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FOR NURSING SUPPORT WORKERS ACROSS THE UK

SPRING 2021



CARING IN A CRISIS

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After one of the most challenging years in living memory, we enter the spring with renewed hope that the COVID-19 vaccine will bring light to the end of this dark tunnel. Once again, nursing support workers are central to the UK's pandemic response – read about our role in the vaccination delivery programme on page 6.

Proning patients, an intervention to help improve low blood oxygen levels, is something more of us are getting involved in too. Find out more about this on page 8. We also have vital information on free end of life care training the RCN has made available to members on page 11.

I personally want to thank you for your hard work and dedication during these difficult times. But I know thanks alone is not enough. Nursing staff must be properly recognised and paid so I'm asking you to join me in campaigning for fair pay. Find out more on page 12 and at rcn.org.uk/fairpay

After the success of our first ever RCN Nursing Support Workers' Day in November, when people from all over the UK recognised and celebrated our work (page 4), it's a pleasure to see yet more stories about the positive difference we make, day-in, day-out, in this issue. Enjoy the read.

Kevin Morley
Vice Chair,
RCN Nursing Support Workers Committee

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Story to tell?

If you've got a work story to share, or there's a topic you'd like to see covered in a future issue of this magazine, get in touch. Email health.care@rcn.org.uk with "Health+Care" in the subject line. And if you see something that interests you in this issue, why not join the debate on the RCN Nursing Support Workers Facebook page?

Need more Health+Care?

Don't forget *RCN Health+Care* magazine has a website with all the latest RCN advice and member stories. Take a look today: rcn.org.uk/healthcaremag

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First RCN Nursing Support Workers' Day a huge success

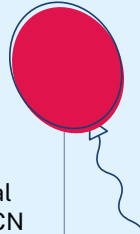
Held last November, the day was an opportunity to showcase your work and say thank you

Nursing support workers dominated social media on 23 November 2020 when the RCN celebrated you in our inaugural Nursing Support Workers' Day.

We premiered a short film about your valued work and Dame Donna Kinnair, RCN Chief Executive & General Secretary, joined hundreds of nursing staff thanking support workers for everything you do, emphasising how you've gone above and beyond during the COVID-19 pandemic.

She said: "Your resilience, your compassion and your expertise have been key over the past few months. You're a valued member of your health care team and it's great to have this opportunity to say thank you for the work you do every day."

Lindsay Cardwell, Chair of the RCN Nursing Support Workers Committee, was overjoyed at the success of the day. "It was fantastic to see social media full of films and photographs



NURSING SUPPORT WORKERS' DAY



posted by colleagues and supporters thanking you for your work," she said.

"But we reached beyond the health care sector with multiple senior members of government adding their voice, including Secretary of State for Health and Social Care Matt Hancock MP, and England's Chief Nurse Ruth May. I hope this is just the start and that this November's event will be even bigger and better."

Find out more about the event and watch the RCN film at rcn.org.uk/nursingsupportworkersday

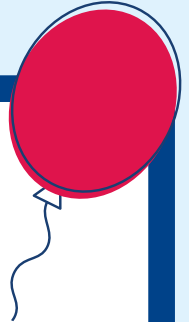
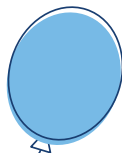
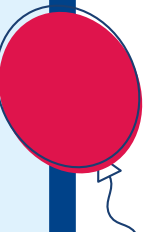
The day in numbers

MEMBERS ORDERED
24,000 BADGES

ANOTHER **1,000**
BADGES WERE SENT
TO NURSING SUPPORT
WORKER ACTIVISTS
AND POLITICIANS

THERE WERE MORE THAN
4,000 TWEETS USING
#NURSINGSUPPORTWORKERSDAY

#NURSINGSUPPORTWORKERSDAY
WAS THE **EIGHTH** MOST POPULAR
TRENDING HASHTAG IN THE UK
ON THE DAY



First Steps helps you build your learning portfolio



The RCN's popular First Steps learning resource, aimed primarily at HCAs at the start of their career, has been updated to help users build a portfolio of their learning.

The resource now includes an assessment quiz at the end of each section and a

template to document and record reflective practice for each topic. If you're an RCN member, you can download a certificate once you've successfully completed the assessment quizzes.

