



Royal College
of Nursing

Facing COVID-19:

RCN reps share stories
of the pandemic



Royal College
of Nursing

RCNREP



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Foreword

**RCN President:
Dr Denise Chaffer**



The COVID-19 pandemic has had a major impact on all of our lives, as health care professionals and also just as people. Anxious about our families and friends, and perhaps separated from the loved ones who were vulnerable and needed us more than ever. As health care professionals and as members of our respective communities, we saw how the pandemic often mirrored wider socio-economic inequalities. The poorest were often hit hardest, and staff from Black, Asian and minority ethnic backgrounds, were disproportionately impacted, with many losing their lives.

The pressure was immense. Our professional response was remarkable.

With the pace of change and the volume of information that evolved as the pandemic impacted, the RCN had to act fast. In the first couple of months we developed more than 180 new positions on matters ranging from laundering uniforms to providing patient consultations over the phone.

While we offered lots of online support and advice, a reassuring voice was what some members needed and our telephone advice line, which we quickly reconfigured for home working, was receiving 800 calls a day.

We did our best to provide our reps with everything we hoped they would need, but it was only once we were all able to re-group and check in on each other, that we began to understand the huge difference reps were making in the workplace.

They adapted quickly to new ways of working and worked tirelessly to ensure members still received excellent support and representation. At first ensuring that a safe working environment and patient safety were a priority but, as time moved on, they were there to check that good employment practice was being followed.

When talking to RCN staff, they all say our reps have been invaluable. They provided feedback and intelligence from their workplaces and worked with the groups and committees to influence during this time of great change. Our staff talk of the great understanding and connection reps have with their nursing colleagues, often dealing with intricate issues that are pertinent to our members but can get cast aside.

Our work continues, tackling the impact of long COVID will be challenging for all of us and building confidence in our ability to confront the spectre of inequality and discrimination remains central to navigating the road ahead.

You will find the stories that our reps will share with you powerful, moving and inspiring. We have only been able to include a few, but I know that each and every rep has their own story. I would encourage you all to reflect on your time during the pandemic and to remember that all those things you might dismiss as small or “just doing your role” made a big difference to our members.

Thank you to all our RCN reps. May we learn from this collective experience and always remember that you were all there when it mattered most.

J. Chappell



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COVID-19 hasn't gone away. It's still here and staff will need support for a long time to come.

Anne Griffiths

Taking care of members

Ann Griffiths

Chair of Ceredigion Partnership Forum and RCN lead representative West Wales Branch

I've been very involved in supporting members shielding at home. Sadly, it's clear that some have felt unsupported by their managers. Practically speaking, we've managed to get some people into alternative roles that can be carried out at home – such as working for the Track and Trace service.

Now many are feeling very nervous about coming back into the workplace. So much has changed since they were last here. Talking to people and pointing them in the right directions for support can make a lot of difference. You sit and listen and sometimes that can be enough. If members don't have anyone they can go to with their worries, it's really difficult.

COVID-19 hasn't gone away. It's still here and staff will need support for a long time to come.

Helen Oatham

RCN steward and member of the Trade Union Committee, Eastern Region

One of our members had been treated for cancer and, as part of her treatment, had to wear a fixed hard face mask, leaving her only able to breathe through two straws. She had been shielding at home for medical reasons for several months from the outset of the pandemic.

By autumn 2020, she was ready to return to work. Although she was looking forward to working with patients, she was understandably extremely nervous about having to wear a face mask again. Even the thought of them provoked high anxiety, making her feel quite breathless, and bringing back difficult memories.



But she was really keen to give it a go. Working from home had exacerbated her sense of isolation and she wanted to be back on the wards again. With the support of her line manager and HR, we devised a plan which included a phased return, combining clinical and non-clinical days; being supernumerary initially; support to understand the new COVID-19

procedures; and importantly, being given masks to wear at home, so she could gradually try to get used to wearing one.

Just as she began to feel hopeful that things were moving forward positively, her line manager was changed – for the third time in a relatively short period – and unfortunately, she began to lose confidence in her ability to return successfully without consistent support. With the support of a senior manager and occupational health, we started to explore permanent redeployment to a different role.

After some negotiations, she secured a post at the same band, but with the ability to be based at home, focusing on a specific project that is leading to significant improvements in the service by reducing waiting times. She is able to use her knowledge productively, feels she has a purpose, and as a result, she's very happy. Meanwhile further work to enable her to return to working clinically with patients is progressing.

It's been a good outcome in so many ways. I think that without the RCN being involved and working in partnership with HR, she would have left the organisation. In fact, several times she told us she was going to hand in her notice. If that had happened, her considerable knowledge, skills and experience would have been lost to the trust.

Fiona Devlin

RCN steward, Board Chair and Council Member, Northern Ireland

We always say COVID-19 is unprecedented and that's an understatement. COVID-19 has meant everyone changing how they work – we couldn't carry on doing things in the ways we had before.

A lot of the focus has been on the acute sector and not so much on the community, despite the fact that nursing staff are visiting patients' homes and giving care much less than a metre away, often just wearing a flimsy apron and without goggles. PPE is a huge issue and staff have felt very vulnerable.

Many community staff also use their own vehicles for work – but of course when they're not working, the same cars are used to transport family members, some of whom might be at a higher risk, perhaps with underlying conditions. They felt they were risking their loved ones' health.



