



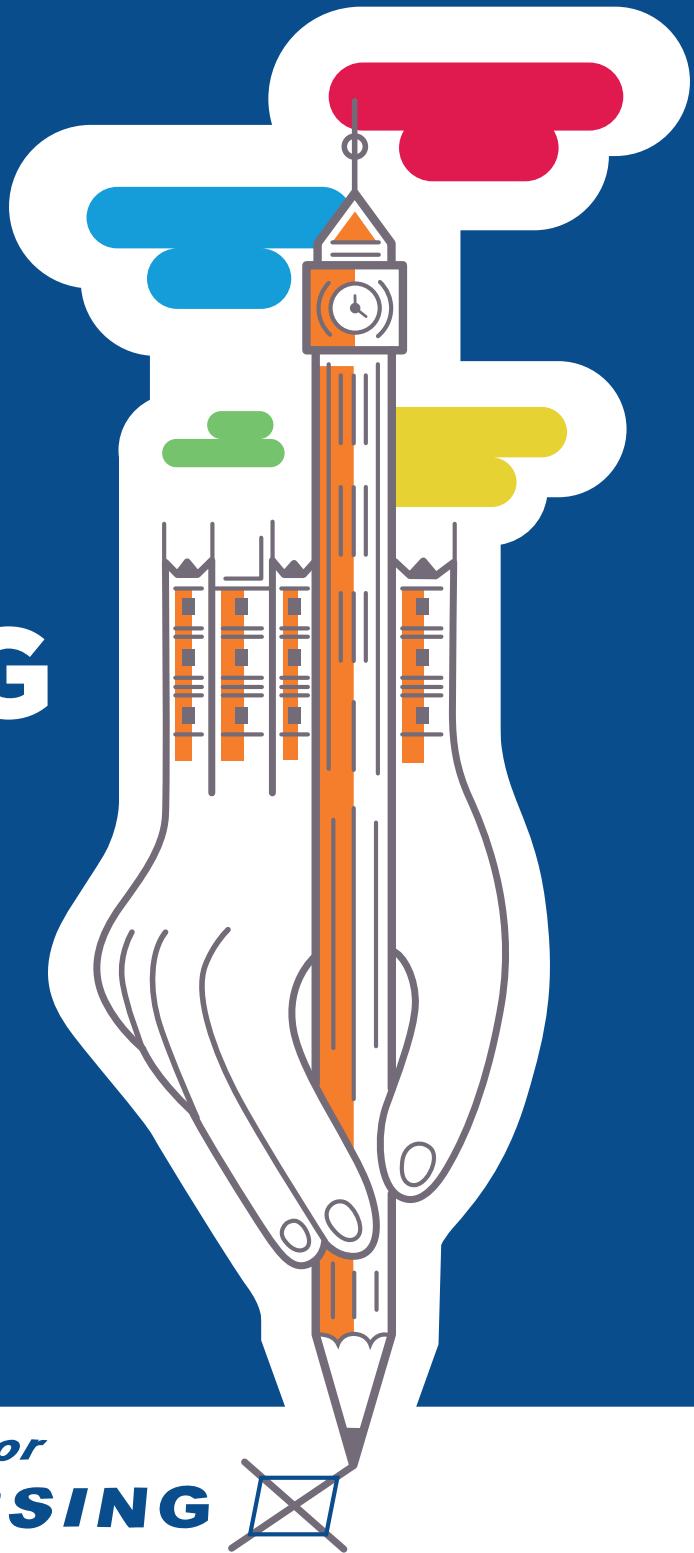
GENERAL ELECTION 2019



Royal College of Nursing

NURSING COUNTS

MAKE SURE YOU VOTE ON 12 DECEMBER



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NURSING



NORTHERN IRELAND MEMBERS TO STAGE PRE-CHRISTMAS STRIKE
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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

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Cover illustrated by Tim Bradford

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Pride of the RCN

RCN Fellow Professor Dame Elizabeth Anionwu was presented with the lifetime achievement award by singer Janet Jackson (pictured above) at last month's Pride of Britain Awards ceremony. She was recognised for her passion for nursing and dedication to reducing health inequalities.

Elizabeth's 50-year career in nursing began at 16 as a school nursing assistant in Wolverhampton, after being inspired by a nun, who was also a nurse and treated her for eczema as a child.

One of the highlights of her career has been setting up the UK's first Sickle Cell and Thalassaemia Screening and Counselling Centre in 1979 with Dr Misha Brozovic. She became the UK's first sickle cell nurse specialist and helped to set up the Sickle Cell Society – which celebrated its 40th anniversary this year. Dame Anionwu also co-led a campaign to have a statue of the Jamaican nurse Mary Seacole built at St Thomas' Hospital in London in 2016.

Thank you, Jean

Jean Higgins, the driving force behind London & Provincial Nursing Services Ltd (LPNS), has died. LPNS was a non-profit agency solely for the supply of qualified agency nurses to NHS hospitals. Jean made a huge contribution to the RCN as it is today. When the LPNS was dissolved in 1997, she donated a significant sum of money towards the refurbishment of RCN headquarters and in particular the library. We've written to Jean's family to express our sincere condolences.

Have you thought about leaving a gift to the RCN Foundation in your will? Find out how at tinyurl.com/rcn-foundation-will

Members demand action on nurse retention in Wales

RCN members descended on the National Assembly for Wales last month to call for action by the Welsh government and health boards to better retain nursing staff. This is to ensure sufficient staffing levels in every setting, not just the areas covered in the Nurse Staffing Levels (Wales) Act.

Armed with a new RCN report, based on a study of health board papers over a two-year period, members at the Senedd warned that national strategic action is needed to stop experienced nursing staff leaving the NHS.

The RCN's report found the law has changed NHS culture in Wales for the better. Significant investment has been made to increase the numbers of nursing staff on wards covered by the act, nurse leadership has been strengthened, and safe nurse staffing levels are being discussed at board level. Read *Progress and Challenge: The Implementation of the Nursing Staffing Levels (Wales) Act 2016* at rcn.org.uk/wales



Scottish reps discuss next steps for safe staffing law

RCN reps from across Scotland (pictured above) came together last month to discuss how to improve workplace safety and support the next steps in implementing safe staffing legislation in Scotland.

The Health and Care (Staffing) (Scotland) Act, which was passed earlier this year, is the first legislation of its kind in the UK to apply to both health and social care services.

Those attending also showed support for the RCN's ongoing campaign for safe and effective staffing in all care settings across the UK.



Could you be the next RCN Nurse of the Year?

The search has begun for the 2020 winner of the nursing profession's most prestigious accolade. Entries are now open for the RCNi Nurse Awards, with nurses, students and nursing support workers across the UK invited to share their innovations and expertise across 10 categories.

Members of the public are also invited to nominate a nurse or health care assistant who has changed their life for the Patient's Choice award. The overall winner of the awards is crowned RCN Nurse of the Year.

Categories are open to individuals and teams, in every care setting and at every career stage. The deadline for entries is 17 January. Visit rcni.com/nurse-awards to find out more.

Help us reach 100,000 signatures

Our safe staffing petition calling on the government to fix the nursing workforce crisis in England has never been more important. With the general election next week, this is a crucial moment to push for change and force the next elected government to put nursing at the forefront of its agenda.

Since the public advertising campaign for the petition was launched in September, more than 60,000 people have signed – but we know we can do better. Help us reach 100,000 signatures and create a real noise for nursing that no government can ignore. Sign the petition now and urge others to sign as well: rcn.org.uk/peoplespeople-magazines

NI members to stage pre-Christmas strike



Nursing staff working in Health and Social Care (HSC) services will take industrial action from 3 December

As *RCN Bulletin* went to press, members in Northern Ireland were planning the first strike in the RCN's 103-year history. It's after 92% of members working for HSC services who returned their ballot papers voted in favour of it. Some 96% voted to take industrial action short of strike.

