SAYING THANKS
PATIENTS SHOW THEIR APPRECIATION ON NURSES’ DAY P8
The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

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Did you know?

The average age of a student nurse is 29.

The RCN is encouraging members to spread the word about the need for better nursing pay by getting involved with its Nursing Counts campaign. There are lots of ideas for small things you can do at www.rcn.org.uk/nursingcounts.

Why not add a banner to your social media profile, display posters at your local library or give postcards out at your next team meeting?

Nurses across the North East and Cumbria have taken their campaign to the local press. In an open letter to editors, they call on the public to back them in their fight for fair pay. Signatory Christie Errington said: “The one per cent pay rise is an insult to our profession. We should be recognised for our talent and devotion to our job.”

Pocket diary opt-in

Don’t forget that if you would like to receive the 2017 pocket diary, you will need to opt-in.

If you’d like one, please register through MyRCN at www.rcn.org.uk/myrcn

Tick the opt-in box, which is at the bottom under “My details”. Once you’ve opted in, you won’t need to do it again and will receive one every year.

Review of 2015

Last year was a challenging one for the nursing profession, writes Chair of RCN Council Michael Brown in his summary report to members printed in this issue of RCN Bulletin. Pay disputes, attacks on trade unions and plans to scrap the bursary were all causes for concern.

How many hands do you hold?

A snapshot survey demonstrates how hard nurses work during a 40-hour week. The results show an average nurse walks 14 miles, writes 30 care plans and closes 90 curtains. In the run-up to Nurses’ Day, the poll also highlights the difference nursing staff make.

The average respondent says they have a positive impact on 59 people, offer a shoulder to cry on 20 times and hold 27 patients’ hands in the space of a week. An online calculator lets you see how you compare. Have a go and tell us your thoughts at bulletin@rcn.org.uk

Nominate outstanding Welsh nurses

Members can now nominate nursing staff for this year’s RCN in Wales Nurse of the Year Awards. The nominees must exemplify distinction in care, leadership, service and innovation. There are 17 categories. Chair of the RCN Welsh Board Gaynor Jones said: “The selfless nature of nursing staff is why these awards are so important.” Nominate at www.rcn.org.uk/wales/about/awards

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Kids nightmares may be caused by the curtains. In the run-up to Nurses’ Day, the poll also highlights the difference nursing staff make.

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RCN calls for halt to ‘risky’ student funding plans

The College is concerned about the impact of government proposals on the future education and supply of nurses.

The RCN believes the proposals are high risk and should be halted immediately, until a suitable model of funding, based on sufficient evidence, is agreed upon.

Chief Executive Janet Davies said: “The Government has not thought hard enough about the risks of these proposals. They hope to increase nurse numbers but the plans aren’t reflecting the realities of modern nurse training and could have completely the opposite effect.”

The RCN says that every extra training place needs a high quality placement to give students practical experience. However, the Government has not explained how these extra placements will be funded, or how their quality will be monitored. This risks reducing access to nursing and making workforce planning even more difficult. The Department of Health says the plans will lead to a 25 per cent increase in the financial support available to students and will provide 10,000 new training places for health professionals by the end of this parliament. But the College says no evidence has been provided to back up this claim.

Nursing students’ placements and longer term times mean they do not have the opportunity to earn extra money during their studies. A higher proportion are also mature students, and the prospect of taking on even more debt with a second degree is likely to put off many potential nurses.

“It is time to go back to the drawing board,” Janet added. “The RCN will work with the Government to identify a fair, effective and sustainable funding system for nursing education.”

The RCN will shortly be surveying all members in England with the aim of providing a solutions-focused response to the Government’s consultation by 30 June.

Book now for centenary conference

The RCN is running a special event on 22-23 November in London to celebrate the progress of nursing and its impact on care. The International Centenary Conference will consider the future of the profession and the delivery of health care in the face of global challenges.

Delegates will hear from eminent health care leaders as well as author Matt King OBE who will speak about his patient journey following a rugby injury that paralysed him.

These discounted early bird rates are available until Friday 1st July. Nursing students can apply for one of 10 funded places before the deadline of 7pm on 20 May.

A full conference programme will be available soon. Visit http://tiny.cc/centenaryconf

RCN to host EU health debate

A debate on the EU referendum in the context of nursing and health is being planned for the evening of 2 June. The event will aim to inform members’ decisions ahead of polling day on 23 June. More details will be available shortly on the RCN website.
**RCN helps shape vision for future care delivery**

The RCN is meeting executives from NHS England to discuss a vision for the future that proposes radical changes in the way services are delivered.