Last year, the nurses decided to start using disposable seat covers, as they felt they gave them a degree of protection. By stripping off these covers at the end of their working day, they could return home to their families feeling cleaner and less likely to transmit the virus. To me, it felt very important for both their mental health and their wellbeing that they had these covers.

They were buying them for themselves and after they put out a plea, some local businesses were donating them – but they shouldn't have had to do this. In March 2020, I started asking for these to be provided by their employer. The cost was only about 28p each. But it was a long hard battle to get them what they needed. Every time I was at a meeting, I brought it up. I was determined. Eventually it was agreed just before Christmas.

It was a small measure, but for them it was a big issue because they felt it kept their families safe. It was about listening to what they needed to be able to carry on working – and being their voice, because no one else was listening.

Gordon Lees **RCN steward, Northern Region**

Throughout the pandemic, the normal business of representing members never abated. This includes disciplinaries, grievances and capability hearings, alongside organisational changes leading to staff redeployment and job evaluations.

I've dealt with a number of prolonged cases, with some continuing for as long as eight months, before eventually it's agreed there is no case to answer. It's not acceptable. Of course, there are huge costs, especially in terms of staff time. But I'm also very conscious of the adverse psychological impact on staff who are facing these proceedings, particularly during a pandemic, when everyone is trying to cope with the uncertainty.

Often staff affected are long serving, with an excellent career history and everything comes as a huge shock to them. Commonly they have felt that the organisation could have offered them better support, with some feeling so stressed they have had to take time off sick and seek counselling.

As a long-standing RCN steward, in the past many difficulties were nipped in the bud, with empathetic managers who knew their staff well and could see when they were under extreme pressure, leading them to make



mistakes which were out of character. They were able to support them with compassion. I think it's time to return to that approach, making sure all our staff feel they are being treated equally, with dignity and respect.

At the end of 2019 – just a few months before COVID-19 struck – we had begun working with the trust's HR department on a new policy to improve how we dealt with disciplinaries, in particular. That work was paused while we dealt with the pandemic, but we've been able to pick it up again now, with a different way of dealing with these cases. This has a much bigger informal approach as a first step, before any formal action takes place. I'm sure it will make a big difference and improve our journey for change.

Mitzi Wilson

RCN safety rep, steward and Chair of Staff Side, West Midlands Region

A key role for us as RCN reps was communication. Updated information was going out to staff every day at first, then gradually that changed to weekly. As everything was new, staff were constantly coming to reps for advice and we could relay their questions to managers. Often issues we raised one week would be answered in the next briefing from the trust, so we knew our concerns were always being taken seriously.

For example, staff who had childcare issues because schools were closed or they were having to isolate were supported to work more flexibly, taking extra carers' leave or using reversed time off in lieu (TOIL) as a way to pay back owed time.

Sometimes senior managers weren't always aware of everything that was happening and how staff were feeling in the workplace. For instance, maintaining COVID-19 secure spaces and social distancing meant that some ward staff didn't have anywhere to sit and have their lunch, have private conversations with colleagues or write up their notes. For some, the only option was to sit in their car. We raised the issue with managers, which resulted in more rooms being opened, reconfigured, swiftly decorated and made comfortable, so that nursing staff could take proper breaks during their shifts.

Community nurses can often feel isolated and we didn't want that to become worse during the pandemic. They need support and to feel included. Regular safety huddles alongside their usual handover have now become the norm.

Redeployment also created a lot of issues. Staff who worked in services that had been reduced were moved elsewhere, but they needed to be



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Mitzi Wilson

thoroughly inducted and trained for their new roles. It also put pressure on those staff already in place, who had to support and teach them. Some staff were in very different environments to those they were used to and they needed time to adjust. While everyone understood their move was temporary, no one knew how long that meant. Some found it very difficult, but others discovered they really enjoyed the opportunity to do something different, preferring it to their old job, and they opted to stay.

COVID-19 risk assessments were introduced, with reps playing a key role in the questions asked and how the forms were designed. Staff were encouraged to complete their own assessment at first, to highlight if they felt they were at risk. Then risk assessment became an import tool for managers to speak to team members individually, supporting their needs if they had underlying health issues. Now team leaders and managers regularly review assessments to support those staff who've not had their COVID-19 vaccinations.

Staff vaccination has been challenging. Instead of enforced vaccination, as reps we prefer to encourage those who are hesitant to speak to someone knowledgeable, who can answer their questions. Staff need to make an informed choice and even those who say they don't want the jab may change their minds. Now almost 90% of staff have been vaccinated for the first time, with more than 70% having had two jabs.

Phil Noyes

RCN steward and Chair of Staff Side, West Midlands Region, and member of the RCN Agenda Committee

The pandemic has really focused people in terms of trying to make things work. So much of our NHS furniture isn't as fixed as we thought it was – it's made us be much more flexible in our response.

At the pandemic's outset, we worked with our colleagues in HR to agree temporary procedures that are manageable throughout the restrictions, including lockdown. In one instance, a member who was facing a stage three hearing – which can potentially end in dismissal – was allowed to roll over a stage two caution for a further 12 months, taking a lot of their worry away.

The additional stress and uncertainty were unnecessary, given everything else staff were facing at that time.



Theiba Khan

RCN steward, West Midlands Region

The pandemic has had a huge effect on our members, patients and the services we provide. Among our trust's major challenges was staffing. At one point, around three-quarters of our ward's nursing team was off work, either isolating or with COVID-19 symptoms.