A schedule of industrial action has now been agreed (see box) with the first 12-hour strike planned for 18 December. Industrial action short of strike will include declining to do any task that is not patient-specific. This might be refusing to work unpaid hours, ensuring all breaks are taken and not completing non-clinical administrative tasks. The details of the targeted strike action are still taking shape and will appear on the RCN website shortly. Visit rcn.org.uk/northern-ireland for the latest information, advice and FAQs.

Since the announcement of the strike, the Department of Health has made a pay offer for nursing staff on Agenda for Change terms and conditions for 2018-2019, which the RCN has rejected.

RCN Northern Ireland Director Pat Cullen described it as an insult. "This pay offer further widens the gap in pay between nurses in Northern Ireland and the rest of the UK," she said. "It does absolutely nothing to resolve the crisis in health care and we are aghast that the Department of Health still does not appear to take the issues facing nursing staff seriously."

"For almost three years, the crisis in health has deepened and the nurse vacancy rate has doubled. Our members will not accept anything less than parity with colleagues in the rest of the UK."

Date	Planned action
3 December	24-hour industrial action, short of strike
10-11 December	48-hour industrial action, short of strike
18 December	12-hour strike action
8, 10 January	Targeted strike action
20, 22, 24 January	Targeted strike action
10, 12, 14 February	Targeted strike action
2, 4, 6 March	Targeted strike action

‘You need someone like Jean’



Jean (left) with RCN Welsh Board Chair Gaynor Jones

Jean Saunders has been named RCN Wales Nurse of the Year for her work supporting people seeking asylum

As the lead in the Health Access Team at Swansea Bay University

Health Board, Jean provides support for people seeking asylum as soon as they arrive in the Swansea area.

They're sent an appointment for a health assessment, and though not compulsory, the team does everything it can to encourage people to attend. It always makes contact and sees families with children and pregnant women.

The team also provides an important public health service, offering immunisations to the adults and children over five they see to ensure they have received vaccinations in line with the UK schedule.

Jean is proud that Swansea was the first ever city of sanctuary in Wales, and the second in the UK, so being able to refer people to help elsewhere is central to her work. "We pride ourselves on giving clients the tools they need to access health care, taking a 'how to' not 'do for' approach," she says.

In the 15 years she's been working in the team, Jean's developed a special insight into some of the unique challenges facing people seeking asylum.

"We often have to support clients who have suffered terrible ordeals in their home countries such as rape, torture and imprisonment," she says. "Some may also have been trafficked into the country."

One of the many asylum seekers whose life was changed by Jean, told the RCN: "I ran away to find freedom, to a country I did not know and a system I did not understand. You need someone like Jean to guide and help you. Wales is my home now. Thank you."

READ MORE ONLINE
rcn.org.uk/bulletin

Nursing champion retires

RCN Fellow Baroness Audrey Emerton retired from the House of Lords last month. She was made a life peer in 1997 for her services to nursing and showed great support to the RCN and its members during her time in parliament. In July, alongside Baroness Watkins of Tavistock, she jointly sponsored the RCN's safe staffing event where members met with more than 100 MPs and members of the House of Lords urging them to help end the nurse staffing crisis in England.

Dame Donna joins Meghan Markle and Stormzy on Black Powerlist 2020



RCN Chief Executive & General Secretary Dame Donna Kinnair has been named as one of the top 100 most influential Britons on the annual Black Powerlist. The list recognises people of African or African Caribbean heritage in the UK, who have changed lives or are making a huge difference across arts, health, technology, business and science.

Manchester Metropolitan University's Head of Nursing Professor Laura Serrant also appears on the list alongside Meghan Markle, Stormzy, Idris Elba and Lewis Hamilton.

The big picture



Seven-year-old Matylda holding her winning design for the RCN's official Christmas card as created at Evelina London Children's Hospital where she's been receiving nursing care. Wishing all our members a very merry Christmas and a happy new year.

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Introducer Appointed Representative to the Liverpool Victoria group of companies for General Insurance. 30366-2019

MEET THE MEMBER



Each month *RCN Bulletin* asks a member to share a little bit about themselves

Name: Azoh Achah
Role: Staff nurse, nursing home

Describe your job in three words:
Care, empathy and compassion.

How long have you been nursing?
I've been registered in the UK for two years but was nursing for over seven years in my home country of Cameroon.

Why did you choose the profession?
I wanted to be a doctor initially but then realised nursing was better suited to the hands-on care I wanted to give.

If you weren't a nurse, what would you be? A judge or a lawyer.

What's the best bit about your job?
Seeing someone get better.

And the worst? When you can't get on with your work. For example, if there's not enough staff.

What helps get you through a difficult day at work? The love I have for the job.

How do you unwind? I take a warm shower and have a glass of wine.

If you could have a superpower what would it be? To stop people getting sick.

What's the best lesson nursing has taught you? Patience.

rcn.org.uk/myrcn



WHAT I'M THINKING



Peggy Pryer
Retired member

Making the most of the experience retired members bring to the RCN makes sense. Many of us have been campaigning for years and have developed strong networks. We often have great contacts with patient groups, which could extend the reach of the RCN's safe staffing campaign.

We can help in so many ways. I've been a member of the RCN since 1969 and a long-time campaigner for community and social care services and hospital provision in East Kent. In that time, I've met with three secretaries of state for health, board directors, senior managers and politicians.

While many of us are very busy, some retired members will have more time to dedicate to this campaign than others who are still in work. Several of us will also bring experience of working in nursing and of being a patient. I recently had to attend A&E and saw first-hand the horrendous pressures nursing staff are facing.

So, let's all get behind the campaign and put pressure on prospective parliamentary candidates, especially those in marginal seats. I've met with local MPs and have been encouraging members to attend local hustings events. I'm also harnessing the power of social media, sharing the RCN's e-petition with my contacts on Facebook as well as distributing paper petitions around my village.

Join our fight for safe staffing:
rcn.org.uk/safestaffing



What you've been saying

Gaming companies should fund addiction support

I read with interest people's perspectives on gaming addiction and the NHS (*RCN Bulletin*, issue 381, page 7). Addiction needs to be addressed, however, it's important we don't pathologise – treatments need to be psychologically based.

Prevention must be implemented as part of health promotion within schools and the government needs to take responsibility to ensure companies that financially profit from gaming fund addiction services.

✉ Andrew by email

More government help for homeless people

I was inspired by the item on nursing the homeless by Sam Dorney-Smith (*RCN Bulletin*, issue 380, page 14). I'm

involved with my local foodbank and give to homeless charities, so am aware of the huge increase in poverty and homelessness, and the neglect of a society that has let this happen. I often notice charities are picking up the pieces where governments have opted out of looking after the most vulnerable.

My cynicism was complete when I read the last paragraph of the article about who funded her research and work; all private funds, and the RCN.

Come on government – she is really trying to make a difference and find long-term solutions, why was she not funded by the authorities? Not the fault of local authorities, their funds have been stretched to breaking point.

Approaching an election, the parties are scattering impossible promises like confetti, but nothing will change unless local authorities have more funds.

✉ June by email

QUOTE OF THE MONTH



If Claude is interested in learning more about what life is really like for a nurse, we would be happy to arrange for him to shadow one of our members

RCN England Director Patricia Marquis responding to comments made on Twitter by *The Apprentice* star Claude Littner suggesting nurses should work more or get a part-time job rather than use a food bank

FOUR THINGS TO DO IN DECEMBER

1. Vote in the general election on 12 December and use our manifesto to help inform your choice:
rcn.org.uk/nursingcounts
2. End the year by saying "thank you" to a valued nursing colleague
3. Write a reflection on all the things you've achieved in nursing this year:
tinyurl.com/rcn-reflect
4. Celebrate nursing by entering yourself or a colleague for the RCNi Nurse Awards: rcni.com/nurse-awards

✉ GOT SOMETHING TO SAY?

