



AUTUMN/WINTER 2021  
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**CLINICAL**

Feeding tube  
facts

**PEOPLE**

From shop  
floor to ward

**ADVICE**

Tackling difficult  
conversations

**WELLBEING**

Apps to make  
the most of  
your time

# KINDNESS AND COMPASSION

ANGELA HELPS PEOPLE WITH EATING DISORDERS  
IN HER SPECIALIST MENTAL HEALTH ROLE



# RCN CONGRESS

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## Story to tell?

If you've got a story to share, email [health.care@rcn.org.uk](mailto:health.care@rcn.org.uk). This issue of *RCN Health+Care* went to press on 18 August. Get the latest RCN advice and information at [rcn.org.uk](http://rcn.org.uk)

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## Recognise our expertise

As we get ready to celebrate RCN Nursing Support Workers' Day this autumn, I can't help but think showcasing our complex and demanding roles also highlights the importance of fair pay for nursing. We deserve to have our skills, responsibility and experience recognised not only on a celebration day but in our pay packets too.

To recruit and retain highly skilled nursing staff we must be paid fairly. Patients suffer when staffing levels are low. Change is needed now to fill the tens of thousands of vacant nursing jobs.

This magazine is full of examples of the essential work we do, proving to me that a meagre pay increase for nursing staff, wherever we work, is insufficient. Please get involved in our campaign and if you work for the NHS in England or Wales, respond to our pay consultation by noon on 13 September.

### *Kevin Morley*

Chair, RCN Nursing Support Workers Committee



We use the abbreviations HCA (health care assistant), and HCSW (health care support worker) throughout this magazine to cover all those in nursing support worker (NSW) roles. Nursing support worker is a term specifically used by the RCN to describe the committee representing HCAs, assistant practitioners, trainee nursing associates, nursing associates and HCSWs.

## Do you need counselling?

If you've experienced a traumatic incident and would like to discuss whether the RCN Counselling Service could help you, please call the RCN on **0345 772 6100**. We can offer a person-centred assessment and, if applicable, trauma-focused therapy with one of our accredited counsellors.



This service has been made possible by the COVID-19 Healthcare Support Appeal, which funds projects to support health and care workers affected by the pandemic.

## Representing you in the RCN

Kevin Morley has been elected as the new Chair of the RCN UK Nursing Support Workers Committee, with Maive Coley taking on the role of the committee's new Vice-Chair.

Kevin said: "I feel privileged to represent nursing support workers in the RCN. We are key professionals in health care and it's important that our voice is heard.

"I'd like to thank former Chair of the committee Lindsay Cardwell for her many years of hard work and dedication. She's a tough act to follow but I'm looking forward to the challenges ahead."

Arrangements are being made to fill the vacant committee seat for Northern Ireland. Look out for further information at [rcn.org.uk/elections](https://rcn.org.uk/elections)

### RCN SHOP

Looking for a nursing-themed gift to celebrate loved ones, inspire little ones, or as the perfect thank you for a colleague? Head over to the RCN Shop at [shop.rcn.org.uk](https://shop.rcn.org.uk)

Check out our new "I Love Nursing" and "Nursing Rocks" ranges, as well as our popular RCN badges, books, postcards and more.

RCN members get an exclusive 15% off all non-sale items – just add discount code "RCNMEMBER" at the checkout.



### COVID-19

Get the latest RCN advice on COVID-19 at [rcn.org.uk/covid-19](https://rcn.org.uk/covid-19)

Our guidance is being continually updated but if you can't find what you're looking for, contact the advice team at [rcn.org.uk/contact-advice](https://rcn.org.uk/contact-advice)



RCN Scotland has launched a bite-sized video series for NSWs, covering a range of topics including accountability and delegation, raising concerns, record keeping and using the library.

Find out more at [tiny.cc/wecareonline](https://tiny.cc/wecareonline)



# Join our fight for fair pay

We're campaigning for a 12.5% pay increase for all NHS nursing staff

## What's happening around the UK?

Members in **England and Wales** who work for the NHS are having their say on whether their 3% pay award is acceptable. Our consultations close at noon on 13 September – if you're eligible to vote you should have received a link in an email from Civica ([RCN@cesvotes.com](mailto:RCN@cesvotes.com)).

