



For The Nursing Profession - Past, Present & Future

Dear Freemen

We are all very aware that many of our colleagues and friends have been redeployed or returned to work during the time in lockdown and of course, there has been much publicity about the work that nurses are doing to support and to help patients, their families and friends. Some of our Freemen have shared their experiences about how they have adapted their work to accommodate these difficult times and we hope you will read their (unedited) short stories and reflect on the extraordinary experiences that we have all been through whether working or managing the challenges of the past few months.

We will ensure that they are included in our archive in order to contribute to the history of The Company of Nurses.

Liz Turnbull
Master

Charles Pickstone,
Honorary Chaplain, The Company of Nurses

Clergy are in an unprecedented position during the Covid-19 pandemic. Never before have churches been closed to all – even to their clergy – not even during the Black Death! And yet Anglican clergy are always resourceful, and so most of us, even though very unprepared, have been doing our best to keep our communities together, even though corporate worship (in both senses) is now impossible.

Here, we have quickly evolved two strands of activity. For the many members of the parish who are not on-line, we have created a printed weekly newsletter, posted out in time for



Sunday, with the Bible readings for the Sunday, some news, and a short reflection relating the Gospel passage to how people might be feeling when marooned at home. For those who are Internet savvy, we are live-streaming our Sunday services (and some periods of meditation too) on Facebook. It is undeniably difficult to bring this off. Religion, finally, is not a spectator sport, and requires committed participation. But we have been very gratified by the comments and loyal following that parishioners have offered for our tentative first steps.

Not ideal – but in the circumstances, probably the best we can do. And the hope is that people will gradually discover that praying at home is not only feasible, but even life-enhancing, transforming not only their interior life but also their attitudes to their homes too, and opening their homes up from being potential prisons to places of infinite freedom.

Geoffrey Wheat,
Discharge Coordinator

My name is Geoffrey Wheat. I retired from my full time post as a Chief Nurse in April 2016. Since then I have spent quite a bit of time travelling and doing some ad hoc work. 6 weeks ago, I returned to St Thomas' Hospital as a discharge coordinator to help NHS colleagues during the Covid - 19 pandemic. I am currently working full time. A typical day is spent conducting a discharge ward round across all of the wards with a consultant colleague. I then return to the office to organise discharge arrangements for those patients who are ready to leave the hospital.

I am really enjoying being back at work and my colleagues have been very helpful, absolutely charming and grateful for my small contribution. I am extremely proud to be working side by side with so many talented and dedicated colleagues who are working under difficult circumstances. This will be a period in my life which I will never forget, as I am sure many of us won't forget this time in our lives.



Shirley Lee
Health Visitor



I am writing as a Health Visitor which at this time of pandemic is different and challenging, as half of our team has been redeployed to other clinical areas, and I am sad we are unable to offer the normal amount of support to families with children and young babies due to COVID 19 restrictions.

But I would really like to take this opportunity to say how proud I am of our team members who have been redeployed, and other NHS staff who are managing to cope in difficult clinical areas that some have not been part of for a number of years. They are working with limited re-training in Community Nursing Teams and hospitals helping to nurse COVID 19 patients. I continue to clap for them all at 8pm every Thursday evening.

Janet Oxlade,
Clinical Services Manager

It was with great trepidation that I returned to work at the start of lock down, having been away for three weeks with annual leave and 7 days isolating as a precaution. As clinical lead I felt an enormous responsibility to ensure our residents and staff were protected from the virus.

We were fortunate that we were well supported, robust policies were put in place and we had an excellent supply of PPE that was resupplied promptly as needed. There were daily update calls with our regional director.

At the start there were frequent changes to the guidance, the most concerning was the possibility that we may have to take patients from hospital with Covid, fortunately this never happened and in the meantime the guidance changed. Eventually, we were able to ask for all potential residents to have a negative swab, prior to admission.



All staff now wear face masks, social distancing is maintained where possible, daily temperatures are taken for all staff and residents. New admissions and readmissions are cared for in isolation in a dedicated area of the home for 14 days, with staff in full PPE. Residents and staff have now all been tested and fortunately all were negative. All staff will now be retested every two weeks.

