit [www.met.police.uk/car/careers](http://www.met.police.uk/car/careers)

The MPS's recruitment practices reflect our commitment to safeguarding the welfare of children and vulnerable adults. The MPS is an equal opportunities employer.



## Praxis Care's Coombe House Offers New Pay Scales

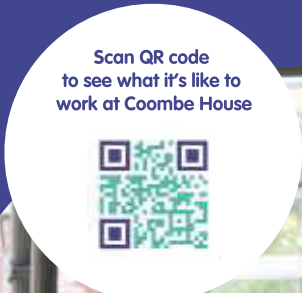


# Join our warm, homely nursing home in Kidderminster

Agenda for Change Band 6 rates of pay for general nursing roles plus attractive benefits

Visit [praxiscare.org/nursing](http://praxiscare.org/nursing) or email [recruit@praxiscare.org.uk](mailto:recruit@praxiscare.org.uk) for more information

[praxiscare.org](http://praxiscare.org)



**ARE YOU LOOKING FOR A CAREER WHERE YOU CAN TRULY MAKE A DIFFERENCE?**



## We are recruiting for a home manager for Farnham Mill, Farnham, Surrey



### Are you...

- . Energetic with an empathetic nature?
- . Happy to embrace our family culture?
- . Experienced in leading a multidisciplinary team in care for residents or patients?

### With a ...

- . Minimum of 5 years RN experience and a minimum of 3 year management experience and hold a recognised qualification in Leadership and Management?

- . **Total package annually of up to £100,000 (£90,000 basic and up to £10,000 (bonus)**
- . **Plus a Loyalty Bonus Scheme up to £3,000 pa**
- . **Relocation package**
- . **PCD, Study support and wellbeing support**
- . **Generous annual leave package**
- . **Plus much more.**



### About our Family

We are a successful well-established, privately owned, family run care homes with over 40 years of heritage.

We have grown in size over the years due to our outstanding successes.

We are proud to provide outstanding care to our residents.

With a full compliment of staff and no agency staff used.

With 2 Nursing Homes and 2 Residential Homes in Farnham Surrey and Fleet Hampshire.

**We are looking for an inspiring leader  
We want to hear from you!**



To send your CV or for a friendly chat to enquire contact Laura Cooper on

**[laura.cooper@woodlands-hillbrow.co.uk](mailto:laura.cooper@woodlands-hillbrow.co.uk) or 01252 942109**



TASMANIAN  
HEALTH  
SERVICE



## 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

“I've never received support like I have since I've worked at Babylon.”

Join the UK's largest NHS ANP primary care network

Benefits include:

- flexible home-working
- study leave
- competitive pay
- and much more!

Get in touch

[linkedin.com/in/melaniesmyth](https://www.linkedin.com/in/melaniesmyth)

Lead ANP, Melanie Smyth MSC

[nursing.recruitment@babylonhealth.com](mailto:nursing.recruitment@babylonhealth.com)

07534028416 Jital Bakrania, Talent Partner Lead



Providing NHS services



## Mental Health Nurses

sought for opportunities in South Australia.

Are you a Mental Health Nurse who likes a challenge, wants to be part of a dynamic and progressive service, want to live next to the beach, a vibrant city or a beautiful wine region? Yes? Come work for us!

Northern Mental Health Division in Adelaide, South Australia, has a variety of positions available in our service incorporating: Adult Inpatient and Community, Older Persons Mental Health and Forensic Mental Health Services.

### Opportunities include:

- Clinical Nurses and Associate Nurse Unit Managers (band 6 equivalent) – current exchange rate: £42,698 - £53,971
- Nurse Unit Managers and Nurse Consultants (band 7 equivalent) – current exchange rate: £ 61,145 - £63,878
- Nursing Director (band 8A/8B equivalent) – current exchange rate: £78,565

You will receive 12% superannuation and can salary sacrifice part of your pre-tax pay enabling a further take home of £1067-1601 per year (\*dependent upon individual circumstances and based on current exchange rate).

You must have at least 3 years' experience, be registered or eligible for registration as a Nurse by AHPRA and hold a qualification in Mental Health.

VISA (482) up to 4 years and relocation assistance is offered and a competitive salary package. Visa 482 holders can apply for permanent residency with eligibility criteria.