As I work with mental health inpatients, a key aspect of their recovery is to try to integrate them back into their communities again, with regular breaks away from the ward environment. All of that stopped almost instantly, which made some service users feel very anxious and isolated.



Unfortunately, one of our patients became very distressed and tried to end their life twice. There were a number of factors that led to what happened, including visits from family no longer being allowed because of COVID-19. Seeing their children regularly had been a positive factor in their recovery and when those visits stopped, they found it very difficult. Dates would also be given when limited visiting might be allowed, only to have the goal posts moved. Although it was for safety reasons, it had a big impact on many of our service users.

The attempted suicides were a very stressful situation for everyone and staff needed support too, as a full investigation was carried out. Looking after my patients and the wellbeing of staff are key priorities for me and I wanted to make sure everyone had the support and representation they needed.

Looking ahead, I'm also encouraging members to find out more about what the RCN can offer them, as their professional union, raising the profile with frontline nursing staff. Until I became more involved, I wasn't aware of all the services available, so I'm trying to push that knowledge now. Working more with the RCN has helped me to understand nurses can have so much power, especially by working together with others to improve our services, alongside taking care of our own wellbeing. My advice is: come to the RCN meetings, join in where you can and make your voice heard.

Keeping everyone safe

Jes Johnselvan

RCN steward and Chair of Staff Side, Eastern Region

At my acute trust, we became concerned about new local guidance on when patients should receive oxygen. After discussions involving senior RCN officers, this guidance was clarified, with an email sent to all staff stipulating the national guidance should be followed. This ended a good deal of anxiety for RCN members, who had shared their worries with me. As the RCN is also a professional college, we have a platform to raise these kinds of important clinical issues, addressing them with evidence.



In another instance, we had such a shortage of single-use disposable gowns that the trust proposed collecting used ones, so they could be washed and reused. The RCN challenged this decision, as it flouted the manufacturer's instructions. Full disinfection requires items to be washed at 60 degrees, but this level of heat means the sleeve seams come apart. I even took a sample gown and washed it at home myself, to demonstrate this is what happens. As the situation with supplies improved, fortunately this idea was abandoned.

There have been some positives too. When the first wave of the pandemic began, staff were under considerable pressure. To offer some practical support, we asked our trust to waive car parking fees. They agreed straight away – and a week later the government followed suit, with free parking for everyone, which is still continuing. Staff have also been provided with half-price food, with night staff offered a free sandwich and a drink. Recognising the contribution they've made during the pandemic, the trust has granted every staff member, whether full or part time, a protected full day off for their birthday, in addition to their usual annual leave.

Billy Nichols

RCN steward, safety rep and Staff-Side Secretary, North Wales

We had outbreaks of COVID-19 in lots of different places. The biggest issue our members faced was getting enough of the right kind of PPE. Our engagement with the Health Board's health and safety team sky-rocketed. Throughout we were updated regularly and we're still having weekly meetings, where we discuss the current situation and any issues that need to be resolved.



Although PPE was always available, not enough stock was coming in and at one point it dwindled to what I would say were potentially dangerous levels. While it wasn't anyone's fault, and more a lack of supply combined with a distribution problem, it was concerning.

Nursing staff also brought some issues to us. This included some incidents where face masks failed, with the elastic that kept them in place breaking. Some PPE was also out of date, although in some cases it was still okay to be used. Being involved in the PPE steering group was vital, and we made sure we asked the right questions on behalf of our members.

Throughout the pandemic, we've been pushing for enhanced PPE in clinical areas, in the form of FFP3 masks, which provide the highest level of protection available in the UK. Studies show that people wearing these kinds of respirator masks are much less likely to contract or pass on COVID-19, in comparison to other masks. As a result of our continued pressure, we're delighted that our Health Board has now agreed to implement this initiative.

Another key issue we've raised is around social distancing for staff, who were having breaks at the same time, with many sitting in the same room together. Action has now been taken to mitigate this, encouraging social distancing and wearing face masks at all times. Breaks have also been staggered, with catering offering longer opening hours.



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I'm very open about my own illness, but in the African culture many still won't talk about it.

Kafeelat Adekunle

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RCN steward, London Region

I work in the community and unfortunately, we had less uptake of the COVID vaccine with some of our nursing staff, some of whom refused to have it. I was approached by our head of nursing to see if I could persuade them, by helping them understand it was a good idea, rather than trying to force them into it.

I've had COVID-19 myself, which was followed by long COVID, the effects of which have lasted for several months, so I know exactly how bad this virus can be. I shared my own experiences to help staff make their decisions.

I'm very open about my own illness, but in the African culture many still won't talk about it, as they can feel sharing this kind of information with anyone is wrong. They often won't say whether they've had COVID-19 or how it affected them and some can be reluctant to take a test. It can make it very difficult to tackle. They could be depriving themselves of the treatment they need and by the time they seek help, it could be too late.

Before I started talking to staff, I did my research about the advantages of being vaccinated and how it would help protect them. I wanted them to understand the benefits of being vaccinated, instead of feeling they were under duress. Nursing staff are going into patient's homes, many of them extremely vulnerable, and we know this virus can be deadly.

Finding out what worried them was important. For some in the African community, religious beliefs came into it. They were listening to a lot of negative reports too. I told them to think about the advantages of having the vaccine, so they could protect their families and their patients. Some said they wanted to wait for a year to see what the effects might be, before they made a final decision.