The biggest challenge has been that families have not been allowed to visit and this has been particularly difficult. Some families used to visit daily, there have of course been window visits. Mobile phones and iPads have been provided to allow phone and Facetime calls. One person may visit once if we feel that someone is coming to the end of their life.

When a son came in to visit his mother in the last few hours of her life, sadly she did not seem to recognise him, but did react when a carer came into the room. This did make me think that at least our residents are somewhere that is familiar to them and cared for by people they know.

I cannot finish this without paying tribute to the staff, none have chosen not to work, as has been reported in some care homes. There have been times when they have felt scared. They have worked hard to ensure that the residents' lives are as fulfilled as possible. One carer has made face masks and another made uniform bags. As the lock down is gradually lifted, we have to remain vigilant and continue to maintain a high standard of infection control to ensure we keep the virus out.

Julia Mingay
Education of nurses and midwives in lockdown

The story line from Universities for the Education of Nurses and Midwives was not "business as usual" but "business at rapid speed" in order to be able to provide student nurses and midwives for the existing workforce. There was a very quick recognition of the potential for final year students to be in a special position for deployment to NHS Trusts.

With some caution, but with outstanding professionalism the eligible students nominated themselves for deployment and at this time of writing from Kings College London more than 700 students deployed. All are paid for the deployment period through an NHS contract, providing them with employee status as well as the opportunity for learning through supervision. Feedback from the students to date is that they have felt welcomed and more part of the team than they have ever felt through the previous years of their programme. We clearly have lessons to learn about enabling students to join the team when they are studying. From the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care there were also academic staff who moved, with no hesitation, into the NHS workforce to complement the existing Trust teams and also to educate and skill intensive care practitioners to work at the Nightingale Hospital in Docklands.

There is nothing more that can be said but huge congratulations to those who were in a position to do this. We admire them enormously.

The strategic plan for many Universities is to move to an on-line environment from now and through into the next academic year. So the focus now is to craft all educational materials for students into creative and engaging education provision for both directed and independent



study. Working and learning on line is very different but brings new opportunities for the work of the University and will upskill the educators at very rapid speed.

How do I feel about this? My reflections are that working on-line requires a very different approach to managing my work-life balance. I found working on screen exhausting. Research talks about "Zoom Fatigue" and I know exactly what that feels like! One of my core values as an educator is to build a partnership with all of the students I teach and this is tricky when working on-line to bring the personal and professional skills to create partnership needs careful thinking through. Working with students on a face to face basis is my preference as this mirrors the relationship all nurses want to create with their clients. But as we now step into a new era of nursing practice perhaps with very much more "virtual healthcare" in the future,

the on-line experience in education might be an added benefit for future nurses.

On the up-side, the garden looks great and the allotment is already producing fabulous fruit and vegetables. As ever out of every challenge we face there are opportunities, what a good job we had the sunshine in lockdown

Caroline Kingdom

Raising money for the M.E. Trust in lockdown

Challenged by having to think laterally in lockdown I decided to hold a readathon to raise money for the M.E. Trust <https://metrust.org.uk>. Individuals 'sponsored' me to read a favourite poem or book chapter, by donating online. I began reading at 8 a.m. on ME Awareness Day (May 12th) and kept going without a break for 8 hours, when the words were swimming on the page and my voice cracking. However, the readathon was enthusiastically received - and I managed to raise over £5000 to boot!



The readings are available on YouTube (with a list and timings, so that you don't need to trawl through 8 hours). <https://www.youtube.com/watch?v=r88R9wv31pY> The M.E. Trust has experienced an increase in requests from patients (and their carers) for emotional support and counselling caused by the additional pressures of isolation and lockdown. In the long term, we anticipate an increased incidence of ME/CFS following COVID-19; there are already many concerns about long term post-viral symptoms. We continue to offer bursaries to patients in financial need so that as many people as possible can access our services, regardless of their financial situation.