The *Five Year Forward View*, published in 2014, seeks to empower patients to take more control over their own care and treatment. It also sets out a future where artificial divides between health and social care, physical and mental health and general practice and hospitals are dissolved, with patients moving seamlessly between services.

The RCN supports the proposals – and some members have been involved in the NHS vanguards that grew out of the original plans – but now wants the opportunity to shape greater nursing participation.

Chief Executive Janet Davies said: “This event provides a unique opportunity to bring together executive leads from both organisations to drive change and provide nursing solutions to support the delivery of the *Five Year Forward View*.”

Executive nurses from across England and other College leaders will join Simon Stevens, Chief Executive of NHS England, and Chief Nursing Officer Jane Cummings to discuss the new models of care and ensure nursing leaders are engaged in taking this work forward.

The role of nursing staff in delivering public health aspects of the *Five Year Forward View* will also be discussed, as well as the future workforce required to deliver safe and effective care.

Janet added: “The discussion will be focused on how we can practically deliver the vision set out in the *Five Year Forward View* and the unique role nurses have in bringing about better care for patients”.

**Revalidation help for agency nurses**

Advice for agency nurses on how to prepare for NMC revalidation is now available on the RCN website.

Members can also read an in-depth case study from the clinical director of a nursing agency, which includes his experience of being part of last year’s revalidation pilot.

Find out more about the *Five Year Forward View* at [http://tiny.cc/9p91ay](http://tiny.cc/9p91ay)

**Belated 90th birthday wishes to RCN patron**

On her visit to the College in 1945, Princess Elizabeth opened the RCN library and met members who were on parade in their uniforms. Elizabeth would become the RCN’s patron in 1953, after the death of Queen Mary. Happy 90th birthday Your Majesty, from the Royal College of Nursing.
A night at the museum
The RCN is calling on members and the wider public to vote for the RCN Library and Heritage Centre to host a special event with British artist Peter Liversidge.

The centre is one of four venues competing for the chance to stage the event on 29 October during the Museums at Night festival – the UK’s annual after-hours festival of arts, culture and heritage.

Peter will create an installation at the winning venue. If successful, this will be an important part of the RCN’s centenary celebrations.

Voting is open until 9pm on Saturday 14 May. Visit http://bit.ly/connectpeter

New deal supports primary care staff
The RCN has demonstrated its commitment to expanding support for members in the independent sector by signing a partnership agreement with a national primary care provider.

The deal with OneMedicalGroup, which provides GP, urgent care and minor injury services, is the first of its kind. It aims to provide professional development support to nursing staff. RCN Employment Relations Adviser Clare Jacobs said: “We’re delighted to have entered into this agreement. It’s an opportunity to be a trail blazer as to what can be achieved with this kind of provider.”

Vote now for your favourite image of nursing

Help decide which picture best represents the profession
The shortlist for the RCN’s centenary photography competition has been revealed and voting has opened for the People’s Choice Award.

The overall competition winners have been selected by a panel of judges and will be announced, along with the People’s Choice Award winner, at RCN Congress in June. All 50 shortlisted images will then form a touring exhibition.

Member judge Vianne Britten said: “The shortlisted photographs show the amount of care, compassion and dedication needed to provide good nursing care. This competition has provided a great outlet for nurses to celebrate the exemplary care they give and their dedication to the profession.”

The Care on Camera competition was launched in November in partnership with the Royal Photographic Society. It was open to all levels of photographer.

The People’s Choice Award vote closes at 5pm on 31 May. Visit www.rcn100photo.org.uk

WHAT I’M THINKING

Janet Youd
Chair of the RCN Emergency Care Association

Patients facing emergencies deserve emergency nurses. We have the knowledge and skills to make rapid decisions about immediate and longer-term care requirements. Getting this initial assessment right can mean the difference between life and death.

Emergency nurses also have the ability to complete a whole-person assessment, not just provide care for the medical emergency of the day. We will identify safeguarding concerns around young people vulnerable to abuse. We will identify the businessman with chest pain who is suffering mental health issues. We will support the recently bereaved and help them navigate the bureaucracy of death.

We have the ability and resilience to do this day after day, despite mounting health system pressures and dwindling resources.