You can use First Steps to learn at your own pace, with your workplace induction programme, or as a refresher tool to support your practice.

Users are encouraged to complete the feedback form at the bottom of the resource so we can continue to make improvements. Visit rcn.org.uk/firststeps

Former cadets support pandemic response

Former RCN nursing cadets are supporting the NHS response to the COVID-19 pandemic by becoming health care support workers.

Michaella Parcell is working as a health care support worker, having completed her cadet training. "I have transferable skills and real-life examples I could use during the interview process," she said. "The health board recognised me as a nursing cadet and acknowledged I'd learnt so much already."

Army cadets from across Wales and England are working on the programme using a remote learning package, due to the pandemic. The scheme is now also being offered to young people involved in St John Ambulance Wales. The RCN scheme was developed to encourage young people to join the care sector, giving them an introduction to the various roles. Visit rcn.org.uk/professional-development/nursing-cadet-scheme

RCN demands higher grade PPE

We want all nursing staff to be given higher grade personal protective equipment (FFP2/3 masks) amid concerns that current PPE may not provide adequate protection against highly infectious strains of COVID-19.

In the past few months, a number of new COVID-19 variants of concern have emerged across the globe. Early indications are that these are more transmissible than previous strains of the virus. That's why we want an urgent review of existing infection prevention and control (IPC) guidance and ventilation in health care settings.

A precautionary higher grade of PPE would address concerns about the airborne spread of COVID-19 and align the UK IPC guidance with World Health Organization advice.

Read *New COVID-19 variants: how we're fighting to keep you safe* at rcn.org.uk/bulletin

6 ADVICE

Time to talk vaccinations

Nursing support workers have a vital role to play in the delivery of the COVID-19 vaccination programme, says Helen Donovan, RCN public health lead



We're committed to supporting you to ensure vaccines are delivered safely so we can protect the public and build confidence in immunisation services.

So, we're making sure you have all the up-to-date and evidenced information you need to help save those most vulnerable from the severe effects of COVID-19.

Can nursing support workers give the COVID-19 vaccination?

Yes, in many areas, although we would expect that all

staff, whatever their role in the programme, have appropriate education and training alongside a period of supervision and competency assessment. If you're administering the vaccine, you will need to have an understanding of the vaccine being given, knowledge about the injection process, and the importance of informed consent. You must be able to recognise adverse events and have ongoing supervision in the workplace by experienced vaccinators.

As this is such a large-scale vaccination programme, more

people will be needed to complete the work, including those who weren't involved in giving vaccines previously.

We support using an extended workforce in principle, providing people are appropriately supported including having appropriate training, assessment of skills and ongoing supervision. Changes to the Human Medicines Regulations (HMR) allow for this expansion of the workforce.

For the RCN this expanded workforce will potentially include registered nurses,

nursing associates (in England), assistant practitioners, nursing support workers and student nurse members on placement across the UK.

Nursing support workers in Northern Ireland are not currently supported to administer vaccines, although like their colleagues in the rest of the UK, as trusted health professionals they still have an essential role to play by supporting the clear and positive messaging around vaccination.

How does it work?

The legal authorisation process for the administration of the COVID-19 vaccine is possible under a national protocol. This allows different members of the workforce to deliver specific tasks and functions.

Authorisation of the vaccines under a patient group direction or written instruction for those staff who can use them, remains, as does using a prescription or patient specific direction.

We've designed a resource to signpost you to all the available information, guidance and relevant RCN positions on the COVID-19 vaccine programmes and I urge you to check it out.

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

Ten tips for talking about vaccinations

- 1 Remember the aim of the conversation is to gain trust and support people to hopefully accept vaccination.
- 2 Raising the subject gives the message that this is important and gives people permission to ask questions.
- 3 Ask questions to help understand the individual's main concerns. Listen to them.
- 4 Be empathic. Tell them you understand why they might be concerned and why they may have questions.
- 5 Acknowledge we all want what's best for ourselves and our loved ones.
- 6 Avoid fact-filled lectures which could be counterproductive. Stick to the concerns raised and provide a limited number of main points in response, expressed simply.
- 7 Focus on the risk to them. Many people have little experience of diseases because of the success of other vaccination programmes.
- 8 Identify a myth as being false and focus on the benefits of vaccination while acknowledging the side effects of vaccines.
- 9 Highlight the consensus among health professionals and scientists about the evidence in support of vaccination. Confirming that you've received the vaccine sets an important example.
- 10 If people decide not to be vaccinated, be clear they can change their mind at any stage and leave the door open for further discussion.