Ministers in **Northern Ireland** are yet to decide what they will award NHS staff, but a consultation will take place once the government has announced this.

In **Scotland**, members are in a trade dispute with the Scottish government and NHS Scotland employers after they rejected an offer which gave them an average 4% pay increase.

## How will Civica get in touch?

Eligible members should have received an email, or letter if you don't have an email address, from Civica Election Services (Civica). These contain a unique link or code you use to log in to the Civica platform to view the consultation document and the RCN position on the award and cast your vote. If you haven't received an email or a letter, contact Civica on **020 8889 9203** or email [RCN@cesvotes.com](mailto:RCN@cesvotes.com)

## What if I don't work in the NHS?

The RCN believes that nursing staff working for other public sector employers or independent health and social care employers should be paid at least the same as their counterparts in the NHS. We anticipate that improvements in NHS pay will have a positive effect on pay in other sectors.

## What's next?

The outcome of the consultations will direct the RCN on the next steps in this campaign. Get the latest at [rcn.org.uk/fairpay](http://rcn.org.uk/fairpay)

**Check your contact and employment details are up to date at [my.rcn.org.uk](http://my.rcn.org.uk) by 9am on 10 September to be included in the consultations closing on 13 September.**

## Funding and inflation

The UK government has confirmed the pay award will be funded from existing budgets. By not providing additional funding in England, no additional funding for NHS pay will flow to the three other countries in the UK. Inflation is predicted to rise to 3.7% by the end of the year so the 3% award is effectively a pay cut.

Photograph by Jonathan Perugia



# It's your time to shine

Step into the spotlight on 23 November when we celebrate RCN Nursing Support Workers' Day, says Kevin



I want nursing support workers, and the work we do, to be better valued and supported by the public and the teams we work in. So, let's make the most of this year's Nursing Support Workers' (NSW) Day and get our vital work acknowledged and celebrated.

When we held the first ever NSW Day last year, it was a huge success. Our hashtag reached more than 15 million people and was adopted by hundreds of NHS trusts,

care agencies and other organisations.

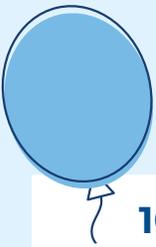
This year, I think we can do even better.

We can use the 2021 celebrations to highlight our vital contribution in caring for our nation. And while we're at it, let's sort out any misunderstandings others may have. We might have "support" in our titles but many of us practise autonomously and all of us carry out essential nursing

work which has a huge impact on our patients' lives.

Our work has gone unrecognised for too long. We're the backbone of health and social care settings all over the country. We play a critical role in securing high-quality care and excellent outcomes for patients, so let's use our day to tell everyone what we do.

**Kevin Morley is Chair of the RCN UK Nursing Support Workers Committee**



## 10 ways to support the day this autumn



- 1 Keep checking the RCN Nursing Support Workers' Day 2021 webpage after it launches in September, as we will be adding more resources and information to it as we get closer to the day. You can also follow our social media channels for the latest updates.
- 2 Order badges at [rcn.org.uk/nursingsupportworkersday](https://rcn.org.uk/nursingsupportworkersday) as soon as they're available. Share them in work or with your family and friends, and encourage everyone to wear them on the day.
- 3 Download NSW Day posters from the Nursing Support Workers' Day webpage and get them up in your workplace as soon as they're available.
- 4 Spread the word – everyone's welcome to get involved.
- 5 Use social media to shine the spotlight on a brilliant nursing support worker you know. Post on Facebook, Instagram or Twitter telling everyone: "This **#NursingSupportWorkersDay**, I'm putting a spotlight on..." Talk about the role they do and why you value them so much.
- 6 Use **#NursingSupportWorkersDay** in your social media posts.
- 7 Share our **#NursingSupportWorkersDay** video launching on the day, which will explain why it's so important to celebrate nursing support workers.
- 8 Search for RCN Nursing Support Workers' Day on Instagram and use our Instagram filter and gifs.
- 9 Download and use our NSW Day MS Teams background as soon as it's available. Find out how at [rcn.org.uk/nursingsupportworkersday](https://rcn.org.uk/nursingsupportworkersday)
- 10 Share your story in an RCN magazine. Email [health.care@rcn.org.uk](mailto:health.care@rcn.org.uk) to tell us about your brilliant work.

