



RCN
BULLETIN

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Royal College
of Nursing

2020 | International Year
of the Nurse and Midwife

PEOPLE

Ana's teaching
young people
lifesaving skills

ACTION

Equality for
black nurses

CLINICAL

Long COVID
lowdown

CAREER

10 tips
for video
interviews

'YOU DON'T ALWAYS NEED TO BE STRONG'

HOW TO COPE WITH THE PRESSURES
OF NURSING DURING COVID-19

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i This issue of *RCN Bulletin* went to press on 26 November. For the latest information from the RCN, visit rcn.org.uk

Story to tell?

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

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

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A moment with Donna

You don't need me to tell you how busy the last few months have been. For a while the RCN, like many of the services you work in, returned to a new normal, creating professional guidance (p3) on topics as diverse as stroke nursing, female genital mutilation, children's day surgery and domestic abuse, alongside supporting members in their workplaces as COVID-19 cases fell.

Then the anticipated second surge began and once again we've been responsive to your needs. We've continued to campaign for full pay for COVID-19-related absences (p8) and have recently released new guidance on how to raise patient safety concerns (p9). We've also been shaping plans for the rollout of a COVID-19 vaccines programme (p4) and have been supporting members working in care homes to safely welcome visitors back through their doors.

My priority, as ever, is protecting you and getting you the pay you

deserve. Our high-profile pay campaign has been put on the radar of every MP in the UK. More than 15,000 emails were sent to them by our members and supporters in advance of the government's spending review. Though we didn't get the immediate pay rise we wanted in the chancellor's spending review, your dedication is clearly beginning to cut through.

There's a long road ahead and we need your help. There must be a rethink on how our complex and highly skilled profession is valued. This isn't about a COVID-19 bonus, but a chance to reset nursing pay.

Please join us in demanding #FairPayForNursing by displaying our poster in this issue of *RCN Bulletin* (p16) and signing our petition: rcn.org.uk/fairpay

Dame Donna Kinnair
RCN Chief Executive
& General Secretary

Free writing workshops

We've joined forces with the Royal Literary Fund to offer RCN members free online writing workshops and one-to-one sessions led by professional writers. The workshops aim to boost your writing confidence, and will cover structuring, storytelling and writing for publications and reports.

Organised by the RCN Library and Archive team, workshops will take place between now and March, with past sessions made available online. Sign up for a writing one-to-one on 8 December or the narrative and structure workshop on 22 January: rcn.org.uk/whatson

Sign our pay petition today

We've launched a petition to pressure the government into funding a significant and early pay rise for nursing staff. It calls on the prime minister to tackle nursing vacancies by paying staff fairly for their essential work. It takes just one minute to add your name. Sign it today and ask your friends and family to do the same: rcn.org.uk/fairpay

General meeting outcome: go online for all the latest

As we went to press, the RCN's General Meeting was due to take place. It was called after a petition related to the disqualification of two candidates in the RCN presidential elections obtained the requisite thousand signatures. Members were set to debate related issues and vote on two resolutions. Catch up on all that happened: rcn.org.uk/news

Meanwhile, an independent investigation into the 2020 RCN presidential election has been published. Find out more and read the report: rcn.org.uk/presidential-election-report

UPCOMING EDUCATIONAL EVENTS

10 December
COVID-19: experiences of an ophthalmic multidisciplinary team
rcn.org.uk/ophthalmic-webinar

15 December
Time to tune in: reflect and renew guided meditation
rcn.org.uk/reflect-renew

26 January
Get online and get ahead with RCN libraries
rcn.org.uk/library-get-ahead

23 February
Occupational health nursing conference
rcn.org.uk/occupational-health-event

24 February
Inaugural clinical research nursing day
rcn.org.uk/research-nursing-day

26 February
Children and young peoples' conference
rcn.org.uk/cyp-conference

TOP FIVE

Recently released resources

- 1. COVID-19 vaccination guidance.** Including advice to support the delivery of large-scale vaccinations and RCN positions on who should administer the vaccine and where, priority recipient groups and mandatory vaccination of staff: rcn.org.uk/covid-19-vaccination
- 2. Fair care for trans and non-binary people.** Guidance for all nursing staff on how to create a safe and welcoming environment to ensure better health outcomes for trans and non-binary people: rcn.org.uk/publications (code 009 430)
- 3. Termination of pregnancy.** An RCN nursing framework considering UK legal frameworks alongside clinical guidance for those working in termination of pregnancy services: rcn.org.uk/publications (code 009 398)
- 4. Raising and escalating concerns.** A resource to support you to raise concerns wherever you work, including a decision-making flowchart: rcn.org.uk/publications (code 009 425)
- 5. Issues at work and writing a statement.** A step-by-step guide on what to do: rcn.org.uk/publications (009 114)

Did you know?

RCN Bulletin is compiled with the help of a readers' panel made up of diverse members. Thanks to them, we're continuing to make improvements to our printed magazine and website.

Email bulletin@rcn.org.uk to get involved and check out *RCN Bulletin* online: rcn.org.uk/bulletin

CONSULTATION

Complete our sharps injury survey

We're keen to hear your experiences of sharps injuries at work to inform updates to our guidance and establish whether more protection for nursing staff is needed.

Complete our survey by 11pm on 13 December: surveys.rcn.org.uk/s/RFLHKI/

12 days of giftness



Visit RCNXtra every day from 3-18 December for a festive treat

Behind each door on our advent calendar, you'll find an exclusive offer waiting for you. Don't delay, each offer is only live for 24 hours.

Xtra benefits. Xtra easy.

Register now at rcn.org.uk/xtra



SHOUT OUT!

NURSING SUPPORT WORKERS' DAY 2020

THE VIEW FROM HERE

Vaccine ready?

I've been representing the RCN on the London clinical reference group looking at the COVID-19 vaccination programme.

There are well-publicised logistical challenges. As a nurse with many years' experience in vaccination, I'm helping think through how the programme can work in practice.

People now know the vaccines are coming – they're imminent, there is understandable excitement and high expectations. This poses additional pressure on practice nursing colleagues nationally, facing daily questions, many of which can't be answered. As yet we don't have an authorised vaccine and therefore don't have the details on when exactly the programme will start, what vaccine will be used, how delivery and storage of stock will be managed and how quickly it needs to be used.