But at a time when their skills and experience are needed most, emergency nurses are leaving. They are taking early retirement to restore some work-life balance before their mental health is destroyed, moving to areas where the workload is predictable, less stressful and demands fewer weekends away from family.

We must urgently establish a workforce strategy to include the recruitment, development and retention of our most valuable commodity in emergency care: emergency nurses.

www.rcn.org.uk/forums
What you’ve been saying

Equal recognition

Could you explain why St George’s Day and St David’s Day were omitted from the 2016 RCN pocket diary, given that it includes both St Andrew’s Day and St Patrick’s Day? I understand that England and Wales do not have their days as official bank holidays at present, but that should be an irrelevant factor in deciding what you print. In the interests of fairness and parity, all four nations should have received equal recognition.

Jenny K Orr, by phone

Making the right choice

The front cover of your April issue (RCN Bulletin 338, “A positive choice”) was misleading for every learning disability nursing student who attended the Positive Choices conference in Nottingham last month. I want to register my dismay on their behalf. We have spent 12 hard years getting the concept of a positive choice being associated with learning disability nursing.

Helen Laverty, by email

I’VE BEEN READING...

Nursing Rituals, Research and Rational Actions, by Mike Walsh and Pauline Ford, is an entertaining and informative read. I owe the book a lot as it helped me pass my final exams.

It made nursing research interesting and accessible to someone for whom that didn’t always come easily.

I’d highly recommend it to anyone facing exams or interested in learning more about nursing research.

Sarah Dodsworth, RCN Operational Manager

3 THINGS I BELIEVE

1. I believe everyone deserves to be treated with respect regardless of background, circumstances or beliefs.
2. I believe that being kind and displaying kindness to others is very little to ask.
3. No-one should tolerate ill treatment – be it verbal abuse, physical abuse, neglect or bullying.

Jackie Davies, Ward Manager

Got something to say?
The RCN Bulletin team is always looking for members to contribute to the opinion pages. If you’re keen to share your views, email bulletin@rcn.org.uk
MESSAGE TO
MEMBERS

RCN President Cecilia Anim has a special message for nursing staff this Nurses’ Day

In the busy life of a nurse, midwife or health care assistant, we do not have time to pause and reflect on the difference we make. It’s for this reason that Nurses’ Day is so important.

On 12 May celebrations will take place around the world which recognise and value the work we do.

So I urge you all to think about the way you support your patients. And I urge you to think about the way you support friends and colleagues in the nursing team, often in very challenging circumstances.

Thank you for all that you do

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Thank you for all that you do. Nurses’ Day is a time of celebration, and no one deserves to celebrate more than you. Please let your colleagues know how valued they are by saying thank you at www.rcn.org.uk/nursesday or tweet your message to #thankanurse. Thank you again, and have a very happy Nurses’ Day.

HOT TOPIC

Are trusts right to breach the agency spending cap?

“If wards need to be staffed then it seems trusts have no option but to continue breaching this cap to ensure safety,” says a staff nurse who wishes to remain anonymous. “As nurses, all we want to do is care for our patients. It becomes so disheartening when staffing levels mean that you can’t dedicate enough time to helping people get better. The Government must see this as a sign that we need more investment in nursing to give patients the best care we can.”

Christine echoes this sentiment on Twitter. She says the cap should be breached because “patients come first. Always.” Will says that trusts should be asked why they can’t fill permanent positions.

And Wendy adds that she can see no option for trusts who are struggling to recruit enough staff. “What’s the alternative if they don’t?” she stresses.

Melanie says there’s a lack of knowledge about the cap among the workforce. “It’s hard to comment without understanding how the cap works,” she says. “It’s about safe staffing so if the shift needs covering then capping is exceptionally unhelpful.”

Agency nurse Charlotte has a different perspective. She says the whole issue of how much agency staff cost the NHS does prick her conscience but “recruitment processes within hospital trust nurse banks are slow and chunky”. It can take weeks or even months to enrol, she says. “Trusts can’t manage the corporate efficiency of agencies. There’s too much bloated bureaucracy.”

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Shares your thoughts on nursing issues.
Email bulletin@rcn.org.uk

Janet Davies
RCN Chief Executive

Three recent government announcements will have a profound effect on nursing for years to come. First, the chancellor announced the removal of student nurse funding in England. Then the health minister unveiled plans to create a new nursing associate role. Now, we’re awaiting details on the introduction of new apprenticeship models leading to registration.