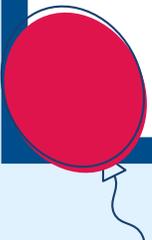
RCN Nursing Support Workers' Day is sponsored by LV=



## Did you know?

THERE ARE MORE THAN **1.3 MILLION FRONTLINE STAFF** DELIVERING HANDS-ON CARE WHO ARE NOT REGISTERED NURSES.

LAST YEAR, THERE WERE MORE THAN **4,000 TWEETS** USING **#NURSINGSUPPORTWORKERSDAY**. IT WAS THE UK'S EIGHTH MOST POPULAR HASHTAG ON THE DAY.





Stock image

# ‘Congress isn’t just for registered nurses’

## IN MY OWN WORDS

Nursing support workers should be so proud of the work we do, and what we’ve achieved – now more than ever – as we reflect on the challenges we’ve faced throughout this pandemic. There’s never been a better time for us to make our voice heard, and RCN Congress is a great place to start.

I’ve attended Congress in person for many years and although this year’s event will run a little differently, with the event taking place virtually and in-person, I’d urge you to get involved.

Congress isn’t just for registered nurses – it’s

for all RCN members. It’s a chance to share your experiences and be part of the huge group of nursing staff the RCN represents.

In fact, there are many benefits to the hybrid approach being used this year. You won’t have to take lots of time off work to attend and you can instead log in to the events and debates that particularly interest you.

Please don’t worry if you’re feeling a little daunted by the prospect of joining an online conference. I’m not the biggest fan of technology and much prefer face-to-face meetings, but

the last year has shown me that I can do this. If you’re concerned, ask your RCN rep for help.

Or perhaps you can consider joining another member and watching Congress together from a laptop?

The nursing team has shown its strength in the past year. Please take this chance to be with other members where you can be honest, feel supported, and where you can ensure the issues that concern us most are heard and acted upon.

**Maive**

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

## THE VIEW FROM HERE

### Why I got involved in a COVID-19 immunity trial

I know a lot of health care staff have had a horrific time working through COVID, and the SIREN study's aims to find out more about how COVID immunity works interested me. I wanted to do something to help us all get through the pandemic, so I volunteered to be part of the study.

I found out about it when I received an email at work. I'd previously worked with the research team in my hospital in a respiratory study, where I acted as a control, and they've supported me with my work too. It's good to help out and promote research that will improve things for patients and health care staff. There weren't any conditions attached to volunteering, you just had to be a health care worker. I signed up a few months ago

and the research team have been marvellous. They greet everyone by name and make you feel comfortable. I complete monthly questionnaires which monitor if there have been any changes in my symptoms. I also have an appointment once a month where I have my swabs taken and have a blood test. In between appointments, I do my own fortnightly swabs and save the results. I've been doing lateral flow tests at work anyway, so I'm quite used to them now. In fact, as there's a lot of patient contact in my role, and we don't know if patients have been in contact with anyone who's tested positive for COVID, it's handy to have extra test results. I'm looking forward to seeing the research findings when they become available.

**Pippa**

## JUST A THOUGHT

### Should COVID-19 vaccinations be compulsory for care home staff?

I was working in a number of care homes at the start of the pandemic and understand why some people believe it's a good idea to make vaccinations compulsory for care home staff. However, no-one should be forced into this.

As nursing staff we spend time with patients promoting independence, encouraging choice and explaining the importance of clinical interventions. We should be afforded the same courtesy. I've chosen to be vaccinated against COVID-19

but I could still spread the virus of course. It's important that nursing staff are able to make an informed decision based on relevant and reliable information.

There may be many reasons why people might not have the vaccine, so safe and informed conversations are needed to address these. We could face significant staffing issues if people feel forced to choose between having the vaccination and their job.

**Emilia**



The RCN believes all health and social care staff should have the COVID-19 vaccination to help protect themselves, their patients and their friends and family. However, we do not believe making vaccination compulsory is the right approach.