While this is in some ways understandable, there is a communication void right now and practice nurses, despite being experts in our field, have not been asked to

join the conversations in the way we should have been.

Many people are concerned about the speed the vaccines have been developed. Nurses are in an ideal position to provide information on the vaccines and help allay those fears. But it all comes back to communication: we haven't yet had the information ourselves.

GPs don't generally deliver or administer vaccines – nurses do – so whenever there's discussion about vaccines, government officials need not to just be talking about, or to GPs, but to all general practice staff. Our role is pivotal. We need recognition for this and be actively included in planning.

i See our COVID-19 vaccine advice: rcn.org.uk/covid-19-vaccination



Debbie Brown,
advanced nurse practitioner in general practice

To celebrate the RCN's first ever **#NursingSupportWorkersDay** on 23 November, we asked our Twitter community to big up their brilliant colleagues

Here are some of the great support workers from the Northern Devon Healthcare Trust Clinical Site Team (pictured pre-pandemic above). We couldn't do it without you – thank you.
Victoria

Support workers are the backbone of the NHS and social care. They are critical members of the nursing team; often providing the bulk of face-to-face contact. In my experience they are amazing. **Richard**

Every day we work with amazing and hardworking support workers. They are the glue that binds us and they keep the Nightingale Hospital going, come rain, sun or lockdown. We owe each and every one a debt of gratitude and appreciation. **Risq**

The health care support workers we have at Woodend Hospital's Specialist Older Adults and Rehabilitation Service are amazing. Always going above and beyond to deliver person-centred care. **Beverly**

Our support workers are the backbone of our ward, so hardworking, caring, compassionate and professional at all times. We really would be lost without them. **Laura**

i Want to share your thoughts, photos or credit your colleagues? Email: bulletin@rcn.org.uk

ADVICE THAT CHANGED MY LIFE

'You don't know what you don't know'

This piece of advice really struck a chord with me when I started my journey as an advanced clinical practitioner. The more you learn, the bigger your scope of practice becomes, but even as we transition to the role of "expert" we have to remember that there will still be gaps in our knowledge. This is always in the back of my mind when I am assessing patients. It keeps me grounded and ensures that I do not miss the basics. It's OK for me to not know the answer, as long as I keep learning and growing.

Anissa, advanced clinical practitioner

CLIMATE CONCERNS

There is no denying that human activity is changing the planet's biosphere. This is already affecting, and will continue to affect, our patients' health and wellbeing to a greater degree year-on-year. Should this be a concern for nurses on an individual level? I would argue yes. Nurses have a duty to protect and promote health in the face of these threats and have a unique and vital role to play.

Kendal, student nurse

Read Kendal's full article: rcn.org.uk/greener-future



SHARING A SNAPSHOT

Photographer Slater King wanted to capture the images and stories of staff working at Whittington Hospital during the pandemic. Intensive care nurse Wincey Andres (pictured above) was one of the nursing staff included. Find out more: tinyurl.com/whittingtonhospital

FIGHTING FOR FAIR PAY

'We need to be vocal, every one of us, and campaign for what we deserve'

Nursing has always been underpaid in my opinion. When the government announced a pay rise for other public sector workers in July, it was breaking point for me. The fact that it was framed as a "thank you" for their efforts during COVID-19, with no mention of NHS staff, rubbed salt in the wounds.

That's why I'm so passionate about campaigning for what we deserve. I've taken to social media and am sharing anything the RCN and its elected members put out there. I've also posted my own videos, explaining why it's important to be

active in the campaign. It's about the numbers. We must get more people involved. The public is on our side, so we need to support them to be active too.

It won't come easily, but we must force the government to stop and listen to what the health care workforce is asking for because we're on our knees. We're crying out for a meaningful pay rise that recognises the true skill, responsibility and knowledge of nursing staff who hold up the NHS.

Mel Kerr, RCN North Lincolnshire branch chair

i Find out more about the #FairPayForNursing campaign and how you can get involved: rcn.org.uk/fairpay

Long COVID: what you need to know

Suman Shrestha

As research into the long-term impact of COVID-19 continues, we explore the symptoms and how you can support your patients' recovery

While there's still so much we don't know about COVID-19, a growing body of research indicates that many patients are not experiencing a straightforward recovery. Initial findings from the King's College London COVID Symptom Study showed that one in 10 people were still suffering symptoms three weeks or more after their illness began.

To find out more, the National Institute of Health Research (NIHR) launched the Post Hospitalisation COVID-19 (PHOSP-COVID) Study with Leicester Biomedical Research Centre. It's recruiting 10,000 people treated in hospital with COVID-19 and following them to observe ongoing symptoms. Results are expected next year.

In the meantime, NIHR released a review in October of published evidence, patient experience and expert consensus around the long-term impact of COVID-19. The report emphasised the urgency of the problem – health care professionals need to be aware of the potential for ongoing symptoms and be ready to support people in their care.

A crucial takeaway is that the collection of symptoms we've been referring to as "long COVID" could in fact be four separate syndromes:

Post-viral fatigue

Common symptoms include fatigue, aching muscles and difficulty concentrating. Researchers are looking into potential overlap with chronic fatigue syndrome.

Fluctuating multi-system symptoms

Data from the COVID Symptom Study showed that those with long COVID are experiencing a variety of symptoms affecting many different areas of the body: the heart, lungs, digestive system, brain and skin. They were also twice as likely to report a relapse, with symptoms returning again after completely disappearing.

Lasting organ damage

This does not necessarily mean permanent damage, but changes that last for a number of weeks after the initial COVID-19 infection. An Austrian study published in September indicated that six weeks after leaving hospital, 88% of patients still showed signs of lung damage on CT scans. One third showed heart damage. Those who experienced a mild case of COVID-19 could also be at risk of longer-term organ damage with reports of changes to the heart's structure picked up by MRI scans in a small study published in October.

Post-intensive care syndrome

Already a recognised condition, post-intensive care syndrome describes a collection of physical and psychological issues that patients may experience after leaving intensive care. "It varies between patients, but they might have shortness of breath, cognitive function disorder, mood or mental health issues including post-traumatic stress disorder, chronic pain and fatigue," says RCN Professional Lead for Critical Care Suman Shrestha.