These practical tips are adapted from Bedford H and Elliman D (2019) Fifteen-minute consultation: Vaccine-hesitant parents Arch Dis Child Educ Pract Ed:BMJ

8 CLINICAL

Why is proning important now?

READ MORE
ONLINE
[rcn.org.uk/
healthcare
mag](https://rcn.org.uk/healthcare/mag)

Patients in intensive care units are benefitting from proning, an intervention to help improve low blood oxygen levels

What is proning?

It's a manual handling procedure where a multi-disciplinary team carefully manoeuvres a patient's position, so they are lying on their front, face down, in a "prone" position.

The aim is to change the way the patient is resting, which is usually going from lying on their back to their front and back again. Lying on their front encourages a larger part of the lung to expand, allowing the diaphragm to increase its range of movement so patients can take bigger breaths.

Although turning a patient to the prone position is not an invasive procedure, it is complex and has many potential risks and complications, such as loss of airway, pressure ulcers and line displacement.

Why is it important in critical care?

Proning is usually carried out in intensive care units when a

patient is not responding well to mechanical ventilation.

Oxygenation can be significantly improved in patients with acute respiratory distress syndrome (ARDS) when ventilated in the prone position.

Lung injury with features of ARDS is one of the key characteristics of patients with COVID-19, which is why this intervention is applied.

What's the nursing support worker's role?

A team of at least five people should undertake the proning procedure, and this may include nursing support workers.

They may be hands-on during the procedure, overseeing equipment, preparing trolleys, or they may document the process.

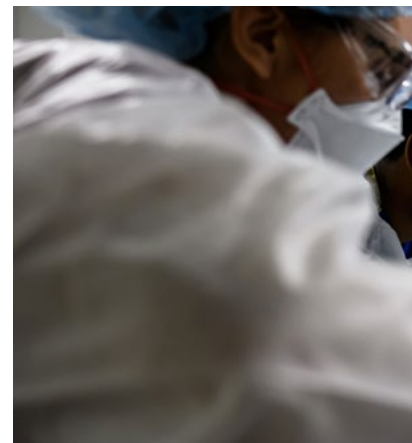
The team will also include at least one health care professional who is competent in managing airway (usually an

anaesthetist, intensive care unit doctor or advanced critical care practitioner), and the nurse looking after the patient.

Where can I get more information?

The Faculty for Intensive Care Medicine and the Intensive Care Society have released guidance for prone positioning in adult critical care. Visit ics.ac.uk for more information.

For the latest RCN guidance and advice, visit rcn.org.uk/criticalcareforum



Suman Shrestha, RCN professional lead for critical care, discusses the issues that arise when proning is being used to support intubated and non-intubated patients with respiratory failure in acute and critical care units

In intensive care, this complex procedure poses risks to a patient's physiological instability. There's also a huge risk of dislodgement of the endotracheal tube, which maintains the patient's airway, and dislodgement of lines. Everyone needs to be aware of the potential risks and perform the intervention very carefully.

Proning checklists must be followed thoroughly, especially when redeployed health professionals are helping because they might not be as familiar with the procedure. It's important for health care professionals to be trained in proning because this is a risky procedure. Always speak up if you feel unsure about what you've been asked to do.

We prone for about 18 hours at a time, and at the moment, because ICU services are so stretched, patients might not be prone and de-prone in a timely manner; that will add some risks such as pressure area damage.

Particularly during this second COVID-19 surge, we're proning more patients who are awake. It's carried out to improve oxygenation and prevent patients requiring intubation, mechanical ventilation and admission to ICU. Maintaining dignity is important so it's vital we talk to the patient, explain why we are proning them, and make them as comfortable as possible.

Kelley Burns on how proning became a vital procedure in the fight against COVID-19



I was redeployed to an ICU during the first wave of the pandemic. When patients were being prone, I often assisted with the airway trolley, ensuring that if equipment was required, it was quickly accessible.