Helen Donovan, RCN Professional Lead for Public Health, says: "Staff need to have access to the vaccine during working hours and be able to make this decision in a supportive environment with the right information, encouragement and clear explanation of the benefit and value of the vaccine."

# From shop floor to ward

Being a bra fitter required respect and sensitivity – it was great preparation for a career in health care, says Grace

Photograph of Grace and Sharon by Steve Baker



“

Respecting a person's dignity is second nature to me

At first you might think retail and health care don't have much in common, but the skills I developed as a bra fitter have proved essential to my success as a HCA.

Getting a bra fitted is a personal and private experience and it's important to make sure people feel comfortable. Some of the young adults

I worked with were very shy. A few were even scared.

I had to adapt the way I communicated with people so they had a positive experience, and this is something that's now central to the way I work with patients. My experience as a bra fitter is useful when I help people with washing a

person's dignity is second nature to me.

Sensitivity to how people feel is essential – there's no room for judgement in my former role or as an HCA. I'm careful about what I say and consider my facial expressions. Any kind of negative reaction will be seen, and while in retail this might mean I lose a sale, far

more importantly, in both roles, you lose trust.

Seeing the person as an individual is important too. Everyone has preferences about how they like to be communicated with. Your tone of voice, the way you enunciate your words, and using simple, easy-to-understand language, can all make a huge difference.

Being prepared to think on your feet and change the way you're talking is essential too.

In my old role, it felt good to see customers leave with a smile on their faces and feeling more comfortable. I enjoy talking to people – finding out their stories. Talking to women who'd had a mastectomy made me realise how important it is to listen and understand. After all, this isn't something you usually talk about with strangers. By responding appropriately and with kindness, you can build trust.

Now knowing I've done my best for so many people can absolutely make my day, especially when someone says: "I don't know what I would have done without your help."

I would never have imagined I'd be doing this even two years ago. I thought I'd be in retail for ever. But here I am, in a great nursing team with colleagues who motivate and support me, doing a job I love.

**Grace Greenwood is an HCA at Milton Keynes University Hospital**

## A voice for HCAs

**Sharon's responsible for facilitating and delivering training and education for HCAs in her trust, where recent recruits have included a former post office manager, cabin crew, a chef and a civil engineer**

I'm happy to be the "voice for HCAs" in our trust. I get to know HCAs when they first start with us, organising their week-long fundamentals of care induction programme.

There's a follow-up day after 12 weeks when we look at vital signs, and a catch-up with the senior team after six months, nine months, and a year. My door is always open to HCAs in the trust and they can chat with me any time in-between.

I also organise drop-in sessions and study days in ward areas where we can focus on the extended skills needed for different settings. The whole programme takes 12 months to complete, and I ensure that bank HCAs are included. I've set up a newsletter and forum within the trust too.

## Challenging in a positive way

Not everyone understands the HCA role. I've come across situations where registered nurses ask HCAs to report on vital signs before they've had my training on it. By running a two-hour session on challenging in a positive way, I give new HCAs the confidence to say "no" and feel able to explain that to do this they need to be trained and fully competent. HCAs in our trust know they have back-up from the senior team to do this because they also attend my sessions.



**All too often HCAs are the forgotten profession**

All too often HCAs are the forgotten profession and I'm determined to make us feel valued, supported, confident and competent. This helps the trust with retention of course, but importantly it helps HCAs to do their jobs with confidence.

**Sharon Mitchel is an HCA Practice Educator at Milton Keynes University Hospital, Milton Keynes Branch Chair and RCN learning rep**

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[rcn.org.uk/healthcaremag](http://rcn.org.uk/healthcaremag)

# Providing comfort and reassurance

Two nursing associates reflect on the highs and lows of their roles providing specialist mental health care

Angela Hawkins and Francine Gordon may work in different areas of mental health care but what motivates them is the same – their desire to be a source of comfort to their patients and look after them as best as they can.

Angela, who initially trained in electronics, found herself drawn to health care after working in a factory making hip and knee replacements, followed by seven years spent supporting adults with learning disabilities.