The RCN Magazines team is always looking for members to contribute to the opinion pages. If you're keen to share your views, email bulletin@rcn.org.uk

HOT TOPIC



We asked our social media followers what highs and lows come with working during the festive period

As Christmas is considered a time for giving and sharing, being able to provide care and support to others, especially those who have nobody, is one of the blessings. [@amycrompton1191](#)

A high is watching a usually stern consultant put on a Santa hat and line up his reindeer (nurses) to go about his deliveries (ward round) – we are paediatrics after all. The lows are missing out on the last-minute get-together of all your mates at home for Christmas and your child's panto. [@ericasmart](#)

Every bit of care seems that little bit extra special. But seeing people who have nobody, alone at Christmas and in hospital, is low. [@STJTurnface](#)

It's never great spending time away from your loved ones on Christmas Day, but spreading the Christmas cheer in A&E

and knowing that you've made an impact on someone's day and touched their life makes me smile. [@mountgirl77](#)

The high is Christmas itself, the festive and fun atmosphere the amazing nurses and clinical staff create for the patients. The low is seeing patients on their own with no visitors. It's heart-breaking. [@JayJansenNHS](#)

Being able to sit down and have Christmas dinner with our patients is a high, but we're also missing out with our own families. [@bryonie13](#)

Highs: supporting children and young people who are in hospital over the festive period. Lows: knowing we'd all prefer to be with our loved ones. [@DannGooding](#)

It's good getting into the festive spirit, with colleagues bringing in food treats and getting a bit of extra pay on some shifts. The lows are missing family and friends and knowing many patients and families might have a really tough time for different reasons. [@jomwlever](#)

'Be proud of being someone's Beryl'

RCN steward Hilary Nelson reflects on the huge impact nursing support workers have had on her career

On my first ever shift as a student nurse, the senior charge nurse instructed me to accompany Beryl, a health care support worker, as she went about her duties.

I was terrified but Beryl took me by the hand and showed me the ward. She showed me where things were, instructed me on the routine, and we went about the whole day together.

Beryl was probably in her 60s and had been caring all her life. I, on the other hand, had never shaved a man. I'd never taken someone to the toilet or cleaned their dentures. For seven weeks I stuck to her like glue. She taught me so much of what I know today. She was the complete caring professional.

In 2019 support workers are still central to the work we do. They've usually been there the longest and are often the most experienced. We honestly couldn't function without them, but I fear this is sometimes forgotten.

While times have changed and nowadays many support workers are taking on more responsibilities, Beryl didn't want an extended role. She was content looking after patients and she did it brilliantly. After two and a half decades of nursing, Beryl is the person I identify as having the biggest impact on my entire career. I want support workers, in whatever role they're doing, to realise the far-reaching impact they have on colleagues as well as patients. Be proud of being someone's Beryl.

Nursing support workers can join the RCN from just £4.10 a month: rcn.org.uk/hca

MESSAGE TO MEMBERS



Anne Marie Rafferty
RCN President

The general election comes at a crucial time for nursing. The profession has never been so important in politics, and for me, this presents a perfect opportunity for us to influence.

Securing the vote of nursing staff is like gold dust for prospective parliamentary candidates, so we're in a powerful position to demand what's needed to help nursing staff thrive in the future.

The RCN's manifesto sets out five key priorities (see page 9) with the first being the need to fix the nursing workforce crisis. Thanks to our campaigning, we've gained traction on this, with some of the main political parties saying they'll provide more financial support to nursing students and introduce schemes to encourage people to stay in the nursing profession.

These are welcome pledges, but we'll need to work hard to maintain the pressure after polling day to make sure promises become policy after 12 December.

Please don't underestimate the power of your vote. In the last general election, 37 seats in parliament were won with only a handful more votes than the average number of members we have in each constituency. So, whatever your political leanings, please vote on polling day and have your say in the outcome of one of the most historic elections of our lifetime.

rcn.org.uk/nursingcounts



The great registration controversy

One hundred years on from nursing becoming a registered profession, we look back on how the RCN helped make it happen

In 1917, the *Nursing Mirror* told its readers to: “Wake Up Slackers!” The fight for state registration of nursing was underway, and it needed supporters. But before nursing could be registered, it had to be defined. Was it a medical science? Was it a feminine vocation? There were strong views on both sides. Some resisted registration to preserve their definition of nursing.

Two years later, the Nurses Registration Act finally became law. So how was the battle won?

Starting a fight

At the Nightingale Training School, established in 1860, the concept of a state register began to be discussed.

Doctors, teachers and other professionals already had state registration, but Florence Nightingale was opposed to it for nurses. She believed nursing was “a calling” for those with particular personal qualities and worried that registration would make it harder for working class women to become nurses.

“

Before nursing could be registered, it had to be defined. Was it a medical science? Or a feminine vocation?

🕒 Our free exhibition about the history of nurse registration is now on display at the RCN Library and Heritage Centre in London. You can also access it online at rcn.org.uk/library-exhibitions/wake-up-slackers

On the other hand, Ethel Gordon Fenwick was a lifelong advocate for registration. As matron of St Bartholomew’s Hospital in the early 1880s, she pioneered longer nurse training. She believed nurses should lead their profession, and that registration could help set standards for nurse training. She founded the British Nurses’ Association in 1887 and the Society for the State Registration of Trained Nurses (SSRTN) in 1902.

By 1904, after two unsuccessful registration bills, a parliamentary select committee was set up. It collected evidence and views from both sides of the debate and recommended starting a register of nurses maintained by a state-appointed body. Eight more bills came and went. In 1914, world events paused the campaign.

The College of Nursing, founded in 1916, influenced the debate during the war. Its founders – Sarah Swift, Arthur Stanley MP, Annie Warren Gill, Mary Rundle and Rachael Cox-Davies – believed a college could unify nurses to improve training and advance their profession. As the need for skilled

nurses on the front lines of World War One grew, so did calls for fair pay and working conditions. This fed into the registration debate and the College began campaigning on nurses’ behalf.

Influencing the acts

A new bill was introduced to the House of Commons on 28 March 1919 and the College of Nursing was keen to influence its development. It made a statement, sought support from the Lords and helped direct the debate.

On 22 December 1919, all of the changes were ratified. The next day, the Nurses Registration Act(s) became law, creating three General Nursing Councils (one for England and Wales, one for Scotland and one for Ireland). Each council would compile a register of qualified nurses.

The questions that nursing leaders were asking in 1919 still stand. Can compassion and courage be taught? Does being registered guarantee those qualities? And ultimately, how do we ensure the best patient care?



Ethel Gordon Fenwick (centre) marches alongside other nurses and midwives to the Royal Albert Hall, London, in 1909. (Image credit: Christina Broom/Museum of London)

NURSING COUNTS

It's vital you vote in the general election on 12 December

This is your opportunity to choose who will make up the next UK government and have a say in the future of nursing and health care

We believe nursing staff deserve better and patients need more

We want the next UK government to:

1 Address the nursing workforce shortage

- We want it written in law in each UK country who is responsible for workforce planning to ensure safe and effective care.
- We want all four governments to produce a national workforce strategy which ensures nursing helps to meet the whole country's health needs. This should include clear plans for getting the right numbers and skill mix of nursing staff.