Suman works as a consultant nurse in intensive care at Frimley Health NHS Foundation Trust and his experience from the past few months tallies with the NIHR findings. "I see patients who were in intensive care and had COVID," he says. "You can't put all of the patients in one category. In my mind, there are three types of COVID patients: those who stayed at home with mild symptoms; those who came to hospital for some treatment; then the third group who were critically unwell requiring intubation and ventilation in intensive care. The way you experience long COVID may depend which type of patient you are."

While a long recovery is expected for those who were treated in intensive



88%

of patients still showed signs of lung damage on CT scans six weeks after leaving hospital

care, data from the King’s study showed that people who had a mild case are more likely to have a range of “strange symptoms” that come and go over an extended period. The King’s team released further research in October showing that older people, women and those who experienced a greater number of symptoms during the first week of COVID-19 were more likely to then develop long COVID.

Caring for long COVID patients

Among the huge range of potential long COVID symptoms, two of the most common are fatigue and breathing difficulties. Suman says there is existing advice nursing staff can draw upon to support patients while the best way to treat this in long COVID patients is being researched.

“With fatigue, the advice you would give to patients is to take things easy: pace yourself, plan your days, focus on nutrition and hydration – that is key because if they’re feeling very fatigued they might not eat and drink effectively, then they’re inviting further illness.

“On the breathing side of things, again, we don’t know exactly what impact COVID-19 has on patients. If you look at the pathology of the disease, it could be either lung damage causing shortness of breath, or some patients get pulmonary embolism, a clot in their lungs, and that might still be causing issues for patients and would need to be rectified.”

Nursing staff should also be aware of the psychological impact of COVID-19 and long COVID. In November, analysis from the University of Oxford and NIHR showed that nearly one in five people who’ve had COVID-19 were diagnosed

with a psychiatric disorder within three months of contracting the virus.

“It’s really important that patients keep talking to family and friends and try to do things they enjoy so they retain a positive mindset,” says Suman. “If they lose their motivation, it will be very difficult to get over that fatigue and shortness of breath. Encourage patients, if mood is an issue, to seek psychological support.”

Suman is part of the multidisciplinary team that runs post-intensive care rehabilitation sessions to monitor patient progress, as well as specific physiotherapy sessions for post-COVID patients. Suman uses these sessions to talk to patients about COVID-19 and the ongoing effects they may be experiencing.

He says: “What I’ve learned in the past few months is that talking to patients and explaining to them what COVID is, is really important. When I explain to them the pathophysiology of the lung, for example, they understand why they’re short of breath, why they’re tired, why they’re feeling low. That has been really helpful. I’d advise hospitals to set up these kinds of groups and services.”

Useful resources

RCN information on long COVID: rcn.org.uk/long-covid

COVID Symptom Study: tinyurl.com/covid-symptom-study

NIHR review into long COVID: tinyurl.com/nihr-long-covid

PHOSP-COVID Study: tinyurl.com/phosp-covid-study



If patients lose their motivation, it is difficult for them to get over that fatigue and shortness of breath

Long COVID symptoms

We now know that COVID-19 is a whole system virus, so symptoms vary greatly from person to person, but common ones include:

- fatigue
- respiratory symptoms e.g. shortness of breath, cough
- pins and needles/numbness
- heart palpitations or fast heartbeat
- trouble thinking and concentrating
- gastrointestinal issues e.g. pain and diarrhoea
- headaches
- mental health issues
- loss of taste and smell.



Stock image

Off work because of COVID-19?

Know what pay and support you should receive

What will I be paid if I'm off sick with COVID-19?

If you work in the NHS, you should receive full pay inclusive of all enhancements (such as overtime) for COVID-19-related sickness absence – regardless of your length of service and sick leave entitlement. If you work for an outsourced service or an organisation providing commissioned NHS services, you're also entitled to full pay.

The RCN is calling for these entitlements to be applied to staff working in all health and care settings, including primary care. If you work for an independent employer, have had to take COVID-19-related sick leave and haven't been paid your normal pay, you need to raise the issue with your employer and ask the reason for this in writing. Find a template letter under "sick pay" at rcn.org.uk/covid-19-advice

What if I'm self-isolating?

If you need to self-isolate in line with the official stay at home guidance, NHS

staff are entitled to COVID-19 special leave on full pay. Similar arrangements should apply if you work for an outsourced service or an organisation providing commissioned NHS services.

We would expect independent employers to offer the same. If you're not paid as you should be and your employer's written response doesn't resolve the issue, raise your concerns with your local RCN rep or call us on 0345 772 6100. You should also seek support if your employer fails to respond in a timely way.

What if I'm having ongoing symptoms?

We're calling for more research to be carried out to understand the impact of long COVID on the workforce. We want nursing staff to be able to return to work as soon as they're able and we're calling on employers to be flexible and provide all necessary support for a phased return. This includes considering re-deploying staff as a temporary measure to support their full recovery. We would expect risk

assessments to be undertaken as part of any planned return.

What if my child has been sent home from school or nursery?