She started working at Springfield University Hospital in south London as a health care assistant on a ward for adults with eating disorders seven years ago, and is now proud to be working as a registered nursing associate. “I have a lot of life experience which I feel I can use to support and encourage the individuals in my care,” she says. “I also enjoy being a supervisor to HCAs and mentoring new trainee nursing associates.”

The nursing associate training was tricky at times, Angela says, but she’s so glad she did it. “I still get nervous sometimes, but by



Photograph of Angela  
by Jonathan Perugia

“

The nursing associate role is a position in its own right

challenging myself I feel like I’ve grown in confidence and as a person. It’s good to stretch yourself,” she says.

“I’d recommend the course to others interested because it can open a lot of doors.”

## Individualised care

One of the things Angela likes most about her role is having one-to-one time

with patients, as well as supporting them with their care plans.

“That focused time can be really rewarding,” she says.

“Of course, as with many other roles, there are challenges working in mental health, but it’s important to keep an open mind, and focus on what’s best for the patient.”

Angela explains it can be upsetting when she goes into the dining room and sees patients struggling to eat. “It’s sad and it touches you,” she says. “I encourage them and try to understand what they’re thinking. Not everyone recovers quickly but it feels good to play a part – however small – in helping people along the way.”

Francine, a nursing associate on the Children and Adolescent Mental Health Service (CAMHS) ward at Springfield, says it’s the little things she loves the most about her role. “The smallest things can make a big difference. Even simple things like washing and brushing someone’s hair – anything that might help make a young person in distress feel better and get back to their usual self.”

### Making it worthwhile

For Francine, who’s worked in mental health for 10 years, health care is something she always wanted to do. “I absolutely love my role,”

she says. “It means a lot to see patients getting better and when they get to go home. We’ve had a few young people recently who have gone on to university and that makes me smile so much.”

Francine qualified as a nursing associate in December 2019. “It wasn’t always easy – balancing work, study and home life – but it was one of the best decisions I’ve made,” she says. “It’s amazing the things you learn. I’d say the course is great for anyone wanting to take a further step in their nursing career.”

As well as providing care to their patients, both say it’s important all staff make sure they look after themselves too.

Francine says: “For me, I’ve always been good at leaving work behind, but sometimes there are patients you can’t take your mind off.

“As a team we talk about things that concern us and that can really help. The

pandemic and lockdowns of course made things much more difficult – and there was less chance to offload after a challenging day – but we all found a way through.”

Francine enjoys her role and is in no rush to change, but hopes to be a registered nurse one day. “Wherever the future leads I would like to stay in mental health – perhaps also doing some outreach work,” she adds.

Angela says she’s very happy with where she is now in her career. “The nursing associate role is a position in its own right,” she says. “And I’m glad I took the opportunity to become one.” She adds. “I would encourage others to consider the role for themselves because you learn so many skills, and the placement experience is great.”

 **Join the RCN Mental Health Forum at [rcn.org.uk/forums](https://rcn.org.uk/forums) and find out more about the nursing associate role at [tiny.cc/become\\_a\\_na](https://tiny.cc/become_a_na)**

“Angela and Francine’s focus on care and compassion is essential. What’s more, the technical elements of their roles and university-level critical thinking, which they use on a day-to-day basis, helps to improve patient outcomes and their own job satisfaction.

“The nursing associate (NA) role in mental health is new, but is already helping to close the inequalities gap between physical health in mental health. NAs gain a diversity of

knowledge and skills through training in both physical health and mental health care.

“The NA role is only available in England currently but there are alternative career paths in mental health care you can follow wherever you’re based. Find out more about careers resources for NSWs at [rcn.org.uk/professional-development/your-career/hca](https://rcn.org.uk/professional-development/your-career/hca)”

**Stephen Jones, RCN Professional Lead for Mental Health**

# Get the lowdown on feeding tubes

Enteral nutrition technician Ilva says it's helpful for all nursing staff to have an understanding of feeding tubes

"Your next patient could use a feeding tube so having some knowledge could help them feel more comfortable about talking openly to you about it," Ilva says.

Ilva Jones's long career in health care dates back 22 years but since 2008 she's worked as a band 4 enteral nutrition technician. She's now an expert in her role and central to her trust's team of nutrition nursing staff.