For further information, please contact Shelagh on:  
[Shelagh.latham@sa.gov.au](mailto:Shelagh.latham@sa.gov.au) or +61 74854426

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*Xtra benefits. Xtra easy.*



## MENTAL HEALTH

Ellern Mede Group - The Eating Disorders Specialist

## The Best Salaries for The Best Nurses



### Newly Qualified / Preceptorship Nurses

Salary Starting from £29,000  
Welcome Bonus £1,000  
Salary Increase to £32,000 with 1 Yr Service

### Experienced Nurses

Salary from £32,000 - £36,000  
Welcome Bonus £1,000

### Specialist Nurses

Salary from £35,000 - £40,000



Join Us Today:  
Send Your CV to  
[HR@ellernmede.org](mailto:HR@ellernmede.org)  
[www.ellernmede.org](http://www.ellernmede.org)

### Highly Competitive Nurse Bonus Scheme:

£2,000 1 Yr After Joining Ellern Mede Group  
£2,000 2 Yrs After Joining Ellern Mede Group

(For Preceptorship Nurses, Bonus is Paid on the Anniversary of Successful Programme Completion)

### Additional Benefits Include:

- MMC PIN Paid
- £300 Guaranteed CPD Allowance
- Education Fund \*
- Holiday Fund \*
- 25 days Annual Leave (pro rata)
- Comprehensive Induction
- Specialist Eating Disorders Training
- Sick Pay (after one years' service)
- Workplace Pension
- Employee Assistance Programme
- Career Progression Opportunities



# What delivering great healthcare should feel like.

Are you looking for a career where you are valued and recognised?

Join Elysium's new specialist care home, located in the peaceful countryside of Northamptonshire.

Be part of a supportive culture that has a strong emphasis on teamwork and career development. It's a career where you will feel valued, appreciated, recognised, and inspired.

Join the team and enjoy 33 days of annual leave, free meals and parking, flexible working opportunities, car leasing without a credit check and much more.

**Apply Online.**

<https://bit.ly/36vrx8v>



Apply now

What delivering great healthcare should feel like.



# ARE YOU THE NEXT RCN NURSE OF THE YEAR?

**Entries are now open for 2022**  
Enter yourself, your team, or a colleague.

Visit [rcn-nursing-awards.co.uk](https://rcn-nursing-awards.co.uk) or scan the QR code for more information

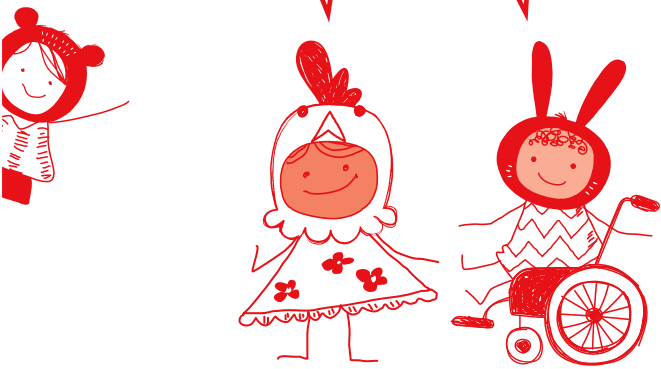


**NURSING AWARDS**

Brought to you by RCNi  
in partnership with



We're  
Looking  
for nurses  
to play hide  
and seek



At Noah's Ark we need paediatric nurses to help children who are seriously unwell make the most of every day. We're looking for nurses who want to spend more time with the children they look after. You'll be based in a stunning new building, set in a north London nature reserve. It's a place of laughter, play and real connection. With an atmosphere that's both supportive and inclusive. Palliative care experience is welcomed, but not essential. If you'd like to know more, please visit [noahsarkhospice.org.uk/nurses](http://noahsarkhospice.org.uk/nurses)



# We care



Children, young people, and families are our focus and passion and we're seeking Health Visitors to join our dynamic, diverse, supportive, compassionate and kind teams.



We will support you to be the best that you can in your role and will support your continued development and career progression.

We continue to seek and develop innovative ways of working with families to enable children to have their best start in life. Come and be part of this and join one of our integrated 0-19 Universal teams.