All this costs money, and like many other charities, our ability to fundraise has been severely affected by COVID 19. Regular giving helps long-term planning, but this was an enjoyable way to boost the Trust's small income and raise awareness of this much-stigmatised disease. <https://uk.virginmoneygiving.com/fundraiser-display/showROFundraiserPage?userUrl=CarolineKingdon&pageUrl=1>

Ali Thorne

Following a visit to the South of France in February, I went to my local A&E in early March with a late onset cough after lots of sneezing, runny nose and finally a pyrexia of 37.4 C and then increasing dyspnoea. I initially thought my symptoms were due to my usual April hay fever arriving prematurely because of the mild winter, coupled with underlying asthma. I was admitted via the corona "pod" and then into a special isolation unit within A&E. I think I was their first suspected Covid-19 patient, although I did not myself believe it was likely. The staff were nervous and understandably unsure about the use of the air filtered helmets they were wearing with gowns and gloves etc. Care was excellent and 12 hours later after being stabilised on oxygen, nebulisers and IV fluids, I was discharged into my husband's care! I was astonished 36 hours later to receive a call from an excellent registrar at Public Health England informing me that I had tested positive for Covid-19 and starting the full contact

tracing process. We immediately went into strict social distancing between us with kindly prepared, invalid meals delivered to the bedroom door and household isolation. After two weeks, spent mostly in bed, I made a good recovery. Hopefully, as seems likely from the available evidence, I have some immunity.

Suddenly, or so it seemed, shortly after lockdown started, my two final board appointments came to an end at the conclusion of my final terms of office. So not only am I in lockdown, I am retired. Somehow the retirement came as a shock. In my head I am still 23. And of course, none of the usual farewells or parties are possible. Now there are no excuses for not working my way through, and completing, the list of 4,9473 ¾ things on my “To Do” list.

Not all the plans to become thoroughly self-disciplined during the quarantine have come to fruition. In fact, not that many. I have participated in the Wednesday Royal Scottish Country Dance Society class with tutors from all over the world teaching a fun class of 1500 international “attendees” including some New Zealanders getting up at 06.30 to take part. We are all Zooming now.

My piped and clumsily swirled Swiss Roll came third in the on-line competition run by the wonderful Lansdowne Club. That’s not saying much as this time only ten people entered. I’m not a baker, let alone a piper, and to paraphrase Shirley Conran’s edict that “life’s too short to stuff a mushroom” I won’t be draping my swiss roll in wobbly piped cream ever again.



My 89 year old father lives in France and needed an urgent eye operation for carcinoma of the eyelid with post-op tarsorrhaphy (I had to look it up too!) It was clear his increasingly frail wife would not have been able to look after him and manage the complex regime, in true French medical style, of dressings, drops and ointments etc. I set about obtaining all the necessary documentation to travel, on the basis that he would be safer at home rather than a longer stay in hospital. The trip was deemed to fall into the category of essential. I passed through the various checks at Heathrow, thanks to the paperwork. It was particularly helpful to show documentation confirming I was an SRN. Flying was rather unnerving – no social distancing on a packed flight, compulsory masks (many hanging under the chin and on the forehead) and some passengers in full hazmat suits. Given a chance, they would have carried oxygen cylinders. BA cabin crew informed passengers they had consulted food safety experts, but bizarrely we were each given a packet of crisps (all that finger licking) and a minute bottle of water. No cleansing wipes or hand sanitiser.

I was interrogated on arrival in France and had to show my completed “attestation” which was again assisted by being an “infirmière diplome d’etat”. Much relief to have arrived. My father’s op went well but he certainly needed help. Thanks to the best Guy’s Hospital aseptic technique and an excellent French surgeon, his eye healed well. However, he told me the nurse who took over after I left a week later did not wash her hands once!

The upside of my rather busy visit was that I was able to have my hair cut and coloured as French hairdressers, with great timing, had just opened. What joy! My friends insist that was the real reason for my visit, not to practise my nursing care. And of course, I haven’t even got three quarters of the way through my “To Do” list. How many of us have?