She doesn't work with nasogastric tubes but is the first point of call when trouble-shooting issues with other feeding tubes – investigating blockages, checking sites and managing dressings.

She also teaches patients and carers about the daily maintenance of feeding tubes on a one-to-one basis. "I teach clinical staff too," she says.

“

I want to be there for those who are struggling



“I work with them in small groups, sometimes on study days, and cover good cleaning regimes, what to do if tubes get blocked or fall out, and how to carry out ‘advance and rotate’ procedures.” (See box.)

When she’s not carrying out clinical or teaching work, Ilva books appointments, deals

with patient queries and works on audits and patient satisfaction surveys.

“I can honestly say that there’s no part of my job I dislike,” she says. “But I particularly enjoy being able to spend time with patients who’ve been on the ward for a number of weeks. I want

to be there for those who are struggling.

“Some people I work with have had feeding tubes for years, but for some, it’s all new to them. I make sure I build a rapport with these patients and provide advice, reassurance and support if they’re worried.”

**Ilva explains:**

**What is enteral nutrition?**

It’s a way of feeding that uses the gastrointestinal tract to deliver some or all of a person’s calorific requirements using specially prepared liquid feeds. It’s sometimes used alongside a normal oral diet.

**When might enteral feeding be needed?**

Patients might need this kind of feeding when they have swallowing problems or there’s a risk that food and fluid can go down the wrong way. The muscles involved in chewing and swallowing can become weak, slow and uncoordinated as a result of many different conditions such as a stroke, head injury, multiple sclerosis (MS), motor neurone disease (MND), or surgery to the head and neck.

**What types of feeding tubes are available?**

There are several feeding tubes available. A nasogastric tube is a tube passed through the nose and down into the stomach, designed for short-term use. A percutaneous endoscopic gastrostomy

(PEG) tube is implanted directly into the stomach. These are designed for long-term use and last several months or sometimes years before they need replacing. Other tubes include balloon retained gastrostomy tubes (BGT), jejunostomy tubes and nasojejunal tubes.

**What are the benefits of enteral feeding to patients?**

It’s essential to ensure patients receive nutrition and hydration when illness or disease prevents them from eating and drinking normally. Patients who find it difficult to swallow can get distressed so enteral feeding can also remove the anxiety that often accompanies meals. Patients may also have an improved sense of wellbeing as their energy levels increase.