**Join Central London Community Healthcare NHS Trust (CLCH) and work for a trust run by staff who care passionately about children and families across Brent, Ealing, Hammersmith & Fulham, Harrow, Kensington and Chelsea, Merton, Richmond, Wandsworth, Westminster.**

For more information contact: Recruitment Business Partner, Jackie Cloake [Jackie.cloake@nhs.net](mailto:Jackie.cloake@nhs.net) or the Recruitment Team: [clcht.clch.recruitment@nhs.net](mailto:clcht.clch.recruitment@nhs.net)  
To view our jobs and to apply, please follow the link: [www.clch.nhs.uk/job/latest-jobs](http://www.clch.nhs.uk/job/latest-jobs)



**Are you a registered Children's Nurse, looking for a new opportunity? If so, East and North Herts NHS trust may have the opportunity you have been looking for! We currently have nursing opportunities available across our children's services.**

Our brand-new children's emergency department is purpose built and includes 3 paediatric resuscitation bays, 6 major spaces, and an ENP service co-located within the emergency department, seeing minor illness and injury, as well as a 10 bedded children's assessment and decision unit. We also have our children's 16 bedded acute wards and a Safe Space room for our children and young people who present in mental health crisis or need a calm, peaceful environment to ensure we meet the needs of our children, young people and their families.

Our community service enables us to provide holistic care for all children and young people who access our in-hospital and community services, enabling us to bridge the gap in the care we deliver across the county. Our community has many exciting specialist services - diabetes, epilepsy, chronic fatigue, ADHD/ASD, special schools and Children's community nursing team.

Our rotational package for newly qualified nurses can be tailored to your needs and will encompass a diverse range of nursing skills and environments to nurture and develop your nursing practice.

Your personal and professional development is important to us - we offer preceptorship, 1:1 support and teaching, peer support, networking and outstanding leadership development programme to support all nurses promoting a culture of inclusion, innovation and compassion.

For more details please contact 01438 286739 or [resourcing.enh-tr@nhs.net](mailto:resourcing.enh-tr@nhs.net)  
<https://www.enherts-tr.nhs.uk/careers/work-for-us/>



# CPD Accredited Healthcare Training Courses



FROM the **health&safetygroup**



## 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:-** MAR 9th, 12th, 26th, 30th APR 9th, 12th  
**BIRMINGHAM:-** MAR 7th, 26th APR 6th, 21st MAY 4th  
**LEEDS:-** APR 9th MAY 20th JUN 27th JUL 15th  
**MANCHESTER:-** MAR 12th, 23rd APR 5th, 22nd

## Vaccination + Immunisation 2 Day Foundation

**ONLY £195**  
+VAT

£234 (inc of VAT)



- ✓ Refresher + Foundation courses available
- ✓ Theory + practical simulation learning

**LONDON STRATFORD:-** MAR 10th/11th APR 20th/21st  
**BIRMINGHAM:-** MAR 24th/25th APR 19th/20th  
**MANCHESTER:-** MAR 29th/30th APR 28th/29th

## Medication Administration (1/2 Day)

**ONLY £65**  
+VAT

£78 (inc of VAT)



**4 HOURS**  
CPD

- ✓ Deliver, store + dispose of Medication safely
- ✓ Uphold user/ patient dignity
- ✓ Includes relevant and up to date legislation

**LONDON:-** MAR 12th, 24th APR 9th, 26th MAY 14th  
**BIRMINGHAM:-** MAR 5th APR 2nd MAY 5th JUL 2nd  
**MANCHESTER:-** MAR 4th APR 4th MAY 6th JUL 5th

## Safeguarding Children Level 3 (1 Day)

**ONLY £95**  
+VAT

£114 (inc of VAT)



**7.5 HOURS**  
CPD

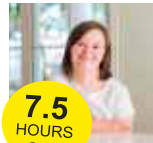
- ✓ Delivered by a qualified Safeguarding Expert
- ✓ Aligned to the 'Skills for Health' guidelines
- ✓ Certificate valid for 3 years

**LONDON:-** MAR 16th APR 11th MAY 10th JUN 8th  
JUL 8th AUG 9th SEP 12th OCT 12th NOV 18th

## 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:-** MAR 8th APR 1st MAY 4th JUN 7th  
JUL 4th AUG 11th SEP 14th OCT 7th NOV 3rd

## Mental Health Awareness (1 Day)

**ONLY £79**  
+VAT

£94.80 (inc of VAT)



**7 HOURS**  
CPD

- ✓ Identify signs, triggers and effects of Mental Health
- ✓ Understand causes, symptoms + treatment
- ✓ Provide high standard of support for patients

**LONDON:-** MAR 30th APR 20th MAY 24th JUN 29th  
JUL 25th AUG 25th SEP 15th OCT 28th NOV 29th

# PMVA Courses

## PMVA 1 Day

**ONLY £125**  
+VAT

£150 (inc of VAT)