While some are still reluctant, I feel proud that I've managed to encourage several staff to be vaccinated. And once you persuade someone, often they will talk to family members and friends, convincing them that they should have the vaccine too. Of course, people have the right to say no, but I really want them to think hard about their own and others' safety, and understand all the facts, before they make that decision.

Ali Upton

RCN safety rep and Chair RCN UK Safety Reps Committee, South East Region

Our focus was very much on the health, wellbeing and safety of staff and that worked very well. Members needed reassurance there was support out there, even though we weren't able to meet them face to face and had to do everything remotely, through a computer screen.



As things changed, the RCN was quick to put out updated guidance, whether that was on infection control or vaccination, and it was well received. For me, it was paramount to keep repeating the guidance, giving staff information on how to challenge if they felt something was wrong – for example, if they thought their employer wasn't providing adequate PPE.

A key issue for me was the difference between fit testing and fit checking for face protection equipment. I did a few tweets about this, eventually writing a blog post, to help people understand more. A fit test is a regulatory requirement to test the seal between your face and the equipment, making sure it provides the intended protection. A fit check should be carried out by the wearer of the face piece, every time they put it on. Lots of issues can impede proper testing and checking, including employers relying on fit checks rather than tests. As RCN reps we believe that staff at risk of exposure to COVID-19 because of poorly fitting masks is both avoidable and indefensible. If members think the procedures aren't being followed, we urge them to file an incident report.

I feel our reps did a phenomenal job during the pandemic, especially as so many continued to work clinically alongside their RCN activities. Lots of reps had to shield too, but they still went above and beyond to support members, signposting them towards advice, providing emotional support and continuing to hold virtual meetings, so people could keep in touch.

Supporting mental health and wellbeing

Jeremy Davies

RCN learning rep and steward, Wales

At the very beginning, when people were first starting to talk about what was happening in China, I remember an overall air of 'it won't affect us'. Then we saw the preparations that were being made in our own trust.

There was a moment when we found out what would be happening to our little ward, where we usually looked after older people with mental health issues and cognitive impairment. In effect, we were becoming a COVID-19 admission, isolation and triage ward for the whole unit. It felt like a bombshell. There was an area set aside for end-of-life care and I'll always remember that the gym was designated as our mortuary, with arrangements for refrigeration. Thankfully this part of the plan was never needed, but its impact on an unprepared team was immense.



Staff reacted in different ways. Some needed to shield, while others requested to transfer elsewhere. I stayed. I remember talking to a support worker, who told me how frightened she was and I spent about half an hour speaking to her and trying to reassure her. She ended up working throughout and she told me a couple of weeks after our conversation that she was glad she'd stayed. Some staff were worried about bringing the virus into the ward, while others feared taking it home to their loved ones.

Carrying on working on the ward was a complete culture shock. As mental health nurses, we weren't used to wearing PPE routinely. Many of us felt that for the first time in our careers, if we were lax in any way, we could be infecting others with a potentially deadly virus. As an RCN rep, giving out the right information was a crucial aspect of our role. Our advice was always based on the best available evidence at that time, with the aim of reassuring staff and preventing panic.

There were positive sides too. One especially memorable moment was when half a dozen police cars arrived outside the hospital's ambulance bay, setting off their sirens and lights and clapping us for about five minutes to show their support. I still feel emotional recalling that now. But while many members of the public saw us as heroes, others were afraid we might be carrying the virus, crossing the road if they saw you outside 'just in case'.

Professionally, it's good to think that things are changing, with the vaccination programme well underway. But for many of us, the after effects will continue for some time. There is a lot of pressure to go back to normal, but for some that's very hard. Many of us feel like we've gone through a war, and we don't really feel like smiling and saying everything is okay.

Lots of us, including myself, have had our sleep affected or are suffering anxiety. The level of unease continues. I know there are significant numbers of nurses who want to leave the profession because we were put in a situation where we could have brought death home to our families. I don't feel there has been enough recognition or support for nurses.

My work as an RCN rep helped me to keep going, because I was able to support others through difficult and unforeseen circumstances. Even during the strictest lockdowns, when most people were at home, I was still going to work, which helped make a little bit of sense of the world.

Phil Noyes

RCN steward and Chair of Staff Side, West Midlands Region, and member of the RCN Agenda Committee

From the beginning, we were dealing with worried staff, especially those in the community who were having to visit people in their homes. For those who were vulnerable, we tried to find accommodations. Alongside my RCN roles, I became a wellbeing guide for my organisation, contacting those who weren't at work because they were shielding or self-isolating. Most of the value is about people having human contact, with someone who doesn't have an agenda, but is looking out for their welfare. During lockdowns, we came into our own when things weren't working – for example, if people weren't able to get hold of essentials such as medications and groceries – escalating to voluntary services set up to help.



Deborah Hammill

RCN steward and safety rep, Vice-chair of Staff Side, Yorkshire and the Humber Region

I work for a large community trust and in the early days of the pandemic, we all began working from home. I'm the first to admit, I struggled with it. During the day, I was on my own with just a laptop, the phone and two cats for company. It was very different to my normal working day, which usually involved seeing lots of people, and I felt very alone.



Fortunately, the trust had done a lot of work setting up services to support staff and I made use of them. Having that phone call with someone who was a mental health nurse was such a positive experience for me. I was able to offload how I was feeling and she gave me individual support that was incredibly helpful.

In essence, my life as it was before the pandemic had been taken away and I was going through a grieving process for what had been. But she pointed out that I was now beginning to move forwards. Afterwards I discussed my situation with my line manager, saying that I felt I needed to come back to the office, even if it was just once a week for a few hours. She supported me completely.