What the Government is suggesting harks back to how nursing education was delivered in the past rather than acknowledging that modern nursing is complex and requires high levels of skills and knowledge, as well as compassion and caring. A university education, with its emphasis on questioning as well as learning, is the best way to develop critical thinking skills.

Plans for the associate role could be a step forward – but only if they offer opportunities for better training, regulation and career progression. The evidence shows nursing support roles cannot safely replace graduate, registered nurses.

Questions remain about the proposals for apprenticeships. It’s still unclear how apprentices will gain experience and skills across a wide range of settings.

The Government and nurse leaders must consider the implications of these plans. Reversing the great changes the nursing profession has made over recent decades is not the way to secure its future.
Every year on 12 May, the anniversary of Florence Nightingale's birth, Nurses' Day is celebrated around the world in recognition of the incredible work nursing staff do day-in and day-out, caring for patients and their families.

This year, to mark the occasion, the RCN is encouraging members of the public to say thank you to those who have gone the extra mile.

In John's case, this meant caring for his daughter during the kind of ordeal every family dreads. Two years ago, his daughter Emma was rushed to Scarborough Hospital in the early hours of the morning with breathing difficulties. She was 25 weeks pregnant.

By the time she got to hospital, Emma's condition was deteriorating rapidly and she was transferred to the intensive care unit (ICU), where she was placed into an induced coma. "Seeing our little girl lying lifeless, with tubes in her neck, arms and hands was heartbreaking – like a scene from a horror film," recalls John.

After four days with no improvement, during which Emma’s partner Scott kept vigil at her bedside, the family were called into the doctor’s office. They were told the medical staff had done all they could for Emma without seriously compromising her baby’s health. She was diagnosed with pneumonia, acute respiratory distress syndrome and sepsis, and there was no choice but to proceed with treatment that could harm her unborn child.

"I cannot begin to describe how this felt," says John. "More drugs..."

We were supported by the most warm, vigilant and understanding nursing staff.

The agony made it impossible for any of us to lead a normal life.

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"The agony made it impossible for any of us to lead a normal life."
followed. Different drugs. More drips, different drips. The agony made it impossible for any of us to lead a normal life. We were on edge every time the phone rang.”

After nine days there was some good news. Emma could breathe for herself and be brought out of her coma.

But it wasn’t so straightforward. Hospital staff made several failed attempts to remove Emma’s breathing tube – each time she fought against the procedure, becoming very distressed. She was put into a coma again.

Finally, after 10 days, the tube was removed and Emma was breathing for herself. The other tubes, pipes and wires soon followed and eventually she was transferred to an ordinary ward.

**Care to remember**

John is eternally grateful to the staff who helped his daughter and her family through this traumatic experience.

“One of my first memories after waking up was very confused and had trouble with her memory. I spoke to her, and encouraged her family to speak to her, to tell her stories. That made her more alert and helped bring her memory back.”

“From the start the family were very thankful. I treated them as if I would my own family and in return they did the same to me.”

Emma herself doesn’t remember too much about her time in the ICU, but certain things stand out.

“One of my first memories after waking up is one of the nurses taking me out in a wheelchair for some fresh air,” she says.

“They just treated me like a normal person and made me feel human – I remember Richelle used to do my hair. When I was still in a coma they used to talk to me like I was awake, or put the radio or TV on. They talked to me like a friend, not a patient.”

Emma’s story has a happy ending as 10 weeks after she was discharged from hospital, on 13 October 2014, she give birth to her daughter Ellie.

“She’s petite, bright as a button, and an extremely happy little soul, who shows no adverse effects of the massive trauma her mother went through,” says John.

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“No amount of words can sum up the thanks we have for the doctors and nurses at Scarborough ICU. Staff would regularly work beyond their 12-hour shifts, often missing tea and meal breaks to give Emma the very best care. They never moaned and were always bright and cheerful. We felt like nothing was ever too much trouble.

“They completely saved my life,” adds Emma. “They did so much for us as a family, it’s nice to be able to show a bit of appreciation.”

How you can celebrate

As well as being an opportunity for the general public to show their gratitude, Nurses’ Day also provides nursing staff with the chance to thank one another.

So why not celebrate in your workplace, and let colleagues know how valued they are?

Visit www.rcn.org.uk/nursesday to submit your thank you message, or tweet it to #thankanut.

Free posters and leaflets are also available online, to help make your celebrations extra special.
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*10% of new RCN customers paid £194 or less between 01/12/2015 to 29/02/2016. †10% of new RCN customers paid £99 or less for buildings and contents between 01/12/2015 to 29/02/2016.