2 Invest in health and care services

- We want a commitment to more investment in health and care services across the UK in line with rising population need.
- We want greater transparency from the UK government on how they allocate funding to devolved governments and for the funding to reflect the needs of each country.

3 Invest in nursing education and professional development

- We want students across the UK to have access to adequate financial support.
- We want nursing staff in all health and care settings to have sufficient funding for continuing professional development.

4 Build an immigration system that supports nursing

- We want to continue to be able to recruit overseas staff and a commitment to ethical recruitment.
- We want an immigration system that is transparent and easy to understand.
- We want the Immigration Health Surcharge to be waived completely for nursing staff.

5 Improve working conditions and pay

- We want meaningful pay rises for all nursing staff providing publicly funded services.
- We want a workplace culture which tackles work-related violence, bullying, discrimination and harassment.
- We want recognition of the importance of NHS pensions in retaining staff.

Ask your local politicians to become nursing champions

When prospective parliamentary candidates come calling to seek your vote, be sure to ask how they and their party will support nursing and improve patient care. Use our key priorities to probe them on their pledges and share your personal experiences to help them understand how decisions made in parliament affect you as a member of nursing staff.

You can also ask them to sign up as nursing champions, so they agree to advocate for your local nursing community if they're elected.

Visit rcn.org.uk/nursingcounts



POLITICAL PLEDGE DIGEST

Ahead of the general election on 12 December, we've read the manifestos of the main political parties. Here's an outline of what they say, in their words, on nursing and health

Parties appear in alphabetical order

Brexit Party

- Provide continued investment in the NHS and an increase in the number of medical staff.
- Keep the NHS as a publicly-owned, comprehensive service that is free at the point of use.
- Reject privatisation of the NHS.
- Discuss ring-fencing the NHS budget and the tax revenues that pay for it.
- Abolish interest on student loans.
- Re-open the nursing and midwifery professions to recruitment without the degree requirement, alongside a new nursing qualification in social care.
- Reduce annual immigration by introducing a fair points system that is blind to ethnic origin.
- Review the position of women unexpectedly short-changed by recent rises in the state pension age.

Conservative Party

- Deliver 50,000 more nurses.
- Increase NHS funding by 29% between 2018 and 2023.
- Build and fund 40 new hospitals over the next 10 years.
- Provide £1bn extra funding every year for more social care staff and better infrastructure, technology and facilities.
- Give nursing students a £5,000-£8,000 annual maintenance grant, which they don't have to pay back.
- Provide more funding for professional training.
- Introduce an NHS visa, providing fast-track entry, reduced fees and dedicated support to qualified nurses from overseas.
- Provide free hospital car parking for staff working night shifts.

Green Party

- Reinstatement of the health secretary's duty to provide health care services.
- Create a duty to ensure there are enough nursing staff to meet the needs of the population.
- Increase NHS funding by £6bn a year until 2030.
- Invest an extra £1bn a year in nursing higher education, allowing nursing bursaries to be reinstated.
- Roll back privatisation of the NHS, through repealing the Health and Social Care Act 2012.
- Focus funding to enable the construction of new community health centres.
- Focus funding to enable major improvements to mental health care, ensuring everyone who needs it can access evidence-based therapies within 28 days.

Labour Party

- Recruit 24,000 extra nurses by investing £1bn in restoring a training bursary.
- Put Agenda for Change terms and conditions into law alongside safe staffing limits.
- Reinstatement of the responsibilities of the secretary of state to provide a comprehensive and universal health care system.
- Increase expenditure across the health sector by an average 4.3% a year.
- Build a national care service for England, providing free personal care to older people.
- Deliver year-on-year above-inflation pay rises for NHS staff, starting with a 5% pay increase.
- Provide free hospital parking for staff.
- Provide mental health support for staff and tackle harassment, bullying and violence.

WHAT WE WANT **1** Address the nursing workforce shortage

2 Invest in health and care services

3 Invest in education and professional development



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

The RCN does not support one political party over another. We work with all political parties to champion the cause of nursing and enact positive change. The information published here is not exhaustive, but rather highlights some of the pledges made by the main political parties in their manifestos. Please see their full manifestos to make an informed choice.

While health and social care are devolved in Northern Ireland, Scotland and Wales, the political parties in each country have taken the opportunity to set out some key health and care commitments in their manifestos.

Liberal Democrats

- Produce a national workforce strategy for the NHS, matching training places to future needs.
- Raise £7bn a year, ring-fenced for the NHS and social care, from a 1p rise on Income Tax.
- Use this cash to relieve the crisis in social care, tackle urgent workforce shortages, and invest in mental health and prevention services.
- Provide a £10bn capital fund to upgrade NHS equipment and buildings.
- Target extra help for nursing students, starting with bursaries for specialties where shortages are most acute, such as mental health.
- Provide support for the ongoing training of care workers.
- Make the registration process for overseas nurses more flexible and accessible.
- Provide incentive payments to work in areas where there are staff shortages.

Plaid Cymru

- Train and recruit an additional 5,000 nurses for the Welsh NHS.
- Create a new national health and social care service, providing free social care for older and vulnerable people.
- Provide a 5% increase in mental health expenditure every year for the next decade.
- Create a Welsh migration advisory service that enables skills gaps in social care to be plugged and protects the health service from staff shortages.
- Press for free movement of health professionals throughout the EU.
- Establish parity of pay and terms and conditions for social care and health care workers.
- Provide compensation to women who have lost out due to state pension changes.
- Provide enhanced protection for whistleblowers in the NHS.

Scottish National Party

- Call on the UK government to match Scottish per capita NHS spending, delivering an increase to frontline investment in NHS Scotland to more than £17bn by 2024/25.
- Propose a new National Health Service Protection Act to guarantee that trade deals will not undermine the founding principles of the NHS, nor open it to profit-driven exploitation.
- Oppose plans to introduce a minimum salary threshold preventing anyone earning less than £30,000 from being admitted to the UK.
- Press for the Immigration Skills Charge for employers to be scrapped.
- Seek the devolution of immigration powers so that Scotland can have a tailored system.
- Oppose any increase to the state pension age.
- Continue to support the Women Against State Pension Inequality (WASPI) campaign.

Northern Ireland

As a devolved issue, health would not normally feature in the general election manifesto of a Northern Ireland political party. In the current political vacuum, however, the parties have, this time, chosen to set out their health commitments, often in some detail.

On the staffing and pay issues underpinning the current RCN industrial action in Northern Ireland, the Social Democratic and Labour Party manifesto states: "It is vital that proper workforce planning is put in place now to mitigate future demand for services, ensuring better health outcomes for patients and improving working conditions for staff". It also commits to "a fair and well-deserved consolidated pay rise for our nursing staff". The Democratic Unionist Party commits to "enthusing and motivating staff including fair pay and conditions for all". The Alliance Party advocates "implementing reforms to transform our health service, freeing up resources to pay health sector staff fairly".

At the time of going to press, the Ulster Unionist Party and Sinn Féin had not published their manifestos.

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Build an immigration
system that supports
nursing

5

Improve working
conditions and
pay

Living well with HIV

RCN member David Munns provides vital mental health support to people living with HIV, encouraging them to take their antiretroviral medication during a crisis



Rebecca with David

“Being diagnosed with HIV can be devastating for some people. They need time to adjust to how they’re going to live with the virus from then on,” says David, a clinical nurse specialist in mental health and HIV at the Kobler Clinic at Chelsea and Westminster Hospital.

“There has been progress, but there’s a need for more education about HIV because of the ongoing stigma towards those living with it. They can feel isolated and lonely. Many develop anxiety and depression following a diagnosis. It can have a huge impact on their self-esteem and confidence, which in some

cases leads to unemployment and financial problems.”