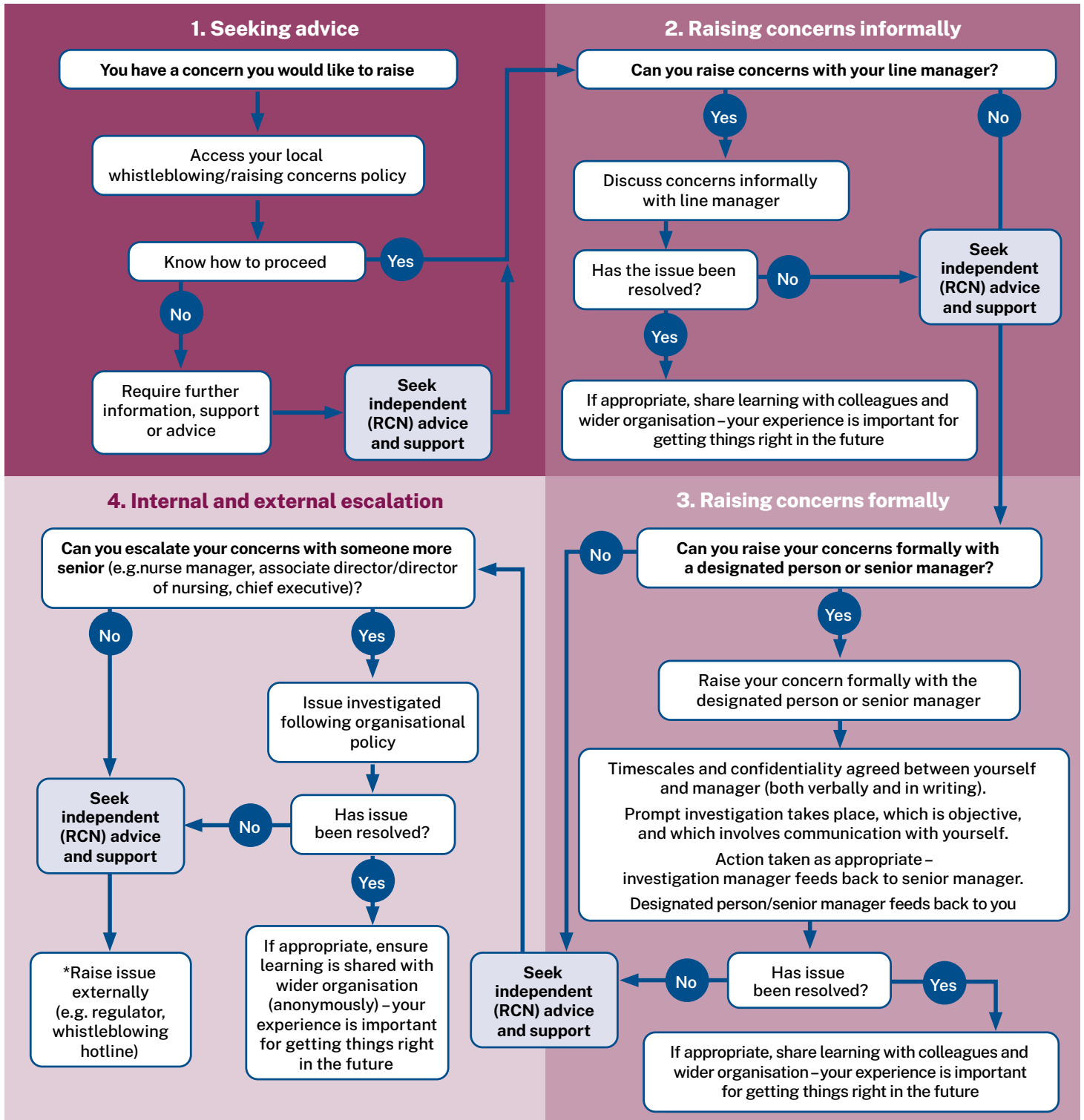
If you work in the NHS and you're required to self-isolate because your child has suspected or confirmed COVID-19, you're entitled to COVID-19 special leave on full pay if you're unable to work from home. If your child is sent home due to a COVID-19 case in their bubble, but they have no symptoms, there is no requirement for you to self-isolate and therefore you're not entitled to such paid leave. Employers, however, should recognise that this could cause childcare issues and are urged to be flexible. Options could include working from home, completing online training, agreeing a temporary change of shifts or using previously accrued TOIL.

i Find more COVID-19 FAQs including specific advice for bank and agency workers: rcn.org.uk/covid-19-advice

Four steps for raising and escalating concerns

READ MORE ONLINE
rcn.org.uk/raising-concerns-guide

We've launched new guidance to help nursing staff feel confident to talk openly about errors and risks to patient care. Follow our flowchart to raise concerns the right way



*Raising your concern externally without clear evidence of first raising the concern internally or with a regulatory organisation would only be considered appropriate and give you protection under the Public Interest Disclosure Act 1998 (PIDA) in the most extreme circumstances and if it could clearly be shown that you were acting in the public interest.

‘You too need taking care of’

Jessica explains how specialist mental health support helped her cope with the psychological trauma of being redeployed to an ITU

“There was a point where I felt I couldn’t talk to anyone,” says Jessica Filoteo.

She’s describing the moment when she decided she needed help to deal with the pressures she was experiencing as a result of the COVID-19 pandemic.

Like many other RCN members, Jessica had been redeployed within her trust to ensure adequate staffing in areas where demand was highest. For her, that meant moving from the trust’s cardiac catheterisation laboratory to an intensive treatment unit (ITU).

The days were long and the work very stressful. “Especially for the first few weeks, it was overwhelming,” she says. She found it hard to sleep and when she did, she would dream about work.

“On my days off I was extremely exhausted. I felt consumed. It was awful. I was constantly on edge and would cry for no particular reason.” Her partner was sympathetic and tried to support her. “But that just ended up frustrating me because I felt like he was trying to solve my problems whereas I just really wanted to talk.”

She wrote an article about her experiences. A mental health coach read it and contacted her, offering free support over the phone. They ended up talking once a week for all the time she was redeployed. He helped in identifying problem areas and suggested ways of bringing about improvement.

“He gave me specific tasks and I would give him feedback the next week and tell him how it went,” says Jessica.

As well as the practical support the coach offered, simply having someone

who listened was helpful. “I know he was a stranger, but he had a different way of responding. He let me vent without making me feel like I was being a burden.”

Cathartic release of emotions

Meanwhile, at work, staff had been offered support from an on-site clinical psychologist. Jessica took up the offer and describes the subsequent sessions as “cathartic, a release of emotions”.

Jessica’s experiences in the face of the pandemic are not unusual. Tanja Koch, of the RCN counselling service, says many members are facing a range of challenges – they may have contracted COVID-19, be suffering anxiety and stress in relation to their work, health, finances or family, or be experiencing bereavement having lost colleagues or loved ones.

“There’s a multitude of issues that are presenting, it’s not just one thing,” Tanja says. “We find our members are being really pushed in their capacity to cope.”

Once, nursing staff might have been reluctant to admit they needed help, stoically pushing on in the face of rising pressure. But Tanja suggests a growing psychological awareness in the profession has resulted in increased willingness to ask for help.

Knowing when to reach out

In a demanding job, or when major change is occurring in your work or personal life, some level of stress and anxiety is normal. Sleep may be interrupted, or you may have trouble switching off.



You don’t need to be the strong one all the time

Jessica Filoteo



“If symptoms subside within a few days or are on and off, then that’s OK,” Tanja says. “If they don’t and they keep going or get worse, then something needs to be done. It’s when those symptoms have a detrimental impact that some additional coping strategies may be necessary.”