The Royal College of Nursing acts as an Introducer Appointed Representative to the Liverpool Victoria group of companies for General Insurance. 5926-2016
Tackling discrimination

A groundbreaking RCN project to ensure fairness in disciplinary cases could be rolled out across England. Susan Embley reports

The cultural ambassador programme started out as a pilot project in the West Midlands. It was set up in response to UK-wide evidence, alongside anecdotal concerns, that black and minority ethnic (BME) staff in the NHS are over-represented in formal disciplinary and investigation processes.

“We looked at cases the RCN had dealt with in the East and West Midlands over the course of three months,” says Regional Officer and Project Lead Jane Paterson.

“The results were shocking. Forty per cent of cases involving BME nurses related to disciplinary action compared to 20 per cent for white staff. When we dug a little deeper we found that while almost half of members in the West Midlands are from a BME background, a high percentage lacked confidence in the RCN. It gave us a clear steer of what to do.”

The year-long cultural ambassador project was up and running by October 2014. It aimed to ensure fairness in how BME staff are treated in investigations and disciplinaries and build trust in the effectiveness of these processes.

Three local trusts agreed to take part and 26 volunteers from BME backgrounds at bands 7 and 8 were recruited to become cultural ambassadors. Their role was to challenge any discrimination, cultural bias or unfairness they saw during disciplinary and grievance proceedings. They were trained in the Equalities Act and were equipped with the knowledge and remit to identify and contest prejudice.

Making a difference

Ward manager Jenny Johnson agreed to become one of the ambassadors. “I think it’s made a difference to those nurses being investigated as they have the assurance that someone is there to ensure fairness,” she says. “It has made me more aware of my own bias and now I can confidently challenge any issues of discrimination.”

Due to the success of the programme, Jenny’s employer, Birmingham and Solihull Mental Health NHS Foundation Trust, is continuing with the scheme.

Nina Kilaire also became a volunteer at the trust. She says: “There has been a definite cultural shift within our organisation. The presence of an ambassador has influenced the questions being asked during investigations and panels, eliminating cultural bias. We need to be brave to fulfil the role as it is challenging. But I feel empowered knowing that I am supporting my BME colleagues while playing a vitally important role promoting equality across the trust and wider NHS.”

So what next for the programme? It could be rolled out across England with all nine RCN regions working with an NHS trust in their area.

Regional Director Paul Vaughan says: “It’s great that a small pioneering project in the West Midlands might expand to benefit more members. The RCN will not tolerate discrimination in any form. This work puts that notion into action and goes some way to ensuring that, for BME nursing staff in particular, members are given the support they deserve to be treated fairly.”

There’s been a definite cultural shift
Why come to Congress?

Every year thousands of members come to RCN Congress, the biggest and most influential event in the nursing calendar. Here are six reasons why it is the must attend event for nursing staff.

It provides unrivalled learning opportunities

With revalidation going live this year, there’s more pressure than ever for nurses to demonstrate their commitment to continuing professional development (CPD).

Congress plays host to almost 100 learning events in addition to the debating schedule. Each has the potential to contribute to the 35 hours of CPD required for revalidation on which you could also write a reflective account. There will be ample opportunity to talk about your learning with fellow registrants, helping meet the requirement to have a discussion on each of the five necessary written reflections.

Clinical nurse specialist Hannah Yarrow will be attending Congress for the first time this year. She says: “I think that as nurses, we often put our heads down and get on with the job, but it’s really important to take time out to consider the bigger picture and reflect on your practice. There’s a lot of discussion about our future as a profession at the moment, so it’s an important time to be going.”

The debates, seminars and workshops aren’t just tailored to registered nurses. There’s a huge number of learning events relevant to health care assistants (HCAs) and a special interactive student programme on the Sunday and Monday of Congress.

The full events programme is now live at www.rcn.org.uk/congress. Highlights include a discussion about the challenges and opportunities of proposed changes to nurse education, a seminar looking at the benefit and value of facility time in the NHS and a talk on the RCN’s founding members.

The exhibition, a key part of Congress, also showcases the latest innovations, health care products and research, with exhibitors ranging from universities to pharmaceutical companies.

It’s free

Congress is free to attend and whether you can come along for just a couple of hours or stay for four days, all are welcome.