My personal experience has helped me to understand much more about how others may be feeling, including those RCN members I represent, and patients who live alone in the community. They could go for days or even weeks without seeing anyone and that must make them feel very isolated. I was lucky in that I could do something to change things, but that's not a possibility for everyone.

Now I'm using my own experiences to support and advise RCN members. Many staff are still feeling very low. I'm able to point them in the direction of help. Speaking to people who understand the real picture, are able to empathise, but also offer advice on how to manage makes such a difference.

A close-up portrait of Neil Thompson, a middle-aged man with short, graying hair and glasses. He is wearing a white collared shirt, a red tie with a green floral pattern, and a dark red V-neck sweater. He has a slight smile and is looking directly at the camera. The background is a plain, light-colored wall.

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When the pandemic began, their whole way of operating changed overnight.

Neil Thompson

Neil Thompson

RCN steward and safety rep, Chair of Staff Side, East Midlands Region

As a full-time staff side chair, I feel I nurse my members now rather than patients, with part of my role taking care of their mental health and physical wellbeing.

In the main, I represent community nurses. When the pandemic began, their whole way of operating changed overnight. Suddenly almost everything was done virtually and it's a very different way of working. It had a big impact on our members' mental health.

The pandemic has created some good relationships that may not otherwise have existed, but it's been challenging too. While we have some great examples of people pulling together, we also have members who have been given more and more work, stretching them to the brink. When they inevitably break, it seems to come as a huge shock to some managers.

One of our community nursing members was working in a small team. Then one colleague was told they had to shield, while another went on sick leave. Left doing all the face-to-face visiting, the member's mental health began to unwind. They asked for help, but none was forthcoming. In an effort to cope with the workload, they found themselves coming into the office at seven and working for 12 hours, then going home and trying to catch up on paperwork, all while not sleeping because they felt so stressed.

Clearly the situation couldn't go on. The person spoke to their manager, telling them they were crying all the time and felt unable to cope. But rather than emotional and practical support, they were told they needed to pull their socks up and they'd see them in 10 days' time. It was clear the member's distress was spiralling.

The RCN stepped in to support them and eventually, after many discussions, it was recognised that their stress was work related. Now we've managed to negotiate that they receive the NHS temporary injury allowance, which ensures they'll be paid at 85% of their salary while they remain off work and recovering.

Jes Johnselvan

RCN steward and Chair of Staff Side, Eastern Region

After such a difficult few months, I was looking for ideas to help improve morale, but in a different way that might be more memorable. As manager of a team working in theatre, I decided to send personal letters to their families, telling them how brilliant their mum, dad or partner had been throughout the pandemic. The letters highlighted the love and support they had given our staff at home, helping them to get through such a challenging time, and telling them that we also thought of them as members of our NHS family too. We told them the sacrifices they'd made at home meant that patients could be cared for by expert nurses – like their parent or partner – and that it was important they carried on being kind, joking and smiling. Everyone was thrilled and excited to receive it and I feel it made a big difference to my team.



For those staff who were redeployed to different areas and feeling understandably anxious, I devised an 'I'm new' badge, inspired by another trust's initiative. It says 'I'm experienced in my speciality but I'm new to this area, so please be patient'. After I sent it to our chief nursing officer, it's now been adopted for use trust-wide.

Vicky Brotherton

Lead RCN steward, Health and Safety Rep of the Year 2020, Chair of Staff Side, and South West Region Board member

During the pandemic, looking after the mental health and wellbeing of staff has been a constant concern for me. At health and safety meetings, I ask for a breakdown of figures for those staff who are off work with mental health issues, rather than simply focusing on the COVID-19 statistics that are usually provided. We've seen a rise in the numbers of people who are off with stress and it's so important we know how many people are struggling.



In our trust we're lucky that there is good package of help provided, both face to face and online. Now when someone phones in sick they don't have to speak to their ward manager, instead speaking with a dedicated staff member in the central absence

reporting hub. They have time to listen and can also signpost them straight away to a wellbeing hub. Here they can be referred to occupational health or the counselling service if needed, without having to answer difficult queries about when they might be ready to return to work. We know those questions shouldn't be asked – but often they still are. This new approach has given staff more confidence to talk about how they're feeling, and time to seek the help they need too.

Alongside the obvious pressures of caring for patients who have COVID-19, other staff struggle when they are redeployed to different areas, where they don't feel confident about working. Some may have worked with the same people for years, but then have to move to a new team, and make new working relationships, in an environment they know nothing about.

They can also be expected to work different shift patterns because their existing ones don't follow them to the new workplace. Their usual shifts may have been designed around caring responsibilities, or even an activity they enjoy every week that helps their health and wellbeing. That's all taken away and they're expected to just slot into new working patterns. They might also be dealing with lots of issues at home, such as home schooling, furloughed partners or caring for older family members.

As a branch, we've held an *It's Okay to Not be Okay* session. We've also supported those members who've been shielding, working from home or on maternity leave, who are understandably worried about going back into the workplace safely. Some members haven't even been outside their door for a year, so they have real anxieties about returning. It's a big step. Just going over the threshold can be very scary. We're reminding them that they're entitled to a phased return, plus time out to get up to date with different ways of working and extra training as necessary. As reps, we're there to support them throughout.

At times, it's been hard for all of us, but the links with other RCN reps in the trust, and across the South West region, have really helped keep me going. We've looked after each other.