The first step, as Jessica found, is finding someone who will listen. Tanja says: “It’s always better to talk about what’s going on.”

Sources of support for health care workers have increased during the pandemic (see box) and many employers – not all – are now better at safeguarding the wellbeing of their staff.

“

Your work, your patients – they matter, but so do you

For Jessica, now back in her usual role, talking to the mental health coach and psychologist proved a turning point. So, what’s her message to others who may be suffering as she was?

“Give yourself permission to pause, to refill your cup. Because when you prioritise your own wellbeing, you’ll have more to give to others.”

She adds: “You don’t need to be the strong one all the time. There is absolutely nothing wrong in acknowledging that you too need taking care of.”

“Your work, your patients – they matter but so do you. Don’t ever forget that.”

Reaching out for help

Try workplace support in the first instance – occupational health, employee assistance programmes, psychology sessions, clinical supervision.

See our website for details of what the RCN can offer – everything from counselling to financial and welfare advice: rcn.org.uk/get-help

England

NHS People offers confidential telephone support to staff as well

as free access (until the end of December) to various wellbeing apps: people.nhs.uk

The other UK countries have services dedicated to providing emotional support for health staff and students:

Wales

Health for Health Professionals Wales: hhpwales.co.uk

Scotland

National Wellbeing Hub: promis.scot

Northern Ireland

Staff and Health Wellbeing: tinyurl.com/ni-staff-wellbeing

Other sources of support

Frontline 19 – for all those working in frontline services: frontline19.com

Laura Hyde Foundation – mental health support for health workers: laurahydefoundation.org

Project 5 – wellbeing support service for health and care staff: project5.org



Ana Waddington

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[rcn.org.uk/
magazines](https://rcn.org.uk/magazines)

Teaching skills, saving lives

Supporting young people at risk of serious violence has helped health care professionals overcome compassion fatigue, says RCN Nurse of the Year Ana, who set up a charity to teach lifesaving skills

Witnessing a young man die after he was injured in a knife attack was a turning point for paediatric nurse Ana Waddington.

“He was rushed to theatre but unfortunately they couldn’t save him,” she recalls. “Had his friends only known they needed to put pressure on the wound, rather than get him up walking, there was a chance he could have survived. It’s such an easy skill to teach.”

The traumatic event inspired her to set up an organisation called YourStance, which teaches young people basic lifesaving skills and haemorrhage control.

“We see a lot of young people coming through our doors who are affected by serious youth violence,” says Ana, who is a sister at the Royal London’s emergency department, where she provides care to both children and adults. “I felt frustrated by my inability to support them in any way other than through emergency care. I wanted to do something different.”

Now her innovative work has been recognised with the RCN Nurse of the Year award, announced in October. “It doesn’t feel real, but it’s wonderful,” says Ana. “I hope it inspires other people to do something because I never thought this project could become what it has. I also hope it gives me a platform to talk about the issue and get it onto people’s agendas.”

Set up just two years ago, her charity now has around 150 volunteers who are involved in teaching young people all over East London and in various different settings, including prisons, young offenders’ institutions, pupil referral units, probation programmes and youth hubs.

Breaking down barriers

The training’s overwhelmingly positive impact isn’t just confined to the young people who participate. “It’s important for the volunteers too,” says Ana. They come from a mix of backgrounds but are primarily based within health care.

“Everyone who has helped put on a session says they are so grateful to be able to talk to young people in a different setting,” she says. “Many young people are very open to talking about their history – and those are the kinds of conversations you want to have, but often don’t have the time or are too scared to ask the questions. But when you’re in these sessions, the barriers just fall down.”

While the pandemic continues to stifle opportunities to gather face-to-face, their Zero Responder course is currently being delivered virtually. So-called because the person is there before the first responder arrives, the one-to-two-hour-long training emphasises how important this role is in saving someone’s life, teaching practical skills such as basic life support and CPR.

“We’ve not had one young person not like the session,” says Ana. “They’ve all been really engaged and got involved in some way by the end of it.” The training is also being applied successfully in practice,



I hope it inspires other people

making a tangible difference to young people's lives. "We know of at least one young person who was able to use the techniques we taught them until the ambulance arrived," she says.

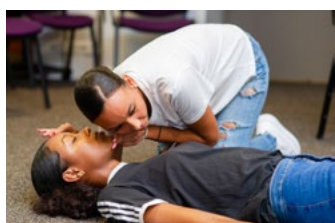
Rewarding outcomes

An unexpected bonus is the chance to inspire the next generation of health care professionals. "We're reaching young people who may not have ever considered a future career in the NHS," says Ana. "We've already had someone enquire about becoming a paramedic, something they'd never considered an option beforehand, as they didn't even know that role existed. It's really rewarding for us to hear those conversations."

An approach that avoids judgement, while encouraging empathy and understanding is vital, she believes. "We're not there to tell them what they can and can't do," says Ana. "We're teaching them something we're good at doing and they can teach us something they're good at. It's bridging the gap. There is something very valuable about health care workers seeing why young people find themselves in these circumstances. It breaks down compassion fatigue and is re-engaging them in how to treat this particular patient group."

Looking ahead, she would like to see her project replicated throughout the country. "It's an easy model and it really does connect health care workers to their communities, especially the young people," she says.

Find out more about YourStance, including how to volunteer: yourstance.org



RCNi Nurse Awards winners

Rea Pugh-Davies
Nursing support worker



As part of the learning disability team at Neath Port Talbot Hospital theatres, Rea helps to maintain patient safety standards. These standards have dramatically improved her patients' experience and health. She attends best interest meetings to ensure she knows people's likes and dislikes before developing individualised care plans. Her precision planning and desensitisation saw one patient accept his surgery and make changes to his strict routine that have enhanced his quality of life.

Temitope Babajide
Nursing student



Temitope undertook her elective in a regional hospital in Ghana, fundraising to ship medical equipment donated by her placement trust. Once there, she gave a presentation on appropriate glove use to health care professionals, adapting resources from an RCN glove awareness conference she'd attended at home. She organised a widows' event, including a free health check, which led to some patients being diagnosed with underlying conditions that are now being treated.