While some people are happy to use their annual leave for the event, the RCN encourages workplaces to allow staff to take study leave or swap their working days, coming to Congress on days off.

There are lots of good reasons for employers to allow staff to come. Members often return to the workplace re-energised and bursting with ideas of how to improve practice that can be shared with other staff.

If finance for travel and accommodation is an issue, RCN branches have limited local funding to help out. RCN forums may also be able to assist.
It can renew your passion for the profession

Ask any repeat visitor why they keep returning to Congress and among their top answers will be how inspiring and energising it is. It’s not just the debates and events that make people tick, it’s the power of thousands of nursing staff coming together to show their strength of feeling on issues that matter.

Networking can be hugely beneficial too. By exchanging ideas and best practice with people you may never otherwise have met you can expand your professional knowledge and help make improvements to patient care.

It determines RCN priorities for the following year

The outcome of debates at Congress provide a clear steer on what work members want the RCN to focus on. At the event last year in Bournemouth, more than 98 per cent of voting members said the organisation should lobby UK governments to prepare health services for the effects of long-term climate change.

Since then the RCN has become a founding member of the UK Health Alliance on Climate Change, which brings together health institutions to pile collective pressure on the Government to prepare appropriately. The College has also hosted its first ever sustainability event and is considering launching a special network for members.

This year, debates sure to stimulate heated discussion cover the legalisation of drugs, the decriminalisation of abortion in Northern Ireland, the detrimental effects of bullying allegations and implications for nursing of remaining in the European Union. See the full list of debates at [http://tinyurl.com/jzwfrby](http://tinyurl.com/jzwfrby)

Don’t forget you can submit emergency agenda items up to and including the week of Congress. Find out more at [http://tinyurl.com/z54e4gw](http://tinyurl.com/z54e4gw)

It raises the profile of the profession

Every year health journalists head to Congress to get up to speed on the big issues affecting nursing. The event boosts the profile of the profession and media coverage helps alert the public to key issues posing a threat to patient care.

Last year the RCN’s story about the impact of new immigration rules dominated the news agenda with wall-to-wall coverage on the first day of the event. The story was so big that the prime minister had to respond to a question about it at his own press conference. It’s what kick-started conversations about nursing going on and remaining on the Government’s list of shortage occupations.

It's a special year to attend

This Congress, in the RCN’s centenary year, will be truly historic and you have a chance to be part of the action. With a range of celebratory events taking place, there's something for everyone.

Perhaps you’d like to try on uniforms from days gone by? Or participate in the “RCN at 100” debate on building an organisation fit for the next century?

Historical text books, the College’s new marching banner and the winner of the Care on Camera centenary photography competition will all be there, so make sure you are too. Visit [http://tinyurl.com/zfnarfh](http://tinyurl.com/zfnarfh)

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Networking can be hugely beneficial too. By exchanging ideas and best practice with people you may never otherwise have met you can expand your professional knowledge and help make improvements to patient care.

It can open doors as well. “I met staff members who work with stroke patients, my area of interest,” adds Laura. “They’ve since invited me to do a placement. Without being at Congress, this simply wouldn’t have happened.”

In addition, prominent speakers can motivate and enthuse members. Previous years have seen key political figures address the Congress floor and Janet Davies will make her debut speech as RCN Chief Executive at the event this year.

Make sure you don’t miss what happens by watching the live streaming or catching up after the event at [www.rcn.org.uk/congress](http://www.rcn.org.uk/congress)
Forum event helps support those caring for refugees

Workshop explores health challenges of mass migration

With hundreds of thousands of people fleeing war and instability in their home countries, health care workers in the UK are increasingly likely to care for refugees and asylum seekers. The RCN Defence Nursing Forum recently hosted a workshop highlighting some of the challenges this presents.

Susan Munroe, CEO of Freedom from Torture, spoke about the health consequences of torture and the role nurses can play in supporting survivors. An estimated 10-30 per cent of asylum seekers are likely to have been tortured.

As well as the barriers which can prevent survivors from disclosing what’s happened to them, which include fear and shame, Susan said nursing staff needed to be aware of how they might unconsciously avoid identifying signs of torture.

“Fear of retraumatising someone, worrying about being able to handle the details, or even disbelief might be an unintentional hindrance to nursing staff asking questions,” she said.

“But not identifying torture can lead to things like psychosis, post-traumatic stress disorder and social isolation. Early intervention can help prevent that and ensure survivors receive the appropriate care.”