David’s role is to make sure people diagnosed with HIV are supported with their mental health and continue to take their antiretroviral medication. Not doing so can put them at risk of becoming physically unwell, leading to increased hospital appointments and possible admission.

He’s one of just two nurses across London who specialise in supporting the mental health of people living with HIV. Increasingly, he gets referrals for people over

50, partly because people are living longer with the virus.

“Since the clinic opened in 1988, the management of patients with HIV has changed. Rather than managing a peaceful death, we manage how they live with HIV. Getting old can be a frightening and lonely experience and if you’re living with HIV, it can present even greater challenges.”

Depression is twice as common among people who have HIV and David often sees people with associated problems such as drug or alcohol addiction. Symptoms of

🕒 David has a Twitter feed ([@MentalHealthHIV](#)) for patients living with HIV and mental health problems where he offers support, advice and shares information.

Words by Susan Embley. Pictures by Benjamin Mole

post-traumatic stress disorder (PTSD) related to a diagnosis of HIV are also common. This can lead to depression, anxiety and insomnia.

Cost savings

David holds outpatient clinics, receiving referrals from the community HIV team and also from the specialist inpatient ward at the hospital where he works. He makes sure people have access to a counsellor or psychiatrist if needed but is also on hand to offer brief intervention therapy.

“Lots of what I do is listening,” he says. “Sometimes that’s all that’s needed; a listening and sympathetic approach to people’s problems. I also act as an advocate to help people get financial support and provide a bridge between the general hospital and mental health services. It’s my job to make sure our patients receive good mental health care while living with HIV.”

David’s role is vital in saving the NHS avoidable costs in the treatment of HIV-related illness caused by people stopping their medication when experiencing a mental health crisis.



Many people develop anxiety and depression following a diagnosis of HIV. It can have a huge impact on their self-esteem and confidence

“You might think, ‘why would anyone not want to take their medication?’, but for people struggling with a mental illness, they may stop taking medication due to depression or suicidal thoughts. Taking a tablet every day for the rest of your life is a challenge for most people, but for those with a mental health problem, this challenge is increased hugely,” says David.

“I regularly keep in contact with patients who are more vulnerable and offer follow-ups alongside their normal mental health care. It’s so important we monitor and maintain that level of adherence to medication.”



Taking a tablet every day for the rest of your life is a challenge for most people, but with a mental health problem, this challenge is increased hugely

If people with HIV take their medication correctly, the virus can become undetectable, so it can’t be transmitted. It’s vital to maintain undetectable levels of HIV in the fight against transmission.

Maintaining good health

David’s clinic is helping people to live well with HIV. The number of referrals he receives is falling as he provides ongoing support to people in his care.

“For some people living with HIV, the clinic is their only point of access to any kind of health care professional,” he says. “They build up a trusting relationship with us over the years and find it difficult to discuss their problems with anybody else. We do however try to encourage patients – no matter how chaotic their lifestyle – to register with a GP.

“I hope that highlighting the roles we do will raise awareness of the importance of mental health for those living with HIV.”

What the RCN says...

Jason Warriner, Chair of the RCN Public Health Forum, says: “Across the UK we are working on the challenge to end new HIV infections by 2030.

“Nurses, like David, working in HIV and sexual health have a key role in achieving this target by promoting testing and supporting people living with HIV to access care and treatment, which includes support for their mental health.”

Read more about strategies for ending HIV transmission in Jason’s blog at tinyurl.com/rcn-jason-blog

PATIENT PERSPECTIVE



Rebecca de Havilland

I was diagnosed with HIV in 1987 when HIV was very taboo and a killer disease. As well as having HIV, I am transgender. As a result of this, I lost family and friends and my career as a hairdresser in Ireland. I became a heroin and crack addict and was in and out of rehab. In 2007, I ended up on life support. I was sectioned and hit rock bottom.

I stopped taking drugs and got back in touch with family in Ireland. My HIV was undetectable from taking my medication regularly. But I stopped taking the medication and in 2013, ended up in hospital.

Eventually I moved to London as part of a new drug trial for advanced HIV. It was bleak as I was homeless and the problems with my mental health kicked in again.

Around this time, I met David. His clinic really helped me get back on my feet. He supported me with getting benefits and helped outside appointments. He went beyond the call of duty. He would intervene if I needed more intense therapy and kept me from being hospitalised. Thanks to him, my HIV became undetectable again.

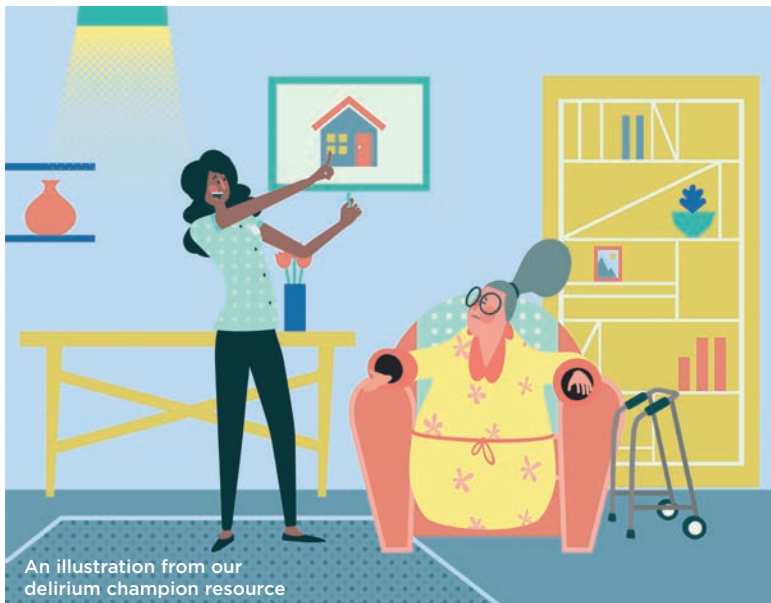
In the last three years, I’ve got a lot better. I have a flat, have written a book and run a boot camp for transgender women. I still see David as you can’t take your mental health for granted, but I can honestly say now, David and the NHS saved my life.

Share your story by emailing bulletin@rcn.org.uk



Helping students detect delirium

Nursing lecturer Gary Mitchell has developed a learning package for students based on a resource created by the Older People's Forum



Delirium, a state of heightened mental confusion commonly affecting older people admitted to hospital, is a global health concern but is frequently under-diagnosed, says Dr Gary Mitchell, a lecturer at Queen's University Belfast (QUB) and a member of the Older People's Forum committee.

"This is particularly concerning as delirium is a symptom of acute illness that is often avoidable and reversible if detected early enough," says Gary.

Two years ago, the forum launched a project to raise awareness and encourage nursing staff in various settings to become delirium champions – staff who provide colleagues with the tools to recognise delirium early and escalate concerns.

With the forum's support, Gary then co-designed an education

initiative about delirium for QUB nursing students. The learning package covered a number of core topics in a two-hour workshop, including recognition, management and prevention of delirium. The project used a blend of different approaches to learning, including face-to-face teaching, case scenarios and students' reflections on their practice.

"The aim was to give students an introduction to the knowledge and tools they need to detect and manage delirium, and to empower them to become delirium champions when they're on placements," says Gary.

Was it successful?

"Extremely. More than 600 nursing students at Queen's University Belfast have become delirium champions. We used a validated questionnaire to test the

“

More than 600 students have become delirium champions

student's knowledge of delirium before and after delivery of the education, and found it increased by almost 15%.”

In addition, students' perceived confidence in recognising, preventing and managing delirium also increased significantly. They said the blended approach to learning about delirium was both effective and powerful.

Findings from the project have been written up and submitted as a journal article, and three of the students involved spoke at a recent RCN conference on delirium about the impact of the education initiative on their practice.