Fiona Devlin

RCN steward, Board Chair and Council Member, Northern Ireland

Workplace stress and anxiety has been a feature of many more of our referrals since the pandemic began. Some of the stories I've heard from members have been heart wrenching and they stay with you. I fear we'll see more and more mental health issues as time goes on.

At the pandemic's height, we took calls from members at all hours. Sometimes people just wanted to share something. There wasn't necessarily a solution, they just wanted to talk. We tried to make sure we were there to support them, trying to help them feel safe. We were witnessing their real fears, but also their professionalism in the face of the unknown.



Some members decided to move their loved ones out of the family home to protect them, especially if they were living with vulnerable children, partners or older relatives. Many struggled trying to explain to their children why they had to be separated, feeling guilty that it looked as if they were prioritising work over them.

For some young children who didn't understand what was happening, it seemed that mummy or daddy had just left. Keeping in touch on Zoom is fine, but it's not anything like being there to read your child a bedtime story or do all the little things that are so vital in a young person's life.

At the time, nursing staff felt they were doing the right thing, but this guilt has emerged now they've had time to reflect. They worry about whether their families will forgive them – or even if they can forgive themselves.

Creating learning opportunities

Francis Lavery

RCN learning rep, Northern Ireland

When the pandemic first started, people were afraid. No one knew what was happening. I think it's really important to listen to those fears, try to alleviate them and be positive. Everything was changing on a daily basis, but both the RCN and our employer have been excellent at providing the latest evidence-based information. Meanwhile I believe we've acted as their eyes and ears, seeing what's happening on the frontline and feeding that back.



As a group, learning reps in Northern Ireland had been very active, with good communication, so when the pandemic first began, we found it frustrating that we couldn't meet up. I suggested we set up a WhatsApp group, allowing us to keep in touch. Around 10 of us joined from a variety of different backgrounds, including the NHS, voluntary and independent sectors, education and general practice.

Among the activities we organised was an evening seminar, *Nursing in a Global Pandemic*, which took place in mid-December 2020 and was open to all nurses. Issues tackled included holistic mental health and wellbeing; and the importance of leadership. We had very positive feedback, but as some people hadn't been able to take part, we ran a second one in January. Other learning reps in Northern Ireland have also been inspired to run seminars.

In our unit, we've created such a positive learning culture that all eight of the students who worked here during the pandemic have asked to return once they're qualified. We know from talking to nursing students one of the key things they are looking for in their first role is support and encouragement to develop their skills, and pursue different pathways. Here we treated them very much as part of our team, supporting each other. In conversation with one of our managers, we felt if it wasn't for the students, we don't know how we would have survived during the pandemic.

Looking after the wellbeing of our nursing students has been especially important during these particularly challenging times. Some students were on the brink of quitting, but after I'd given them a pep talk to encourage and motivate them, they decided to carry on. I was assessing one management student, who'd had a negative experience on her previous placement. To lighten the mood, I recalled a funny incident that had happened to me earlier in my career. She laughed until the tears ran down her face. She then said she'd had two mentors during her training who had both made her cry, but I was the only one who'd made her cry with laughter. I feel very proud of that.

Fraser Smith, RCN learning rep, Scotland and Lyn Waite, RCN learning rep, South East Region

Fraser: We work for a large independent network of residential and nursing homes in England and Scotland. During the pandemic, we've experienced a very mixed picture. Some homes had no positive cases of COVID-19 for either the residents or staff, while sadly others have witnessed deaths. Staff are always badly affected if they lose a resident, with stress levels and morale plummeting in those homes where it happens.



As the pandemic continued, you could see some staff were really struggling and it was obvious something needed to be put in place to help them. My colleague and fellow RCN learning rep, Lyn, had the idea of a post-traumatic stress disorder (PTSD) course or workshop. We weren't sure how it might work, but we got initial support from RCN staff, who helped us set it all up, and the company backed the initiative too, advertising it.

We decided to host a webinar in January 2021, with two counsellors from the RCN who talked about PTSD, explaining what it was and how staff could get help if they felt they were suffering. It was interactive, with an opportunity for people to ask their own questions. We recorded it too, so those who couldn't make the live version could watch it in their own time. It's on the company's online training system and there has been a lot of interest since, with more than 500 views.

The feedback has been really good. We know a lot of people can find it hard to ask for help, but even being able to recognise PTSD in yourself or a colleague can make a real difference. Now staff know there is help available. It's very important we've been able to give colleagues this opportunity. We want to look after them and they're not just employees.

Lyn: I was visiting different homes and I could see that some colleagues were suffering. There were increased levels of sickness, not related to having COVID-19, and burnout.



Before we did the webinar, people didn't really know what PTSD was, let alone think they might be experiencing it themselves. They might have felt tired, short tempered or had problems sleeping, without realising these could be symptoms. People were making excuses and saying they were just under the weather, without linking it to what they'd been through. But PTSD runs you down and physically drains you. They understand much more about its effects now.

There was also a lack of knowledge about where to seek help, with some frightened they might lose their job if they admitted they weren't coping. That would never happen. As a company, we've become more understanding of wellbeing in general, with every home having someone who takes the lead on this, for both team members and the residents.

Tracey Jones, RCN learning rep, South West Region and Arianne Shephard, RCN learning rep, Eastern Region. Both work for a national independent care agency, which provides services in people's homes

Tracey: Going into the pandemic was a very difficult transition for staff. The workload on top of business as usual was significant, with those on the ground having to put everything in place. And for those who could work remotely, some loved being based at home while others found it much more of a struggle.