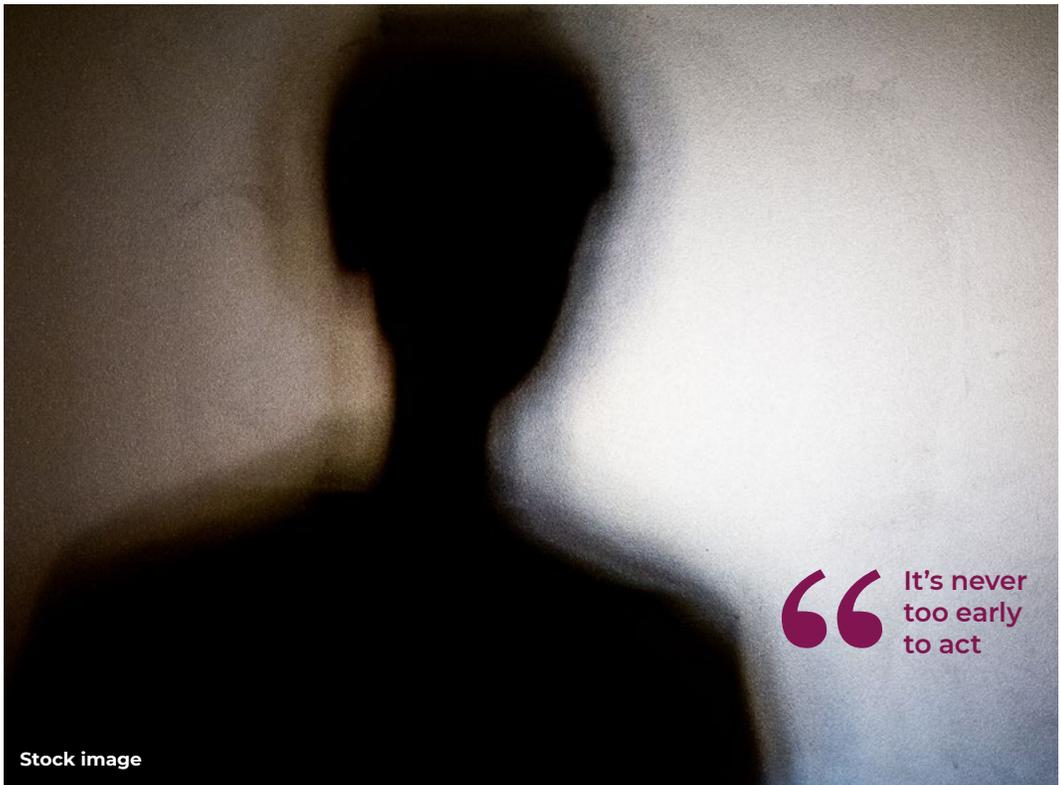


**What is ‘advance and rotate’?**

This is a technique used with PEG tubes. There’s a small disc inside the stomach to prevent the tube falling out. You hold the end of the tube and rotate it in a complete circle, pushing the tube a few centimetres into the stomach and pulling it back to the original position. This should be carried out at least once a week to stop the stomach lining growing over the disc, which can cause buried bumper syndrome.

# Domestic abuse: tackling difficult conversations

Michelle explains how to address issues and support people with patience and compassion



Domestic abuse crosses all walks of life, and all professions, genders and sexualities.

The next patient you talk to could be looking for someone they can confide in. As a trusted health care professional, and someone who spends one-to-one time

with patients and service users, you may be the only person they can trust.

But this isn't just about patients – colleagues may also be survivors or perpetrators of domestic abuse, and sometimes they need someone to ask how they are too.

So, it's important we get this right. This might mean adjusting the way we all think and talk about the issue.

## Be understanding

You can take vital first steps by widening your understanding of the issue.

This starts with being ready to listen to individuals who may be behaving in unexpected and perhaps challenging ways.

Victims of domestic abuse may be hostile, uncooperative, quiet, withdrawn or more anxious than others. They may also be constantly accompanied by a perpetrator or hiding bruises and injuries.

You can help by taking a trauma-informed approach to care. This is when we think about what's happened to these patients, rather than wondering why they're behaving in these ways.

You also need to be open-minded when considering who that perpetrator could be: some people may

assume it's going to be a former or current partner or spouse. But it could be another significant person in their life, such as a grown-up child, while perpetrators in forced marriages could be other family members.

### Adjusting expectations

You might need to adjust your expectations of what someone might want to do after disclosure too.

Domestic violence is a complex issue and a victim of abuse can't always just walk away. It won't be helpful to tell a person to leave a relationship if they're not ready to. The best thing you can do is address the issues and support people with patience and compassion.

“ Think about what's happened to these patients

It's never too early to act. Even if this is an issue you've never encountered before, ask your employer about domestic abuse and safeguarding training so you're ready and able to help if one day a patient or colleague needs you.

**Michelle Moseley is the RCN in Wales Education and Lifelong Learning Adviser, former lead nurse for safeguarding children.**

**Delegates at RCN Congress will discuss domestic abuse this autumn. Find out more about the debate at [rcn.org.uk/congress](http://rcn.org.uk/congress)**

### 'We are familiar and trusted'

"I'd been nursing an older man in his 80s for some time. One day we were in the bathroom together when I noticed he was visibly distressed. 'What's the matter?' I asked him.

"He cried as he told me he was being forced out of his own home by his son and daughter-in-law. They'd already got rid of the furniture he loved and were now trying to push him into moving to a care home, so they could live in his home, as they had no house of their own.

"There was no reason why he couldn't go back to his home when he was discharged so I reassured him and escalated the case to the registered nurse. He was eventually helped to get back to his home and his granddaughter acted as his advocate. Patients often feel more comfortable speaking to nursing support workers because we are familiar and trusted – often carrying out care more regularly than anyone else."