One of them, Kerry Canavan, admits that before the delirium workshop her knowledge of the subject was “severely lacking”.

“I had heard it mentioned but with limited explanation. This training helped it all to click,” she says.

Want to find out more?

The delirium education resource is freely available by emailing Gary at gary.mitchell@qub.ac.uk. There's also more information about delirium on the RCN website where you can find guidance and tools to help you identify and manage delirium in older patients. Visit tinyurl.com/deliriumrcn or learn about delirium champions at tinyurl.com/deliriumchampion

The Older People's Forum has also produced resources on falls, frailty, healthy ageing, mental health in later life and care homes.

To access these, find out more about the forum and join, go to tinyurl.com/olderpeoplesforum

IN THE SPOTLIGHT



Emergency Care Association

Who's the Chair?

Janet Youd became Chair of the association in 2013. She says: "I saw it as an opportunity to shape and develop emergency nursing." Next year, Jamie Cocksedge takes over as Chair, while Janet will continue as the forum's expert advisor.

Recent highlights?

Recognising the challenge of workforce planning in emergency departments, Janet's first focus was a baseline emergency staffing tool, followed by a competency framework looking at skills mix. This month, the forum publishes standards for nursing work in emergency departments. This collaboration with the Royal College of Emergency Medicine looks at the wider emergency care workforce, recommending standards that align with the RCN's safe staffing campaign.

What's coming up?

Plans for the future include digitising the competency framework, potentially turning it into an app that can be used on the go. Janet also hopes to organise a joint event with the Mental Health Forum, focusing on children's mental health in emergency care.

Why join?

Janet says: "We're such a big network now with 8,000 members, including nearly 3,000 on Twitter. Collectively, we have a much bigger voice and working together we're more able to influence on issues such as safe staffing. Emergency nursing has an important place and we've got a responsibility to grow it."

Read more about the Emergency Care Association at rcn.org.uk/forums

Find them at facebook.com/groups/RCNEmergencyCareAssociation and on Twitter [@ecacommittee](https://twitter.com/ecacommittee)

WHAT I'M THINKING



Gail Goddard District and Community Nursing Forum

I've worked on Christmas Day for 28 of the last 29 years. It's always felt like the right thing to do. I wear a Christmas coat and do house visits to patients I know will be on their own. Doing a leg dressing gives you the chance to have a chat with someone and provide that human contact.

On Christmas Eve we have a huge influx of people added to our caseload as they're discharged from hospital in time for the festivities. That can be quite stressful, because no matter how well you plan discharges, there always seem to be issues. So, there's a lot of problem-solving over the Christmas period. You have to think on your feet and be flexible, which is what district nurses do best.

Perhaps the hardest but nicest thing about working on Christmas Day is tending to the needs of palliative care patients whose final wish is to die at home. It's beautiful, though incredibly sad, to see families together, everyone sitting around their relative chatting, knowing that person will die surrounded by those they love.

So, working at Christmas can be challenging, but also lovely. I guess, if you didn't love what you do, you wouldn't do it and I just think we, as district nurses, have the gift of being able to make life better for somebody, even for the briefest of moments.

rcn.org.uk/forums



Explaining constipation

Last month, Jim Blair, Learning Disabilities Forum member and RCN Project Lead for Learning Disability Nursing, hosted the launch of a new book for people with learning disabilities and their nurses at RCN headquarters.

The Trouble with Poo is a book about constipation with colourful, simple illustrations making the content accessible and allowing readers to tell their own story.

Nursing staff can guide their patients through the book, encouraging them to consider how they'd feel and act in each scenario. "Books Beyond Words enable people with learning disabilities to understand what is happening to them," says Jim.

Find out more at
booksbeyondwords.co.uk

Period talk

Members of the RCN Women's Health Forum have led the creation of a new clinical resource *Promoting Menstrual Wellbeing*.

The publication aims to normalise conversations about periods, and fill gaps in knowledge of menstrual health, so nursing staff can help everyone who has a period.

With additional input from the Practice Nurse, Learning Disabilities and CYP Forums, the resource covers experiences that can occur at different life stages, issues of diversity, menstrual irregularities and more.

Download the clinical professional resource at rcn.org.uk/publications (code 007 856) and find out more about the forum at rcn.org.uk/forums

16 EVENTS

For details of more events visit the region and country pages of the RCN website or go to rcn.org.uk/events

London

Travel health conference

8 February

RCN HQ

20 Cavendish Square

London W1G 0RN

This popular annual conference provides an opportunity to learn about the latest updates in travel health and discuss topical issues related to the specialty. Aimed at nursing staff, pharmacists and other health care professionals delivering travel health services, the programme includes sessions on vaccines, rheumatic conditions and travelling with cancer.

Sandra Grieve from the RCN Public Health Forum says: "This informative event is for anyone working in travel health. There's a chance to seek advice from our panel of experts and discuss difficult

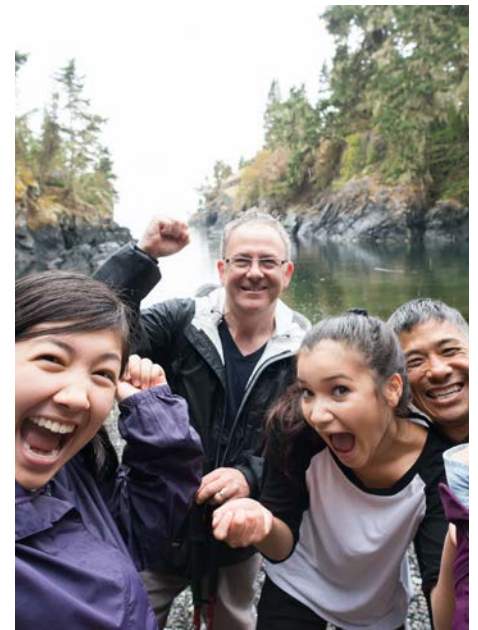
cases. You'll leave feeling confident and ready for the challenges of working in this often-complex area of practice."

You will also accrue more than seven hours of continuing professional development, meet like-minded colleagues and take time out to reflect on your professional journey and current practice.

"We aim to provide those attending with a wide range of topics throughout the day to ensure we give the most current advice to travellers to help them stay safe abroad," adds Sandra.

Organised by the RCN and National Travel Health Network and Centre, the event is open to members and non-members.

📍 Visit rcn.org.uk/TH20 or call **02920 546 460** to book.



Cardiff

Sepsis - detecting deterioration

30 January

National Botanic Garden of Wales

Llanarthne

Carmarthenshire SA32 8HN

This morning seminar will help you understand the importance of early detection of sepsis, how to treat the deteriorating patient and increase your knowledge of the All Wales system.

Aimed at registered nurses, health care support workers and nursing students working in any sector, topics up for discussion include:

- setting the national scene
- identifying the All Wales escalation method
- using the National Early Warning



Score (NEWS) in the community setting

- education in the independent sector.

📍 The closing date for applications is Thursday 16 January. Visit rcn.org.uk/sepsis-wales-2020, call **02920 546 460** or email CPDwales@rcn.org.uk to book.

London

Nursing first

7 February

RCN HQ

20 Cavendish Square

London W1G 0RN

To honour the 200th anniversary of the birth of Florence Nightingale, 2020 has been designated the international year of the nurse and midwife. Recognising the contribution of nursing and midwifery to sustainable health 200 years on, this afternoon event begins with a networking lunch and features a keynote address from RCN President Professor Anne Marie Rafferty. The event showcases the work of the RCN that enables nursing staff and midwives to deliver high quality, equitable and rewarding care.

📍 Visit rcn.org.uk/nursing-and-midwifery-first or call **02920 546 460**.