Earlier this year there was an assumption that COVID-19 was finished and it was all back to normal. But we knew it didn't feel like that for our staff. We asked them what their concerns were as we emerged from lockdown – and it was then we realised the magnitude.

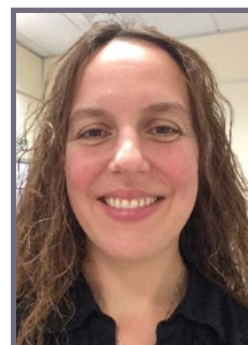
We decided to work with the RCN to put on a workshop, so we could bring our permanent nursing staff together to share how they felt and gain some insights, which they could then cascade to their teams. Attracting about 30 staff, *Coming Out of Lockdown* was a three-hour session in May 2021, with RCN experts who talked about the importance of self-care and wellbeing, signposting staff to RCN services that could help, such as counselling.

It helped our nurses open up and speak safely about how they felt. The world is trying to move on from COVID-19, as are workplaces and individuals. But we're all doing it at our own pace that we feel safe with, while struggling with society's timeframes. There's a belief that everything is fine now and we're back to normal, but we're not there yet.

The feedback we've had from the workshop has been really good and staff took a lot away from it. While there are already close working relationships, it cemented support for each other, building more trust.

Having the RCN there really meant something to our nurses. It's their professional body, so gave the event credos, helping them feel more supported. Interestingly, we've seen a lot of health care assistants join the RCN since it happened.

Arienne: The pandemic hit our staff in the same way as the rest of the population, with lives imploding overnight, as happened for so many. There were anxieties about families, clients and their own safety, alongside worries about practicalities such as childcare and how their jobs might change. Some adapted quickly while others struggled. It was crucial that we continued to deliver services to our clients to prevent hospital admission, as beds were in short supply and needed for COVID-19 patients, while avoiding transmission of the virus was paramount.



Although lockdown has lifted, we're very clear that COVID-19 hasn't gone away. Transition is a process and it will take time. It's about adjusting gradually and just as there was turmoil when the pandemic began, there is a similar amount as we emerge, especially given the toll there has been on people's mental health. At the workshop, many people's concerns were personal, but of course they have an impact on their professional lives. If someone has childcare issues because there is an outbreak at the school, there will be an impact on their work, what they're able to do and how.

Many of those who came along felt relieved just to hear other people had similar concerns to their own. Being isolated, you can begin to think you're the only one who is feeling that way, so it can be reassuring to hear other people's stories. It created a forum and they appreciated the recognition. As a consequence, many are picking up the phone and talking to each other more readily. There's a feeling of greater support and having each other's backs.

Without the RCN's involvement, we wouldn't have been able to run the workshop. The resources they provided were phenomenal, especially those who came along and spoke, sharing their expertise.

Peter Griffiths

RCN learning rep, Wales

I qualified as a nurse when I was 55, so I'm passionate about lifelong learning and helping others to fulfil their potential. My view is very much that it's never too late to realise your dreams. Becoming an RCN learning rep seemed like a natural step. I felt I could be involved in helping colleagues through the pandemic, so I started my training in autumn 2020, becoming accredited the following January.



Under normal circumstances at work, there is a week-long residential placement, but COVID-19 meant everything had to be done online and virtually. As I work in a very rural area, technology can be challenging, with a lack of mobile reception in many places. You learn to work around the difficulties, muting microphones and moving around to find the best signal.

In a way, the pandemic has probably led to improvements in terms of greater access to learning. Where I'm based, work training often involved a round trip of up to 150 miles on narrow country roads, taking a whole day. Now we have various platforms enabling much speedier access, with sessions taking place anywhere. We're also no longer limited to 20 people in a classroom. A lot of people have done extra courses during the pandemic too. Some are directly related to managing COVID-19, while others have been encouraged to learn new skills, such as venepuncture and cannulation, that they may have waited much longer to access before the pandemic began.



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My main focus was trying to keep our nurses and their families safe.

Maggy Heaton

Embracing new challenges

Maggy Heaton

RCN steward and safety rep, North West Region and Chair UK Stewards Committee

One of my hobbies is sewing. I started again about five years ago, joining a sewing group to help me relax and forget about other pressures.

At the start of the pandemic, a friend of mine contacted me to tell me about a nationwide campaign called *For the Love of Scrubs*. This is a collaboration of volunteers from all over the country who use their sewing skills to help health care workers on the frontline, by making sets of scrubs in all kinds of colourful fabrics, including repurposing items such as children's old duvet covers.

I spoke to our trust and asked if scrubs were needed and the answer came back that there was a desperate shortage. I used social media to ask if anyone was interested in helping out – and I had 180 replies, most of them people who also liked sewing. I asked the trust's charity if they would be able to find money for materials and they agreed. Meanwhile the local bowling club loaned us their tables for free, as they were forced to close during lockdown, so we could cut out the patterns on a large scale.

I co-ordinated our efforts, which was really hard work and quite stressful, but I feel very proud of what we achieved. I saw it as a way of helping to support our members and felt I was doing it for everyone in the trust. My main focus was trying to keep our nurses and their families safe.