See a full list of RCNi Nurse Awards winners: rcni.com/nurse-awards

Fair treatment

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Agency nurse Neomi has launched a grassroots movement to support black nurses who experience racial discrimination at work

“The group started back in March when the first wave of the pandemic began,” says Neomi Bennett. “I noticed that I was always sent to wards with COVID-19 positive patients and wasn’t rotated around the hot areas like other, white, agency nurses.

“At that point there was a shortage of personal protective equipment (PPE), and there was an occasion when I was told that I could only have a surgical mask, not an FFP3 respirator that provides better protection. I thought it was because I wasn’t a permanent member of staff, but later found out that the other, white, agency nurse on the ward was given the right FFP3 respirator equipment.

“I would never walk away from patients, so continued my shift, regardless of the life-threatening risk to my health. But I was so worried afterwards. I self-isolated for two weeks, not able to earn, because I couldn’t face the possibility of passing on COVID-19 to my patients, family, friends or nursing colleagues.”

Neomi found that she wasn’t alone. After talking about her experiences with other black nurses, she learned that they too felt that they were being disproportionately asked to work on COVID-19 wards and weren’t always given the protection they needed.

Neomi Bennett BEM is a Dragons’ Den entrepreneur and inventor of the Neo-slip stocking aid. She’s a Queen’s honours recipient for services to health care

1,200

people have become
members of the group



The conversations she was having were informal at first – small groups of black nurses coming together via Zoom to share their experiences. But word quickly began to spread, and the need for support grew. Black nurses began to die at disproportionately high levels.

Traumatised and petrified

“I couldn’t just sit back and do nothing,” says Neomi. “We were inundated by nurses who wanted to join us. They needed a channel to express what they were going through. They were traumatised by their experiences and petrified about what might happen to them.”

The Equality 4 Black Nurses group was born and from June became more formalised, with Zoom meetings held every Tuesday at 9pm and experts volunteering their time and advice. The group now has more than 1,200 members with input from in-house human rights lawyers who specialise in race equality, mediation experts

and culturally sensitive psychologists. It is run by Neomi and five others. They’ve so far received more than 700 calls, emails and text messages from nurses seeking support. “Often, the nurses feel they’ve been targeted in some way, their treatment hasn’t been fair, or they’re being disciplined more harshly than other colleagues who aren’t black when dealing with issues of either the same or very similar circumstances,” explains Neomi.

“

I couldn’t just sit back and do nothing

“One district nurse was reported for wearing her uniform in the supermarket during her break. She was new in post and followed the habits of the other white nurses. Yet she was picked out and dismissed. I’m not condoning what she did, but considering the nurse had an overcoat on, the response was disproportionate. It often seems that black nurses receive a harsher penalty and that’s not fair. We have supported the nurse and she’s now appealing the decision.”

Facts not fiction

The statistics corroborate the anecdotes. The 2019-2020 inclusion data from the Nursing and Midwifery Council shows that black nurses made up 15.3% of new fitness to practice referrals, despite black nurses making up just 8.5% of the total register. Of those concerns raised, 62% of investigations against black nurses resulted in no case to answer.

“The focus of our work now is on supporting black nurses to lodge grievances and/or appeals with their employer,” says Neomi. “It’s about helping them articulate what they’ve experienced and highlighting systemic racism. We support nurses in a holistic way and consider how they perceive the situation as well as objectively review the available evidence. We then help them to write a testimony and seek legal advice to pinpoint discrimination.”

What is the RCN doing?

During the pandemic, we continue to call on health care employers to:

- review the allocation of shifts, access to PPE and fit testing for black, Asian and minority ethnic (BAME) staff
- update risk assessment processes to include ethnicity in vulnerable and at-risk groups
- include BAME staff in priority testing
- confirm that staff will receive full pay during any COVID-19-related absences.

See our full list of employer responsibilities for BAME staff: rcn.org.uk/covid-bame

What does the RCN want?

The RCN champions equality, inclusion and human rights across the health and social care sector. Diversity and Equalities Co-ordinator Wendy Irwin says: “Every employer must recognise the presence of institutional and interpersonal racism. They have a responsibility to scrutinise their processes to build inclusion and be relentless in designing out racism. It is not enough to decry racism; every institution needs to show how their practices and behaviours are demonstrably anti-racist. We call on the UK government and devolved administrations to implement a cross-party race equality strategy to tackle structural racism.”

Useful RCN resources

Guidance on discrimination: rcn.org.uk/diversity-and-inclusion
Cultural ambassador programme: rcn.org.uk/cultural-ambassador

i Contact RCN Direct on **0345 772 6100** if you believe you’re being discriminated against at work. Find out more about Equality 4 Black Nurses: equality4blacknurses.com

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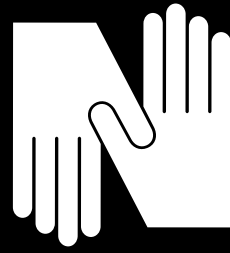
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Time for something new?

Our free career coaching could help you explore your options, says service lead Julie Watkins

Stock image

The temptation to look elsewhere for a romantic relationship after seven years of monogamy – “the seven-year itch” – has been talked about for many years. But what about that nagging feeling that the career or role you’ve always wanted isn’t providing job satisfaction or meeting your expectations?

Having dreamed of a career in nursing and studied hard to get to where you are now, some nursing staff find that things just aren’t what they hoped they would be.

The emotional pressure of feeling like this can’t be underestimated. Your imagination can run wild with thoughts of how people may react. “But I thought this was your vocation?” “Don’t you want to look after patients anymore?” “Think about the time and money you’ve invested in getting this far.” “Not cut out for it, are you?”

This might even be what you’re telling yourself. The guilt can feel overwhelming. Whatever you’re feeling, we’re here for you.

A recent RCN survey found that more than a third of respondents were thinking of leaving the profession, so those facing this dilemma are far from alone. The COVID-19 pandemic is leaving



the most enthusiastic of staff feeling exhausted and with no end in sight, it’s not surprising that many nursing staff are considering their options. Even spending time considering your career right now might feel selfish. It’s not. It is the right thing to do to protect you and your patients.

We’re here for you

The RCN’s free career coaching for members could be just what you’re looking for. We can help you with a range of issues including exploring decision-making and considering whether an element of your current role or environment might need to change. Most

importantly, we can help you to reflect on why you started nursing in the first place.