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‘Never give up’

For Justin Mwange, much of his experience as a refugee inspired his passion to become a nurse, but he thought it was a dream that would probably never come true

“When you are in a refugee camp you lose all your ambition,” Justin says. “You feel you will never achieve anything. All you can think about is surviving. You live on what you’re given, you have no choices and you can’t go anywhere.”

But this year, two decades on from his arrival in a Zambian refugee camp, Justin finally qualified as a nurse and now works on a colorectal ward at Castle Hill Hospital in Hull, East Yorkshire.

Justin was just a teenager when he fled the war in the Democratic Republic of the Congo that would result in the deaths of more than five million people.

As he and his family made the journey to the refugee zone, he witnessed people dying for simple lack of medical attention.

“We were seeing people with wounds that needed just a bandage. But there was no one to help them, so they were left dying at the side of the road,” he recalls. “I saw many children struggling with malaria. I felt if I was trained, perhaps I could do something.”

The start of the journey

Once at the camp, where he and his family lived for seven years, Justin volunteered as a support worker with the charity Médecins Sans Frontières



(MSF), supporting people with malnutrition. Alongside helping to monitor blood sugars and weigh patients, he distributed supplementary food parcels to children and the most vulnerable adults to keep them alive.

In March 2007, Justin and his wife finally arrived in the UK as part of a refugee resettlement programme. He worked in a factory and as a social worker after gaining a 2:1 degree in social work from the University of Hull, before applying for an adult nursing course at the university in 2016.

“

If there is something you really want to do, you can do it. The doors can open

Words by
Lynne Pearce

“My original ambition was always to become a nurse,” says Justin, who joined the RCN as a first-year student. “It was a long journey to get to where I am now, but it’s going well so far. It’s challenging, but I’m learning something new every day.”

Employing empathy

Earlier this year, Justin was nominated for the chief nursing officer’s award in the category of black and minority ethnic student diversity. “I feel really proud just to have been nominated,” he says. “I’ve had really positive responses and it has raised my confidence and self-esteem.”

Justin believes his extraordinary life experience underpins his professional approach to the nursing care he gives his patients. “When you’ve gone through a lot of suffering, it improves your own resilience and increases your compassion and empathy.

“You understand how difficult it can be for someone else who is suffering or in pain. I’ve been through some very difficult times and you come to realise that every person is unique and needs to be recognised for who they are, wherever they come from or their background.”

His advice to others is simple. “I tell people never to give up,” says Justin. “If there is something you really want to do, you can do it. The doors can still open.”

This article first appeared in *Nursing Standard*, produced by RCNi. For more go to journals.rcni.com/nursing-standard

RCNi



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Quality Care

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Application Forms must be scanned and sent via email to – giovanni.villa@gibraltar.gov.gi not later than 1:00pm on Wednesday 25th December 2019.

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www.ekhft.nhs.uk/careers

Band 7 Sister or Charge Nurse Cardiothoracic Critical Care Areas Royal Papworth Hospital



We are seeking an innovative, highly-motivated and experienced Critical Care nurse for our CQC 'Outstanding' rated hospital in Cambridge.

The Critical Care Unit at Royal Papworth Hospital incorporates 36 Critical Care beds and includes a highly specialised cardiothoracic service where we commonly see patients who have undergone Coronary Artery Bypass Grafts (CABG), Valve replacements, thoracic surgeries & Transcatheter Aortic Valve Implantation (TAVI). Our other specialised procedures include the ECMO service and Pulmonary Thromboendarterectomy Surgery (PTE) as well as being a regional centre for Primary Percutaneous Coronary Intervention.

The successful candidate will be pro-active and take a lead in mentoring staff whilst supporting the development of Critical Care which is led by the Matrons and Consultant Nurse for ECMO and Critical Care. You will have the opportunity to develop advanced nursing and leadership skills alongside an experienced senior nursing team and to be trained with specific Cardiothoracic Critical Care skills.

You will be required to work a variety of shifts including nights, long days and weekends, and hold the critical care bleep as required.

Contact Critical Care Matrons Vicky Carr or Mel Widdowson on 07775 705934 papworth.ccamatrons@nhs.net for more information.

If this sounds like the opportunity for you, please apply via NHS jobs:

- <https://royalpapworth.nhs.uk/working-us/our-vacancies>;
- Attend our Recruitment Event on 11th January 2020 between 9.30-2.00 at Royal Papworth Hospital, Cambridge Biomedical Campus where you can meet the team and have a tour of our new unit
- Closing date 18th January 2020



General Practice Nurse (Ref: 10605) Substantive 1 x post Full-time – 37.5 hours per week 1 x post Part-time – 32.5 hours per week	District Nurse/Nurse Practitioner – Isles Team (Ref: 10607) Substantive Full time – 37.5 hours per week
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All posts are Band 6 - Salary Range £30,401 - £38,046 per annum (pro rata for part-time posts) Plus Distant Islands Allowance of £1,841 per annum & Relocation Assistance of up to £8000 is available

These posts are based across NHS Shetland Health Board Community Nursing provided services

Rise to the challenge and enjoy the opportunity - Shetland is a wonderful place to live and work. Shetland offers low pollution, low crime, excellent schools, great leisure facilities, unique wildlife and amazing scenery, whilst still only a short flight away from the UK mainland. To find out more about living and working in Shetland go to www.shetland.org

For more details please check our website on www.shb.scot.nhs.uk

If you would like more information about these posts or other opportunities with our wider team, please contact one of our Clinical Leadership Team:

Mrs Elaine Maguire Clinical Team Leader (North) on 07771 380 954

elaine.maguire@nhs.net

Mr Ian Sandilands Clinical Team Leader (South) on 07880 788 615

ian.sandilands@nhs.net

Or Miss Edna Mary Watson Chief Nurse (Community) on 01595 743 339

Closing date: 15/12/19

Interviews will be held in w/c 16/01/2020

For more information and to apply

External Applicants: ie if you are NOT currently an NHS Shetland employee or registered on our Bank, you must apply via the following Jobtrain website link:-

<https://apply.jobs.scot.nhs.uk/vacancies.aspx?chkDivision=173>



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Are you a bright, ambitious nurse, with a desire to provide clinical support to enteral fed patients in the acute and community setting? You will need a range of skills including strong prioritising and planning, IT knowledge, and excellent time management. Applicants must have current NMC registration and clinical experience in the enteral feeding therapy area would be an advantage.

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Rushcliffe Care Group

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Contact: reception@rushcliffecare.co.uk for details and application form

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We are an innovative and welcoming single site practice with nearly 30,000 patients based in Frome Somerset. Rated outstanding by CQC, we have an exciting opportunity for a new lead nurse to develop and support our committed team.

Closing date **Weds 8th January** • Interview **Thursday 16th January**

Further details www.fromemedicalpractice.co.uk/workwithus



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It provides specialist person-centred holistic care for people with dementia, without the use of routine tranquillising medication. Set in delightful gardens it provides a superb home for residents to enjoy their lives and for staff to enjoy their careers.

There is an opportunity for a committed, compassionate nurse to join our outstanding nurse led team.

Our residents have complex needs, both mental health and physical health. The ideal candidate will have an interest in both.

This role would be ideal for a nurse who would like to develop a rewarding career. Training is available for anyone wanting to develop their career or return to nursing after a break. The home has high staffing levels at all grades and was awarded the student nurse placement of the year for 2017. Accommodation may be available.