We had a prone pack which had pads for the face to help reduce the risk of pressure, and it included a checklist. Part of my role as a runner on the ward also involved documenting information. We started off with the team introducing ourselves – which was important because it's hard to recognise each other in full PPE. It's not a quick procedure, but one that is controlled and monitored.

Between the consultants and the nurse responsible for the patient, there's a lot of discussion before a decision is made to move a patient. There are ethical considerations, as well as clinical. We're constantly monitoring how things go, and obviously we've got to consider the patient's personal hygiene and dignity.

Warrant officer class 2 Kelley Burns, a health care assistant with Queen Alexandra's Royal Army Nursing Corps



No-one should die alone

Lisa Dodd reflects on the difference personalised nursing can make, after working in a unique role in end of life care set up in response to the COVID-19 pandemic



Photograph of Lisa
by Steve Pendrill

Even in these most challenging of times, Lisa believes we must make it possible for patients to have a good death.

Currently working as a health care assistant in the NHS Nightingale North West, she's recently worked in a role where her priority was to ensure people did not die alone, working as a "cygnet" in the palliative and bereavement care team in North Manchester General Hospital. It was

a role introduced in direct response to COVID-19 and the increase in patients dying in the hospital at a time when visitors weren't allowed.

"It's an unusual job title but the reasoning behind it is simple," Lisa says. "We follow the SWAN – sign, words, actions, needs – model of care, and the cygnet and the swan are inexorably linked."

"I was there to support patients, and their families, in their last days and hours

of their lives. My focus was always on the patient and their family," she adds.

The nursing role sought to bring humanity back to patients, just as COVID-19 seemed to be taking so much away, with staff talking, laughing, crying, and even singing with patients.

Lisa says: "We provided the human touch. I got to know my patients' individual needs and preferences. Music is important to ask about as we

know that hearing can be one of the last things to go, so if listening to their favourite music brings comfort, we could arrange this. Flavours and tastes are important too as I could incorporate these considerations into their mouth care.”



We provided the human touch

Lisa says she was given the freedom to think outside the box to ensure that the personal care, which can make such a difference, happened – however busy everyone was.

“If a patient was usually clean shaven, I could shave them – and all the better if I could play their favourite music while I was doing this.”

She adds: “One family member told me she’d ‘love dad to be able to have a pint’. His favourite beer was *John Smiths*, so we got a thimbleful and gave him a taste. He hadn’t reacted to anything before that, but he reacted verbally to the taste of his favourite beer, which I hope brought comfort to him and his family.”

Making memories

Necessary safety policies introduced during the

pandemic made developing relationships with relatives more challenging.

“There was little or no face-to-face contact – my patients were only allowed one person visiting them for one hour a day – so it was important that our communication was supportive but clear.

“A distressed relative will often only pick up odd words and soundbites. If we needed to tell them their relative had died, there was no room for misunderstanding. We needed to be careful not to use euphemisms like ‘they’ve passed’.”

FaceTime calls for patients became commonplace, but by facilitating these for patients and their families, when it was the last chance for personal contact, they took on heightened importance. But this was just one of the ways Lisa and others in the cygnet team connected patients with their loved ones.

“We were trained to take hand and kiss (lipstick) prints, and we put fingerprints in keyrings too. Small woollen hearts were given as a token to patients; these stayed with them after they’d died, with duplicates given to relatives and loved ones as precious keepsakes.”

Looking after ourselves

Lisa says the job gave her the chance to truly care for people when they needed it most, however, the emotional impact of this kind of work can’t be underestimated.

“I always tried to remain professional, but I am human and there were times when it was extremely difficult,” she says. “As a team we were there for each other and we were all encouraged to use the breakout area for a cup of tea and a chance to gather our thoughts when that was needed.

“But for me it would always come back to one thing. It was about my patients and their families. It was all about them. It was their story, not mine.”

Read more about the SWAN model of care at tiny.cc/swanmodel

A learning opportunity

The RCN has a free online learning programme for nursing staff new to end of life care. Sign up today at rcn.org.uk/endoftlifeprogramme and visit rcn.org.uk/endoftlifecare for more information from the RCN on end of life care.

12 ACTION

We must demand fair pay for nursing now

Nursing staff are underpaid, undervalued, and overstretched, so what's the RCN doing, and how can you help?