Kiwi lessons key to vaccine uptake in health workers

RCN Public Health Forum member Nicola Meredith has been awarded funding to visit New Zealand to find out why their influenza vaccine campaign for nursing staff is so successful.

Uptake of the vaccine among health care staff in New Zealand is over 60 per cent compared to only 44 per cent in Wales, which remains below the Welsh Government target of 50 per cent.

Nicola will spend four weeks in the country researching and gathering information from a range of health boards thanks to a travelling fellowship from the Winston Churchill Memorial Trust.

She said: “This is an excellent learning opportunity to bring back innovative ideas and strategies to help strengthen the health care staff flu campaign in Wales. I want to find out what they do differently and learn from them to positively influence uptake in Wales to better protect staff and patients.”

The flu vaccination is recommended every year for health care workers with direct patient contact to protect them and the people they care for who may be particularly susceptible to the complications of the virus.

Evidence has shown that reducing flu circulating in closed communities such as hospitals and care homes can help reduce the health impact on these vulnerable groups, as well as winter pressures on health services.

Churchill Travelling Fellowships can be applied for by anybody living in the UK to fund research into an innovative idea from abroad.

Visit www.wcmt.org.uk
Highlighting the work of the RCN’s specialist forums and networks

Improving the mental health of people in prison settings

Members of the RCN Nursing in Criminal Justice Services Forum are helping to improve the mental health of hundreds of people in prison settings in Kent, through an innovative nurse-led initiative.

More than 350 people on remand now use the Bradley Resource Centre at HMP Elmley, which officially opened in February and provides psychosocial and art-based workshops.

RCN member Naomi Price, who manages the prison’s mental health team, said: “The interventions have been extremely successful in engaging users and improving retention rates. Workshops include paranoia, understanding personality and positive urban design.”

Find out more about the RCN Nursing in Criminal Justice Services Forum at www.rcn.org.uk/forums

Updated FGM guidance

The RCN is calling on employers to ensure health care staff have comprehensive training and support to help tackle female genital mutilation (FGM). In updated guidance, the College calls for better information sharing across health and social care services, and for health care staff to continue raising awareness of the issue.

Carmel Bagness, RCN Professional Lead for Midwifery and Women’s Health, said: “The legal and professional responsibilities of nurses and midwives have changed, and our latest guidance will bring health care staff up to date, making it clear what they can do to protect their patients.”

Search for FGM at www.rcn.org.uk/publications

Forum Facebook groups

Over the last few months, the RCN’s Children and Young People forums have been using a Facebook group to keep in touch and share professional information.

Feedback from members has been overwhelmingly positive, with most saying it has improved how they communicate with each other about professional issues and forum activity. The RCN is encouraging other forums to start their own Facebook groups.

Forum chairs can request a group by contacting rachel.purkett@rcn.org.uk

Tampon tax scrapped following petition

The Government has announced it will scrap the so-called tampon tax, the five per cent VAT charged on women’s sanitary products.

A petition on change.org calling for an end to the tax gathered more than 320,000 signatures, prompting EU leaders to agree to allow VAT to be removed from sanitary items previously classed as “luxuries”.

RCN Women’s Health Forum committee member Jennie Deeks said: “It’s certainly a step in the right direction.”

RCN member Naomi Price, who manages the prison’s mental health team, said: “The interventions have been extremely successful in engaging users and improving retention rates. Workshops include paranoia, understanding personality and positive urban design.”

Find out more about the RCN Nursing in Criminal Justice Services Forum at www.rcn.org.uk/forums

Suzanne Watts
CYP Staying Healthy Forum

Alongside other health professionals and campaigners I applauded the announcement of the sugar tax on fizzy drinks to tackle the increasing problem of childhood obesity. In the UK almost a third of children aged two to 15 are reported to be overweight or obese.

Many of these children will grow up to be obese adults and at an increased risk of developing obesity-related conditions. Nurses, midwives and health visitors are confronted on a daily basis by the health consequences of obesity across all ages. The cost to the NHS is currently estimated to be £5.1 billion a year and is projected to continue to rise.

Although welcomed by many, including the RCN, the sugar tax is not without unintended consequences. There are concerns it may place an additional financial burden on parents, as well as adults with type 1 diabetes. Others say that without a levy on other high sugar food, consumers will just switch to alternative sweet products.