In the end, our volunteers made 1,900 sets of scrubs, which included a top and trousers, 1,200 scrub hats and around 5,000 fabric masks that could be worn by the local community, helping to keep them safer. Staff loved the homemade scrubs and it made them feel that the local population cared about nurses, and what they were going through, a lot of which has been horrific. Making everything was a real community effort, with people from all walks of life volunteering to help.

We also made COVID-19 companion hearts, so patients who were being treated for the virus in hospital, and who couldn't have any visitors, had one heart, while their loved one had its matching half. Even if rules meant they couldn't be in the same room, they could squeeze their heart and feel they were making a connection.

I still have a roll of specially commissioned COVID-19 fabric, which was offered to the national co-ordinators of the *For the Love of Scrubs* group. Our next project is to make this into facemasks for all our RCN members within the trust, as a lifelong reminder of their contribution towards managing the pandemic.

Andre Dos Santos

RCN learning rep, steward, RCN Suffolk Branch Secretary and member of the Eastern Region Board

The pandemic has been very challenging for nursing staff everywhere. I wanted to do something that helped showcase nurses' contribution and excellent nursing practice. I think that listening to the experiences of others who have been successful in our profession can be inspirational to everyone, especially those who are just starting out in their career. Their stories can motivate all of us to carry on developing, perhaps encouraging us to think about different directions.



In January 2021, I decided I would launch my own monthly nursing podcast. I've never done anything like this before and I'm far from an expert, but I'm learning as I go along. Podcasts are increasingly important tools to spread information and can be very educational. I feel they fit well with my role as an RCN learning rep, where I'm helping members make the right decisions about the next steps in their careers - whether newly qualified or approaching retirement - supporting them at each stage of their journey.

Every month I focus on a different topic, interviewing a leader on that issue. So far, I've interviewed my manager, talking about the challenges of management. I then talked to my trust's head of mental health, including gaining tips on mindfulness. Next came a tissue viability nurse. I'm trying to highlight the many different facets of nursing through those who work in a variety of environments. If someone is listening to another nurse talk engagingly about what they do, it may spark an interest in pursuing that field.

One of my own passions is equality and diversity. At my trust, I've advocated for tailor-made preceptorship for our overseas nursing recruits. Looking ahead, I'm hoping to interview someone who represents Filipino nurses in the UK. In addition, I want to examine the issue of the RCN re-joining the International Council of Nurses and also cover our Fair Pay for Nursing campaign.

Feedback has been great so far and I've already had 199 downloads. Although technically I don't have a lot of resources, I feel I'm improving all the time. You can listen at: <https://lpnc.buzzsprout.com/> and follow me on Twitter @thecrow_19

Greg Usrey

RCN steward, Scotland

When the pandemic began, the thought of working at home in lockdown made me feel quite demotivated. I felt I would much rather be out there doing something and the situation needed people with nursing knowledge and skills.

I volunteered to become a team leader at a community assessment centre for patients who were on the COVID-19 pathway. We either test and treat them, sending them home where appropriate, or refer them for further assessment and possible hospital admittance.



For the last 20 years, I'd been working as an RCN rep for 80% of the time, spending the remainder on health improvement and public health. I'd not worn a uniform since the '90s or led a team, so it was a big change for me. As a couple of our reps are full time, and I could still do some of my RCN work, it seemed like a good fit and has worked well. From the beginning, our branch reps have been on hand to help members and they've really appreciated that despite the difficulties of the pandemic, there's always been someone there for them.

A lot of my new role – which has now become a secondment until March 2022 – has involved managing major alterations to standard operating procedures. My experiences as an RCN rep of taking people through change management have proved useful. While some of the staff who volunteered to work here left quite quickly, most of us have found it a largely positive experience. When infection prevention and control visited, they said we had some of the tightest procedures of anywhere they'd seen, so that was very reassuring for staff.

This new role has helped me see life on the other side and from a different perspective, understanding more about where some issues are coming from. Some staff are coping better than others, even taking into account the support packages that are out there.

The pandemic has affected the number of staff in both wards and the community, with the resulting shortages continuing to take their toll and have a major impact. If you're asking people to work two or three times as hard to cover absences, it's just not sustainable.

Ann Griffiths

Chair of Ceredigion Partnership Forum and RCN lead representative West Wales Branch

New ways of working are one of the few positives to come out of the pandemic, including an increased focus on working in partnership.

Already we've established twice-weekly meetings with HR, where we can bring up any current issues and try to resolve them before they escalate. It's proved to be very useful. We've also agreed there will be a review, which will look into ways of working differently. I think this will lead to much more working together, diffusing situations before they arise, so we don't see so many formal disciplinary and grievance cases.



Phil Noyes

RCN steward and Chair of Staff Side, West Midlands Region, and member of the RCN Agenda Committee

I've been away from patient-facing nursing for 14 years now and when I wasn't called back, I felt a little bit as if I wasn't pulling my weight. Then along came the vaccination programme, which needed people with clinical skills. I did online training, taking the competences to be able to administer the vaccine, and now I'm working as a vaccinator around one day each week. It's the "feel good" aspect of the NHS's response to the pandemic. We can all see what we're contributing and it feels like we're playing our part to help us move forwards.



Trying to keep members up to date and involved has been challenging. Informal contact has been very affected. We've had to do branch meetings virtually, which is fine if someone has access to technology, but not so good if they don't. You have to take every opportunity for contact you're offered. It's led to me being much more active on social media.

Finally...

We'd like to take this opportunity to thank all of our members who have given so much in these difficult and challenging times, and special thanks to those members who have contributed to this resource.

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