We've reiterated our demand for a fully funded 12.5% pay increase for nursing staff in our evidence to the NHS pay review body.

Members' experiences of working during the

COVID-19 crisis are quoted extensively and we reinforce what was already known before the pandemic; the nursing workforce is suffering from severe staff shortages, low morale and operating in an environment

deprived of investment and resources.

Our Fair Pay for Nursing campaign is asking for a 12.5% pay increase for all Agenda for Change staff so we've made the economic



Let's redouble our efforts to make 2021 the year the tide turned

case for the pay rise while stressing the link between fair pay, recruitment, retention and safe staffing.

RCN Chief Executive & General Secretary Dame Donna Kinnair says: "Members of the RCN have been extensively involved in our pay campaigning in the last six months and I'm urging even more of you to become vocal and visible in the next six months. It is time to pay you fairly – let's redouble our efforts to make 2021 the year the tide turned."

What's the pay review body's role?

It's responsible for advising the government on pay for NHS staff and takes evidence from trade unions, employers and governments to inform its recommendations.

Health ministers in England, Northern Ireland and Wales have asked the pay review body to recommend what pay increase NHS staff in those countries should receive for 2021/22. However, the PRB process may continue until the spring, The Scottish government has confirmed

that it does not plan to ask the pay review body to make recommendations for 2021/22.

The RCN has written to the prime minister to say it is unfair to expect nursing staff to wait until the summer and that the process should be quickened. Get the latest information at rcn.org.uk/fairpay

What about members working in the independent sector?

We believe that nursing staff in all health and care settings

should be awarded improved pay, terms and conditions of employment. We've recently launched a new strategy setting out how we'll better engage, empower and represent members working in the independent health and social care sector, and improving pay, terms and working conditions is a key part of this.

We're looking at how we can work to better influence and lobby on behalf of members working in these settings and RCN Council is committed to delivering this by listening and engaging with members.

What can you do to support the campaign?

- The Chancellor must use the Budget on 3 March to set money aside for fair pay for nursing. Sign our petition to demand this happens, and ask your friends, family and colleagues to do the same.
- Support our campaign on social media by using our campaign downloads to share posts or follow our guide to record a campaign video.
- Share our new film explaining the aims and need for our campaign.
- Display and distribute campaign materials in your workplace by downloading the posters and leaflets from our website.
- Engage with your MP by sending and responding to their emails using our templates.
- Become an e-campaigner by signing up to receive a regular email with a quick and easy online action you can take to support the campaign.

Get more information at rcn.org.uk/fairpay

Breaking down barriers

Andrew Mutandwa explains how he's supporting BAME staff in his role as a cultural ambassador



“

I can see more positive change coming

Some colleagues have told me they have had to tone down and lower their voices in their workplaces. That's not always an easy thing to do if that's how you've learnt to speak. Thankfully, in my role as a cultural ambassador, I can help.

Tackling inequalities

After making a Freedom of Information request back in 2015, activists from black, Asian and minority ethnic (BAME) backgrounds alerted the RCN West Midlands office to the over-representation of BAME staff in disciplinary processes.

As a result of this, and the fact that research has shown that staff from BAME backgrounds often experience inequality, discrimination and prejudice in the workplace, the RCN started training cultural ambassadors.

After a long day at work a few years ago, I was asked if I wanted tea. I didn't want tea at that point, I was hungry, and I wanted a meal.

To be honest I was a little put out that I was offered just a hot drink. I politely declined, only to later find out that what I was being offered was, in fact, a meal. A meal called tea. No wonder I was confused.

But what happened back then just goes to show how easily people can be

misunderstood, even if they're trying to be helpful. This is especially the case if someone's first language isn't English. Some communication can even be seen as offensive, and people acting with the best of intentions can find themselves in trouble.

Speaking and understanding in your second, or sometimes third, language can be a challenge at any time, and even more so when operating under the workplace pressure of the health care frontline.

I now identify and explore issues of culture and behaviour – where staff may be treated less favourably – potential discrimination and unconscious or conscious cultural bias. I'm not here to judge but to be curious about these issues, make them transparent, and create a dialogue to establish their potential impact.