- ✓ Yearly PMVA refresher training
- ✓ Compliant with UK restraint law
- ✓ Refresh skills to cope with challenging situations

**LONDON (1 DAY):-** MAR 1st APR 5th, 28th MAY 18th  
**BIRMINGHAM (1 DAY):-** MAR 21st APR 14th MAY 16th  
**MANCHESTER (1 DAY):-** MAR 24th APR 19th  
**LEEDS (1 DAY):-** MAR 25th APR 25th MAY 26th

## PMVA 3 Day

**ONLY £275**  
+VAT

£330 (inc of VAT)



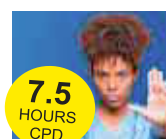
- ✓ 3-yearly foundation PMVA training
- ✓ Reduce risk of injury + accidents
- ✓ Learn to prevent / manage violence + aggression

**LONDON:-** MAR 21st – 23rd APR 6th – 8th  
**BIRMINGHAM :-** MAR 16th – 18th APR 11th – 13th  
**MANCHESTER:-** APR 20th – 22nd MAY 10th – 12th  
**LEEDS:-** MAR 28th – 30th APR 26th – 28th

## Breakaway Training (1 Day)

**ONLY £75**  
+VAT

£90 (inc of VAT)



**7.5 HOURS**  
CPD

- ✓ Refresh common breakaway techniques
- ✓ Protect yourself from physical assault
- ✓ Break away from aggressive situations

**LONDON COURSES:-** MAR 17th APR 19th MAY 26th  
**BIRMINGHAM COURSES:-** MAR 28th APR 17th  
**MANCHESTER COURSES:-** MAR 21st APR 21st

**Book Online at [www.hs-group.com](http://www.hs-group.com)**  
(For in-house training enquiries please call us on 0203 010 0022)



**ONLY £79 +VAT**

£94.80 (inc of VAT)



# Mandatory + Statutory Training For Nurses

Supplier to



**7 HOURS CPD**

- ✓ All Classroom modules completed in 1 day's training!
- ✓ Delivered by a professional and qualified trainer
- ✓ We issue your certificate the same day!

## Extra Benefits!

- Cancel / reschedule with 48 hrs' notice
- 20% discount off CPD courses
- Certificates accepted by great range of employers / agencies

### Course Content includes:-

Manual Handling + Basic Life Support (Practical) / COSHH / Caldicott Principles / Fire Safety / Infection Control / Food Hygiene / Equality + Diversity / Safeguarding Children + Adults / Conflict Management / Lone Working