We won’t tell you what to do, but we’ll work collaboratively with you to identify your aspirations and the next steps to get you there.

It’s not a quick fix. If you’re feeling stuck or unhappy, one coaching session won’t solve the problem. Coaching is more of an ongoing, collaborative process that often involves exploring, soul-searching, and even a bit of homework.

We’ll help you explore your reasons for wanting change and talk through your ideas with you. We can also work through coaching exercises to identify your strengths, values, and which working environments you thrive in, and help you identify your next steps.

It doesn’t matter what stage of your career you’re at, if you feel you’re in a rut, unable to progress, or have circumstances that are having an impact on your career, we may be able to help.

RCN members can access up to three career coaching sessions in a six-month period. Find out more and book: rcn.org.uk/careers

Ten tips for video interviews

READ MORE ONLINE
rcn.org.uk/bulletin

Give yourself the best chance of success by following these simple steps

1 **Get in the zone**
On the interview day, do what you'd usually do on the day of a face-to-face interview. Try to mirror your usual routine as much as possible as some people find the adrenaline and nervous energy focuses them.

2 **Consider the background**
Plan in advance where you'll position yourself during the interview. Try to avoid having anything behind you that might distract the panel. An ideal backdrop would be a plain, solid wall, but if that's not possible, choose a background that's clean, tidy and free of clutter to create an impression of being neat and organised.

3 **Sitting comfortably?**
Think about whether you just want to show your head and shoulders, or whether you want to show your upper body. Do whatever you feel more confident with.

4 **Get the lighting right**
The panel needs to see your facial expressions to help build trust and rapport. Try not to have a window behind you as this is likely to cast your face in shadow. If you're in a dark room, consider having a light behind your camera to illuminate your face. Experiment in advance of your interview to make sure you get it right.

5 **Avoid interruptions**
Let everyone in your household know when your interview is and make plans in advance to ensure your interview space will be as free as possible from any potential interruptions. You may want to stick a piece of paper on the door to remind others not to intrude.

6 **Remember body language**
During the interview, look directly into the lens of the camera, and not at the screen. This will help build trust and rapport. Sit up straight and have your camera at an angle that naturally allows you to keep your head up straight. This can help you convey professionalism and confidence. Consider using your hands to emphasise points or to help punctuate your speech.

7 **Smile**
Smiling can help make you look more personable, confident and approachable. Simple things like nodding while your interviewer is talking can convey good listening skills too.

8 **Use notes**
Arrange some notes around your interview area to help jog your memory. Don't go overboard as you don't want it to sound like you're reading from a script.

9 **Practice makes perfect**
Set everything up in advance of your actual interview and do a practice run with friends, family or colleagues. Check the lighting and camera work is suitable, the sound is good, and that you're comfortable and familiar with whatever technology and software you're using.

10 **Be kind to yourself**
These are unprecedented and difficult times and very few people will have experience of doing video interviews. You're going to be in the same boat as your fellow candidates and no interviewer will expect perfection.

i Find out more about interview techniques:
rcn.org.uk/interviews

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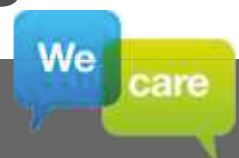


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- Critical Care
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- Surgical
- Emergency Department

We are seeking new staff to join our dedicated and committed workforce here in Cork University Hospital (CUH). CUH is a very well renowned teaching hospital within the HSE South with a complement of 815 beds. The hospital is the only Level 1 trauma centre in the Republic of Ireland, with a wide range of on-site medical and surgical specialities including Orthopaedics, Neurosurgery, Cardio Thoracic and Plastic Surgery along with acute medical, surgical and many others. The hospital has a 19 bedded Critical Care Unit, which is undergoing further expansion. The hospital has a state of the art Emergency Department which is designated as the National Maritime Advice Centre. As a result, you will find multiple options for personal and professional development – whether you are pursuing your current interests, gaining a broader experience or branching off into a new speciality. The HSE offers very competitive salary scales, allocation allowances, and annual leave. There are also many opportunities for post graduate programmes of study.

CUH aims to select nurses who deliver high quality, compassionate care which is informed by kindness. We have permanent vacancies in a number of areas including Critical Care, Medical and Surgical and in the Emergency Department.

Informal enquiries to: Heather Walsh, Nursing Recruitment/Administration, Cork University Hospital. Telephone: +353 (0) 214922293.

Applications by CV to: cuh.nurserecruit@hse.ie

For full campaign details, and application form, please visit www.hse.ie/jobs



Vaccination + Immunisation Training For Healthcare Professionals From the health&safetygroup



Delivery of the COVID vaccine is the single greatest public health challenge in the history of our healthcare system.

To support the vaccine delivery programme, The Health & Safety Group are now running a nationwide Vaccination + Immunisation training service for Healthcare Professionals.

Be prepared for when the Vaccines are released.



Book your training now at our nationwide, COVID-safe training centres
www.hs-group.com/vaccination

Due to high demand for Vaccination training, we are also looking for qualified Vaccination trainers to join our specialist training team. If you think you are suitable for this role, please send your CV to recruitment@hs-group.com

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- ◆ The online newsroom featuring our award-winning news coverage
- ◆ Three trial modules on RCNi Learning, our interactive learning tool featuring RCN accredited, practice-based clinical content
- ◆ Nursing Standard daily e-newsletters delivering all the latest news and policy updates straight to your inbox, five days a week
- ◆ Revalidation support materials to help you advance in your career and meet the NMC's requirements

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£94.80
(inc of VAT)

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

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LONDON KENSINGTON
DEC - 5th, 8th, 10th, 12th 16th, 19th

LONDON STRATFORD
DEC - 1st, 2nd, 4th, 5th, 7th, 8th, 9th,
10th, 11th, 14th, 15th, 16th, 17th, 18th