It's a voluntary role undertaken by BAME staff and it enables me to be part of an investigation team or member of a decision-making panel for grievances and disciplinary hearings where a BAME member of staff is involved. I work on all stages of workplace investigations and hearings – but we always see if a case can be dealt with before it becomes formal.

When the role was first introduced it seemed to be aimed at senior people. I argued successfully that this approach brought drawbacks. If you hold a very senior position in an organisation, it can be more difficult to see the issue from anything other than the workplace perspective.

I'm a nursing support worker and have worked in health care since 2003, but my background is in writing, the media and diplomacy. I believe my experience makes me an ideal cultural ambassador as I've always been aware of issues of culture and the impact they can have on people whose first language isn't English.

Seeing positive change

Being a cultural ambassador has helped me personally too.

I now know my organisation much better. Before people were just names in a mailbox.

I interact with a wider pool of staff at all levels and feel more valued as a member of staff. The trust involves me at the highest level, and I've been invited onto a panel to interview for non-executive board directors.

However, for me, the most important outcome has been the positive change the role has brought to the organisation. I'm starting to see a clear impact where teams have previously worked with a cultural ambassador. For them it's no longer just a process; they've now changed the way things are thought about.

Best of all, I can see more positive change coming as the role embeds itself into the organisation. It's worked so well because the managers I've worked with get it too. They're very supportive, looking at the bigger picture, and the organisational benefits of everyone getting a fair chance.

The way people think is changing so rapidly. Black History Month was amazing last year. People didn't need to be asked to participate. They just did.

I'd urge other nursing support workers to consider becoming cultural ambassadors too. It really is so important to have representation at all levels so we reflect the staff working at all grades and continue to break down barriers.

“

It really is so important to have representation at all levels



Andrew

Find out more about the RCN cultural ambassador programme at rcn.org.uk/culturalambassador

Making the difference

Learning disability champion Rea Pugh-Davies reflects on a time when a patient needed a four-week desensitisation programme to prepare him for surgery



Photograph of Rea
by Stephen Shepherd

A patient with complex learning difficulties was due to have a planned procedure under general anaesthetic. He'd lived with the same routine for many years so to avoid causing further stress and anxiety we needed a precise plan to introduce this new experience over a number of visits.

I found out he liked stationery, so we made

arrangements for him to deliver a letter to me at the hospital, before having a breakfast out, as a treat.

There was a formalised admission plan in place, but we communicated directly with the patient using pictures to show him the plan for the day where he could see himself delivering the letter and eating breakfast at the café.

I made posters of his favourite TV programmes and positioned them at eye level for him to follow. We also minimised other distractions, like loud noises or groups of people gathering.

Slowly he became more comfortable with what he was doing, so we added a blood pressure cuff being placed on his arm to his



Reasonable adjustments can be made for all patients

social story. Soon he was putting his arm out when he saw me and was happy to give me permission to put the cuff on. To make sure he felt as comfortable as possible I put his favourite film on or played music he liked in the background. He did, however, often remind me he was going for breakfast straight afterwards, which was my cue to hurry up.

Calm environment

As the day of the operation approached, we updated his social story booklet with information about what would happen on that day. The slow approach we had taken worked well so by the time he reached the day of his surgery, his routine wasn't really altered – although he did have to wait until after his surgery to get his breakfast.

We chose the operating theatre that was the easiest to access and that had a big screen TV where his favourite TV programme was being shown when he arrived. Theatre staff remained out of sight and sensory lights were used so the environment he came into was very calm.

The procedure took 20 minutes and when it was completed, we put his comfort blanket over him and put his favourite shoes on. When he initially woke up, he

saw me, glanced at his shoes and went back to sleep. He left an hour later but asked to return the next day to say thank you, which was very moving.

This approach has now been adopted in his care home for visits to the GP and dentist. I've also seen photographs of him taking part in painting activities with friends since – this is something he wouldn't have done without the surgery.

It doesn't matter what band you are or what role you do, we all need to remember that reasonable adjustments can be made for all patients, not just those with a physical disability or impairment.

Rea Pugh-Davies is a health care support worker at Swansea Bay University Health Board

READ MORE ONLINE
rcn.org.uk/healthcaremag

Awards success

Rea's can-do attitude and determination to alleviate her patients' anxiety was recognised at the RCNi Nurse Awards where she won the nursing support worker category.