**Alison James-Herbert, nursing support worker in south Wales**



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# Get your apps together

From scheduling your shifts to helpful time-keeping tools, we've found some of the best apps to make the most of your time

## Scheduling

**MyDuty** allows you to keep track of your busy shift schedules. It's a useful calendar sharing device to help you organise your shifts and see when your colleagues are working too. The app can also link up with family devices, so you can keep on top of your work-life balance. It's free to download and use, but there are some in-app purchases if you want to get more out of it. It's aimed at registered nurses and hospital managers, but don't be put off, it can be used by anyone working in health care. Visit [myduty.kr/](http://myduty.kr/)



## Task tracking

**Todoist** lets you create various to-do lists, tracking your tasks as you go and sending you helpful reminders. It's easy to set up recurring tasks and it allows you to assign tasks to others to enable more linked-up, collaborative working. You can prioritise as you go and track how well you're doing, which can help you find areas to improve or take note of jobs that might be better delegated to others. The app has a free version with all the basics included, although you can subscribe to access more functions. Visit [todoist.com](http://todoist.com)



## Time keeping

If time management is an area where you struggle, **Time Timer** can help, especially if you're multi-tasking. It allows you to manage several timers at once, and comes with an easily understandable, visual clockface so you can see how much time has passed and how much is left to go. You can name and customise your timers, save them for future use, choose alarms to signal when different timers go off, and see up to four timers at once. It's free to download and comes without ads, but it's only available for Apple devices. Visit [timetimer.com/products/time-timer-ios-app](http://timetimer.com/products/time-timer-ios-app)



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app from  
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### Storing your details

If you struggle to keep track of all your logins and passwords, **Last Pass** – a protector and organiser app – will help you access all your details easily. From your RCN login to your Netflix account, keep them safe and all in one place so you don't get lost in the endless cycle of forgetting your password and changing it every time you access your favourite digital platforms. It's free to download on any smart device. Visit [lastpass.com/password-manager](https://lastpass.com/password-manager)

### Work tracker

**Toggl Track** keeps a record of your working hours, and you can use the data it gathers to assess how much time you're spending on doing different things. This might help you calculate any overtime, keep a record of your work-life balance, and most of all, make sure you take your breaks. The app is free to use. Visit [toggl.com/track/mobile-time-tracking-app](https://toggl.com/track/mobile-time-tracking-app)

## Offline help

**Create designated spaces** for all your important things, such as your wallet, keys, phone, face masks, hand sanitiser and work key card. This way, when you're rushing out the door, you know there are only two or three places where all your necessary belongings will be. Use designated dishes, drawers or bags, or use recognisable places that are easily memorable – and be diligent about returning those items at the end of the day.

**Ranking your to-do lists** can be really helpful to help you delegate and prioritise tasks. Take every job you have to do that day and give it a number. Number ones need to be completed urgently, twos would ideally be done by the end of the day, and threes can carry over to tomorrow. As your day goes on and new tasks appear, fit them neatly into the list and demote other tasks where necessary – this also helps to avoid multitasking, which is known to be unproductive.

Return address  
Royal College of Nursing  
Copse Walk  
Cardiff Gate Business Park  
Cardiff  
CF23 8XG



## Your RCN UK Nursing Support Workers Committee

### Representing you



**Evan Keir**

Nursing Support Worker member of Council



**Dennis Greer**

Trade Union Committee member



**Tracie Culpitt**

Professional Nursing Committee member

### Country and regional representatives



**Kelly Brown**

Eastern



**Vacant**

Northern Ireland



**Steve Dunne-Howells**

South West



**Maive Coley (Vice Chair)**

East Midlands



**Sunday Babanumi**

North West



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Northern



**Annette Bailey**

South East



**Katherine Davis**

Yorkshire & the Humber

The committee reports directly to RCN Council through its dedicated Nursing Support Worker member of Council and provides a platform for HCAs, HCSWs, TNAs, NAs and APs to influence RCN policy at a UK and local level. To contact your rep, email [governance.support@rcn.org.uk](mailto:governance.support@rcn.org.uk)

Arrangements are being made to fill the vacant committee seat for Northern Ireland. Find out more at [rcn.org.uk/elections](http://rcn.org.uk/elections)