LONDON WATERLOO
DEC - 1st, 5th, 8th, 10th, 12th, 16th,
18th, 22nd

CROYDON
DEC - 8th

READING
DEC - 5th, 10th, 12th, 15th, 18th

BIRMINGHAM
DEC - 3rd, 4th, 5th, 8th, 12th, 14th,
17th, 18th, 19th

BRISTOL
DEC - 4th, 7th, 14th, 18th, 19th

EXETER
DEC - 2nd, 9th, 16th

CARDIFF
DEC - 2nd, 3rd, 7th, 15th, 17th

SOUTHAMPTON
DEC - 10th, 12th, 18th, 21st, 22nd

MAIDSTONE
DEC - 1st, 5th, 10th, 11th, 12th, 14th

MILTON KEYNES
DEC - 2nd, 4th, 8th, 14th, 18th

COLCHESTER
DEC - 9th, 14th, 16th

SHEFFIELD
DEC - 3rd, 4th, 10th, 15th, 17th

CHELMSFORD
DEC - 16th

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DEC - 2nd, 5th, 7th, 14th, 21st

MANCHESTER
DEC - 1st, 14th, 15th, 21st, 22nd

EDINBURGH
DEC - 17th

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DEC - 4th, 9th, 16th

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to see full list of
training dates for
January and February 2020

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Other Healthcare Training Courses

Vaccination + Immunisation (1 Day + 2 Day) **NEW**

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- ✓ Prepare for mass COVID vaccine roll-out
- ✓ Refresher + Foundation courses available
- ✓ Theory + practical simulation learning

FROM
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+VAT

LONDON:- DEC 14th/15th, 17th/18th JAN 6th/7th

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£114 (inc of VAT)



6.5
HOURS
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- ✓ Practical refresh of the most common invasive procedures
- ✓ Theory + simulation learning
- ✓ Includes latest changes in guidelines and compliance

ONLY
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+VAT

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BIRMINGHAM:- DEC 7th JAN 16th, 29th FEB 13th

MANCHESTER:- DEC 8th JAN 20th FEB 6th, 18th

PMVA (1 Day + 3 Day)

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- ✓ Prevent + manage violence + aggression
- ✓ Reduce the risk of injury + accidents
- ✓ Develop skills to cope with challenging situations

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£79
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LONDON (1 DAY):- DEC 8th JAN 21st FEB 16th

LONDON (3 DAY):- JAN 18th/20th FEB 17th/19th

Safeguarding Children Level 3 (1 Day)

£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

ONLY
£95
+VAT

LONDON:- DEC 7th JAN 14th FEB 10th MAR 12th

Medication Administration (½ Day)

£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

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£65
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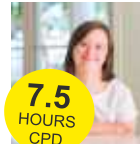
LONDON:- DEC 16th JAN 6th, 30th FEB 12th, 27th

BIRMINGHAM:- DEC 15th JAN 30th FEB 27th

MANCHESTER:- JAN 19th FEB 16th MAR 16th

Safeguarding Adults Level 3 (1 Day)

£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

ONLY
£75
+VAT

LONDON:- DEC 5th JAN 7th FEB 9th MAR 8th

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(For in-house training enquiries please call us on 0203 010 0022)



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NORTH WEST 12 February 2021

NORTH EAST 17 March 2021

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careersandjobsfair.com

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

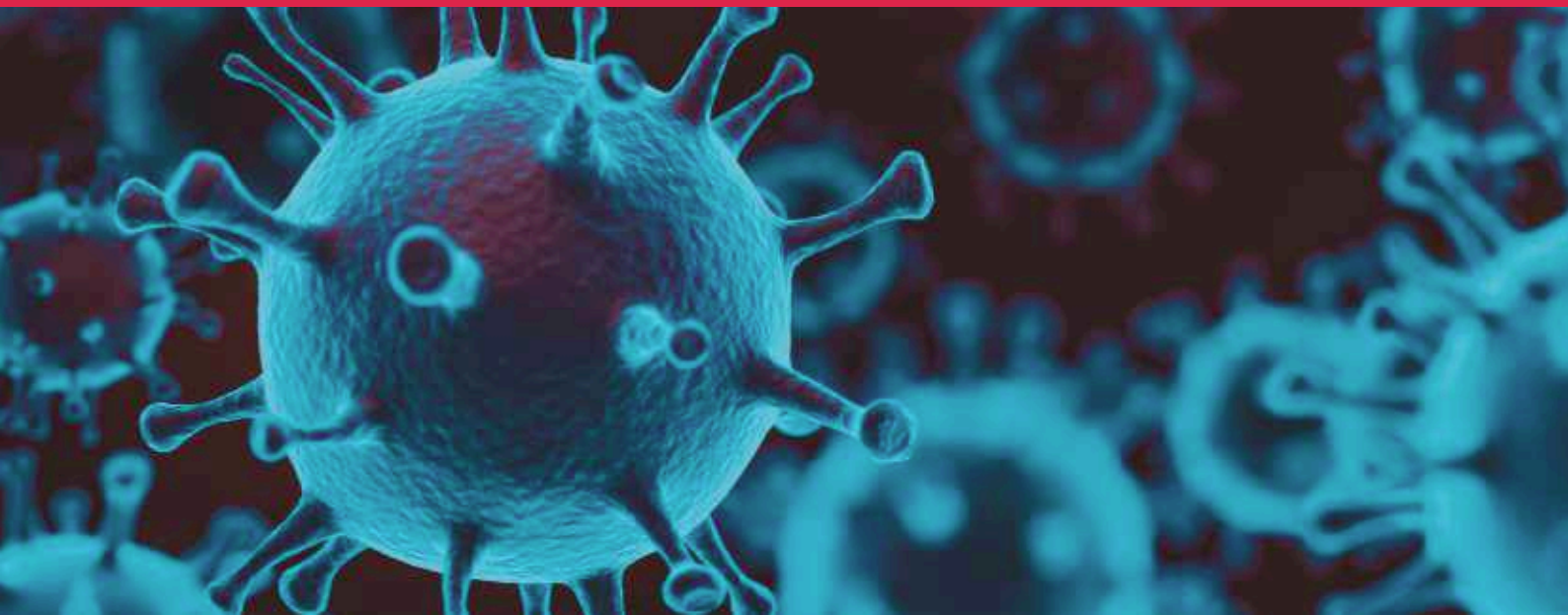


See our online advice guide for all our latest information on issues related to the pandemic. It includes frequently asked questions on topics including:

- redeployment
- PPE
- sick pay
- COVID-19 testing
- self-isolation
- pregnancy
- underlying health conditions
- furlough.

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

Visit rcn.org.uk/covid-19-advice



Always here for you

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

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