If you are looking for an outstanding job in an outstanding home please call **Jane Worrall** on **01295 750622** or email her at jane.worrall@wardington.com

Wardington House, Wardington, Banbury, Oxon, OX17 1SD

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MANAGEMENT



Job Title: Manager

Breast Cancer Haven Solihull

Location: Solihull

Salary: Up to £45,000 per annum

according to experience, plus benefits

Duration: Permanent / Full time

Breast Cancer Haven:

The Breast Cancer Haven charity exists to improve the quality of life for people affected by breast cancer by providing personalised emotional, practical and physical support – www.breastcancerhaven.org.uk

The Role:

This is a unique opportunity to become Manager of the Breast Cancer Haven, West Midlands. You will be responsible for all day to day operational aspects.

The Person:

It is essential that you have a University Degree or that you are a Registered Health Care Professional. You will have experience of working in cancer care within the NHS or charity sector, managing clinical and/or supportive services for people with cancer in a healthcare setting and an interest in complementary approaches and integrated cancer care.

To Apply:

The Application Pack can be accessed at www.sewellandwood.com. Email your CV with a supporting statement to our advising consultant, Tim Sewell tim.sewell@sewellandwood.com

Closing date is **11th December 2019**.

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on page 20

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with training leading to a **University Certificate in Clinical Pharmacology Practice**
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We require full-time, permanent research nurses to work as part of a multi-disciplinary team running phase I & phase II clinical trials. Duties include collecting trial data, safety monitoring, and adhering to trial protocols and legislation. This is an opportunity to develop your skills in a new area of practice.

Successful candidates will have:

- adult NMC registration (RGN)
- **At least 1 year's post-registration experience (research experience is not essential)**
- excellent organisational ability and written and oral communication skills
- an aptitude for paperwork and knowledge of Microsoft Office

You must also:

- set very high standards for your own performance
- be an exceptional team player

We provide an extensive training and induction programme, for which we have received a National Training Award. Training includes aspects of clinical pharmacology and drug development. Support is given with CPD. You will be a primary contact for senior representatives from major pharmaceutical companies.

Closing date 24 January 2020

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Hammersmith Medicines Research
 Cumberland Avenue, London NW10 7EW
www.hmlondon.com



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BIRMINGHAM COURSES:- DEC 18th

MANCHESTER COURSES:- DEC 5th

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Abuse definition + patterns, Vulnerability, Adults at Risk, Types of Harm, Witnesses, CQC Reporting

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

LONDON COURSES:- DEC 21st JAN 8th

BIRMINGHAM COURSES:- DEC 18th

MANCHESTER COURSES:- DEC 4th, JAN 7th

Course Content Includes: -

Causes of attack, warning + danger signs, challenging behaviour, verbal de-escalation, disengagement skills

Clinical Record Keeping (½ Day)

ONLY £65
+VAT

£78 (inc of VAT)



4
HOURS
CPD

- ✓ Perfect your Clinical Record Keeping skills
- ✓ Avoid unnecessary negligence claims
- ✓ Best practice for clinical evidence

LONDON COURSES:- JAN 6th, 18th FEB 3rd, 15th

Course Content Includes: -

Codes + Standards, Ethical Considerations, Caldicott Report, Counter Fraud, Common Errors

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 COURSES:- DEC 3rd JAN 6th, 18th

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Signs + Symptoms of child maltreatment, Responding to concerns, Reporting Strategies

Medication Administration (½ Day)

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4
HOURS
CPD

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

LONDON COURSES:- DEC 4th, 18th JAN 9th, 10th

BIRMINGHAM COURSES:- DEC 3rd JAN 14th

BRISTOL COURSES:- DEC 19th JAN 17th

MANCHESTER COURSES:- DEC 17th JAN 8th

Course Content Includes: -

8 R's of Medication Administration, Prescriptions, Errors, Storing + Disposing, Contra Indications

Venepuncture + Cannulation (1 Day)

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+VAT

£114 (inc of VAT)



6.5
HOURS
CPD

- ✓ Refresh most commonly practised invasive procedure
- ✓ Theory + simulation learning
- ✓ Includes latest compliance changes + legislation

LONDON COURSES:- DEC 10th, 23rd JAN 11th

BIRMINGHAM COURSES:- DEC 4th JAN 15th

MANCHESTER COURSES:- DEC 11th JAN 15th

Course Content Includes: -

Practicalities of the Procedure, Equipment, Anatomy + Physiology, Complications, Infection

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14
HOURS
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LONDON COURSES:- DEC 16th - 17th

BIRMINGHAM COURSES:- DEC 11th - 12th

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7
HOURS
CPD

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

LONDON COURSES:- DEC 12th JAN 7th, 25th

MANCHESTER COURSES:- DEC 10th JAN 22nd

Course Content Includes: -

Types + Causes, Support + Referrals, Discrimination + Stigma, Treatment + Medication

Dementia Awareness (1 Day)

ONLY £75
+VAT

£90 (inc of VAT)



7.5
HOURS
CPD

- ✓ Expand your existing knowledge of Dementia
- ✓ Reinforce confidence when caring for Dementia patients
- ✓ Refresh Dementia care best practice

LONDON COURSES:- DEC 11th JAN 11th, 20th

BIRMINGHAM COURSES:- DEC 20th JAN 22nd

Course Content Includes: -

Anatomy of the Brain, Types of Dementia, Symptoms + Behaviours, Early Diagnosis

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7
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DEC - 3rd, 4th, 7th, 9th, 11th, 14th, 17th, 18th, 19th

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DEC - 2nd, 6th, 7th, 9th, 14th, 14th

LONDON VICTORIA
DEC - 5th, 7th, 10th, 12th, 14th

LONDON STRATFORD
DEC - 2nd, 3rd, 4th, 5th, 7th, 9th, 10th, 11th, 12th, 14th, 17th, 18th, 19th, 20th, 21st, 23rd, 28th, 30th

LONDON WATERLOO
DEC - 6th, 7th, 10th, 14th

CROYDON
DEC - 3rd, 17th

READING
DEC - 3rd, 5th, 11th, 19th

LUTON
DEC - 4th, 11th, 18th

OXFORD
DEC - 9th, 23rd

BIRMINGHAM
DEC - 2nd, 5th, 6th, 7th, 9th, 10th, 14th, 16th, 19th, 21st, 23rd, 30th

COVENTRY
DEC - 10th, 16th

LEICESTER
DEC - 4th, 11th

BRISTOL
DEC - 3rd, 5th, 10th, 12th, 16th, 17th

CARDIFF
DEC - 4th, 11th, 18th

EXETER
DEC - 5th, 12th, 19th

PLYMOUTH
DEC - 5th, 12th

SOUTHAMPTON
DEC - 6th, 20th

PORTSMOUTH
DEC - 2nd, 4th, 18th, 19th

BOURNEMOUTH
DEC - 11th, 16th

BRIGHTON
DEC - 3rd, 6th, 20th, 30th

MAIDSTONE
DEC - 5th, 12th, 19th

MILTON KEYNES
DEC - 3rd, 10th, 17th

COLCHESTER
DEC - 2nd, 16th

CHELMSFORD
DEC - 11th, 18th

HUNTINGDON
DEC - 6th, 9th, 20th

NORWICH
DEC - 16th

NORTHAMPTON
DEC - 3rd, 10th, 17th

PETERBOROUGH
DEC - 4th, 11th

DERBY
DEC - 4th, 18th

NOTTINGHAM
DEC - 6th, 20th

SHEFFIELD
DEC - 5th, 12th

LEEDS
DEC - 4th, 6th, 11th, 13th, 14th, 18th, 30th

LIVERPOOL
DEC - 4th, 16th

MANCHESTER
DEC - 2nd, 3rd, 4th, 6th, 7th, 9th, 12th, 13th, 18th, 19th, 20th, 21st, 23rd, 28th, 30th

BRADFORD
DEC - 3rd, 17th

PRESTON
DEC - 9th, 18th

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DEC - 11th

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DEC - 2nd, 18th

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