Rebecca Greenacre, Michelle Milne, Robin Kelly and Alex Worgan were all shortlisted.

Lindsay Cardwell, Chair of the RCN Nursing Support Workers Committee, sat on the judging panel. She said: "As a group of staff, our work often goes under the radar, so I am delighted to see a light shone on the dedication shown by so many nursing support workers in their day-to-day roles. Huge congratulations to everyone who was shortlisted for the award."

Read more on the *RCN Health+Care* magazine website at rcn.org.uk/healthcaremag and find out more about Michelle's story on page 18.

Making time for teams

Senior nursing support worker Michelle Milne's initiative to boost staff morale saw her shortlisted in the nursing support worker category of the RCNi Nurse Awards 2020

Colleagues' morale was at a low ebb during a period of change at the children's hospice where she works, so Michelle came up with the idea for – and implemented – Time4Teams.

The four sessions a year bring staff together to help foster team bonding, offering staff the opportunity to do something a bit different together.

The first session was a great success. "My fitness instructor – an ex-marine – did some team building and a tug of war with us. We discovered things about each other we didn't know," says Michelle.



Coastal rowing together

"There was lots of laughter. The families from the hospice could see us and were cheering us on – it was energising and uplifting for everyone."

Time4Teams has now been rolled out to the rest of the organisation. And despite the

“

The bonds we've made have helped us navigate this tough time together

pandemic preventing physical meet-ups, they're currently exploring a virtual Time4Teams.

"Everyone has had to be flexible and adapt to things they wouldn't normally do in their role such as wearing PPE for long periods of time," Michelle adds. "But the bonds we've made through Time4Teams have helped us navigate this tough time together, as a team."



Team building with sand

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ONLINE**

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healthcare
mag



Michelle Milne

Top tips to develop resilience

Anyone can learn how to create strategies to help increase resilience and coping mechanisms

- 1** Don't spend time worrying about something over which you have no control.
- 2** Try to maintain a good work-life balance.
- 3** Look after yourself physically. Get enough rest and regular time with family and friends (although this might need to be digitally right now) to maintain good out-of-work support.
- 4** Be optimistic. Being a glass half-empty person can wear you and colleagues down.
- 5** Develop self-confidence and make sure you give yourself credit and praise when you do something well.
- 6** Be honest with yourself and others. If things are not going well, address them. Allowing problems to fester makes them worse.
- 7** Don't try to solve everything alone. Seek help and support from family and colleagues.
- 8** Develop outside interests so that not everything in your life revolves around one thing.
- 9** As a team, celebrate success, reflect on what is going well, and learn from things that don't go well.
- 10** Be kind to yourself. Some people are more resilient than others and there are times when we cope better or less well than others.

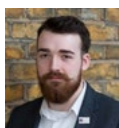
Take a look at the RCN subject guide on wellbeing, self-care and resilience at tiny.cc/subjectguideresilience

Return address
RCN Direct, Copse Walk
Cardiff Gate Business Park
Cardiff, CF23 8X

Your RCN UK Nursing Support Workers Committee

The committee reports directly to RCN Council through its dedicated Nursing Support Worker Council member and provides a platform for HCAs, HCSWs, TNAs, NAs and APs to influence RCN policy at UK and local level.

Nursing Support Worker member of Council

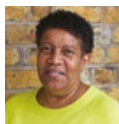


Evan Keir



To contact your rep, email
governance.support@rcn.org.uk

Country and regional representatives



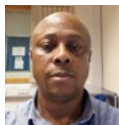
Maive Coley
East Midlands



Sagila Thiruthanikasalan
London



Kevin Morley
(Vice Chair)
Northern



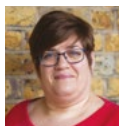
Sunday Babanumi
North West



Lorraine McLaughlan
Scotland



Annette Bailey
South East



Lindsay Cardwell
(Chair)
South West



Alison James-Herbert
Wales

Vacancies

Arrangements are being made to fill the vacant committee seats for the Eastern, Northern Ireland and West Midlands regions, as well as the Trade Union Committee member seat. Find out the latest news at rcn.org.uk/elections



Katherine Davis
Yorkshire & the Humber



Tracie Culpitt
Professional Nursing
Committee member