**NEW!**  
**Management of Aggression Training:-**

- Breakaway
- PMVA 1 Day
- PMVA 3 Day

**Open courses available to book now!**  
 Visit [www.hs-group.com](http://www.hs-group.com)

## CSTF (ALL IN ONE DAY) MANDATORY TRAINING

<b>LONDON CHISWICK</b> MAR - 5th, 7th, 10th, 19th, 24th, 25th, 29th, 31st APR - 1st, 9th, 13th, 20th, 28th MAY - 6th, 14th, 19th, 27th, 31st	<b>MAIDSTONE</b> MAR - 4th, 12th, 17th, 23rd, 28th APR - 5th, 8th, 16th, 21st, 25th MAY - 4th, 14th, 20th, 26th, 31st	<b>COLCHESTER</b> MAR - 16th, 31st APR - 5th, 21st MAY - 9th, 25th	<b>SHEFFIELD</b> MAR - 4th, 12th, 16th, 26th, 30th APR - 2nd, 12th, 16th, 20th, 28th MAY - 3rd, 7th, 11th, 20th, 27th
<b>LONDON VICTORIA</b> MAR - 2nd, 7th, 12th, 17th, 23rd, 28th APR - 1st, 9th, 13th, 20th, 28th MAY - 6th, 14th, 19th, 27th, 31st	<b>BRIGHTON</b> MAR - 9th, 18th, 26th APR - 9th, 19th, 28th MAY - 9th, 19th, 27th	<b>MILTON KEYNES</b> MAR - 2nd, 10th, 15th, 26th APR - 4th, 14th, 21st, 29th MAY - 5th, 11th, 20th, 28th	<b>MANCHESTER</b> MAR - 1st, 5th, 7th, 11th, 16th, 19th, 22nd, 24th, 28th APR - 6th, 9th, 12th, 16th, 25th, 30th MAY - 4th, 7th, 13th, 16th, 21st, 24th
<b>LONDON STRATFORD</b> MAR - 3rd, 7th, 9th, 14th, 18th, 21st, 26th, 28th APR - 4th, 8th, 11th, 13th, 16th, 22nd, 27th, 30th MAY - 4th, 9th, 14th, 16th, 20th, 25th, 28th, 30th	<b>PORTSMOUTH</b> MAR - 1st, 10th, 19th, 23rd, 28th APR - 1st, 12th, 23rd MAY - 5th, 18th, 28th	<b>NORWICH</b> MAR - 10th, 29th APR - 8th, 14th, 29th MAY - 5th, 14th, 27th	<b>LIVERPOOL</b> MAR - 8th, 17th, 26th APR - 8th, 20th, 30th MAY - 9th, 17th, 28th
<b>LONDON WATERLOO</b> MAR - 3rd, 8th, 14th, 19th, 25th, 31st APR - 2nd, 7th, 12th, 21st, 25th, 29th MAY - 3rd, 7th, 12th, 16th, 19th, 24th, 30th	<b>SOUTHAMPTON</b> MAR - 3rd, 8th, 12th, 18th, 24th, 29th APR - 2nd, 6th, 14th, 20th, 29th MAY - 6th, 12th, 16th, 20th, 25th, 31st	<b>HUNTINGDON</b> MAR - 8th, 17th, 26th APR - 5th, 11th, 23rd MAY - 6th, 13th, 24th	<b>LEEDS</b> MAR - 4th, 11th, 21st, 25th APR - 8th, 23rd, 25th MAY - 6th, 23rd, 30th
<b>CROYDON</b> MAR - 3rd, 8th, 11th, 18th, 28th APR - 4th, 12th, 23rd, 27th MAY - 5th, 9th, 13th, 21st, 30th	<b>BRISTOL</b> MAR - 5th, 11th, 17th, 26th, 29th APR - 7th, 14th, 22nd, 27th MAY - 7th, 18th, 26th, 31st	<b>BIRMINGHAM</b> MAR - 8th, 12th, 19th, 22nd, 29th APR - 1st, 4th, 7th, 9th MAY - 3rd, 6th, 11th, 13th, 14th, 24th	<b>HULL</b> MAR - 8th, 28th APR - 7th, 29th MAY - 11th, 26th
<b>LUTON</b> MAR - 9th, 19th APR - 13th, 23rd, 26th, 30th MAY - 9th, 19th, 31st	<b>EXETER</b> MAR - 1st, 12th, 19th APR - 1st, 12th, 19th MAY - 4th, 12th, 21st	<b>COVENTRY</b> MAR - 9th, 23rd APR - 12th, 22nd MAY - 9th, 26th	<b>NEWCASTLE</b> MAR - 4th, 17th, 24th, 28th APR - 6th, 11th, 19th, 26th, 29th MAY - 5th, 12th, 18th, 25th, 30th
<b>OXFORD</b> MAR - 1st, 11th, 28th APR - 6th, 16th, 26th MAY - 7th, 16th, 26th	<b>PLYMOUTH</b> MAR - 11th, 21st, 30th APR - 8th MAY - 9th, 26th	<b>LEICESTER</b> MAR - 8th, 19th, 30th APR - 8th, 19th, 30th MAY - 5th, 7th, 28th	<b>EDINBURGH</b> MAR - 1st, 11th, 29th APR - 13th, 28th MAY - 12th, 28th
<b>READING</b> MAR - 5th, 8th, 14th, 18th, 25th, 30th APR - 5th, 8th, 23rd, 28th MAY - 7th, 11th, 19th, 25th, 31st	<b>CARDIFF</b> MAR - 1st, 9th, 14th, 25th, 31st APR - 5th, 13th, 29th MAY - 6th, 11th, 30th	<b>NOTTINGHAM</b> MAR - 9th, 18th, 23rd, 26th, 31st APR - 6th, 13th, 26th MAY - 7th, 10th, 20th, 31st	<b>GLASGOW</b> MAR - 25th APR - 12th MAY - 5th
<b>CHELMSFORD</b> MAR - 9th, 14th, 25th APR - 6th, 12th, 22nd MAY - 4th, 12th, 21st	<b>STOKE-ON-TRENT</b> MAR - 5th, 24th APR - 13th, 29th MAY - 14th, 30th		

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