As we know, obesity is not just the result of consuming too many fizzy drinks. There are a number of behavioural and societal factors that contribute to the problem. It’s important for health professionals to campaign for government action to tackle inequalities, and to continue to support and educate people to make healthy lifestyle choices.
A series of six workshops will be held in the autumn on caring for people at the end of their lives.

The events will look at building resilience, signpost to available support, and provide tips on how to initiate difficult conversations. Spirituality and its significance for health professionals will also be explored, as will the Mental Capacity Act.

“Evidence shows that nursing staff don’t feel able to deliver the care they would like for people who are dying,” says Amanda Cheesley, RCN Professional Lead for Long-Term Conditions and End of Life Care.

“By attending this event you will have the opportunity to learn from your peers, share examples of best practice and reflect on what you can do to better support patients and their families.”

The workshops will address ways of initiating conversations about end of life planning that could be useful in all areas of nursing.

They will also provide information on the importance of nursing staff looking after themselves.

For more information visit http://tinyurl.com/hqb07hn

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**Workshop series**

**Let’s talk about end of life care**

**September – December**

Locations across the UK

Joint RCN and NCPC events

A series of six workshops will be held in the autumn on caring for people at the end of their lives.

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**Critical care nursing**

Hosted by the RCN Critical Care and In-Flight Nursing Forum, this workshop is essential for all nurses, health care professionals and students working in the field of critical care.

The day will include a keynote presentation, interactive talks and panel discussions that will explore recent advances and innovations in research in critical care. Implications for patient care and professional practice will be considered as well as a review of updates in the effective management of sepsis patients, including a discussion about infection prevention.

The workshop will also cover:

• critical care in developing countries: a review of the nursing speciality in Zambia
• a student nurse perspective: how do we prepare the critical care nurse of the future?
• a patient perspective: dealing with necrotising fasciitis
• organ donation.

Visit http://tinyurl.com/h2n5rb8 to find out more.

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**Centenary seminar**

**Celebrating excellence**

**6 July**

The County Hotel
Newcastle NE1 5DF

The RCN is 100 this year and to mark the occasion the RCN Northern and Yorkshire and the Humber regions are teaming up to put on a conference which celebrates nursing excellence and innovation. Members are invited to come along to listen to inspiring speakers and renew their enthusiasm for the profession.

Book your free place online or call 02920 546460 and quote event number 2067.

Visit http://tiny.cc/celebrateexcellence

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**Forum event**

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Visit http://tinyurl.com/h2n5rb8 to find out more.
SUMMARY OF ACCOUNTS

Summary report of Council

Michael Brown, Chair of RCN Council, provides an overview of the College’s key achievements and challenges over the course of 2015.

Last year was another difficult 12 months for us, with no end to the testing times we all face in the current political, economic and social environment we are working in. However, we have had some notable successes.

Our membership reached record levels and RCN representatives and staff are working incredibly hard to protect our pay, terms and conditions. RCN Direct received 85,938 contacts or enquiries and our legal team secured just over £6m in employment tribunal and personal injury compensation for members. 3,913 counselling sessions were provided and we helped members manage over £2.8m of debt.

Last December, Council took the unprecedented step of supporting a request from the Northern Ireland Board to ballot members working in the NHS for industrial action. This has led to a real victory for our members in Northern Ireland with the RCN securing a commitment to a fair and sustainable way forward for nurses’ pay.

RCN Wales has also been able to celebrate the Assembly supporting a legal requirement for health boards to ensure there are an adequate number of registered nurses on a ward to safeguard patient care.

Resolute action to resist a threat by independent provider BMI Healthcare to make a unilateral change to members’ pay, terms and conditions resulted in revised proposals and an acceptable outcome. In November we achieved a reversal of the Government position to allow non-EU nurses to remain in the UK and enable hospitals to continue to recruit from abroad.

We commissioned independent research in response to the Trade Union Bill consultation, which revealed that staff turnover in organisations without union representatives is three times higher than in those with union representatives and this equated to an annual saving in the NHS of at least £100 million.

During the past two years I have worked hard to be as accessible as possible to members and to ensure that all the decisions Council has taken have been informed by your views. 10,000 of you informed our response to the consultation on revalidation and enabled us to achieve important changes to the new process.

More than 10,000 of you also participated in the review of Council. Its findings will be presented to you later this year but, in summary, you told us our priorities must be: to improve the standing and reputation of our profession and do more to protect the status of nursing and education standards; to strengthen both our trade union and royal college roles; to be less focused on NHS/hospital settings and generic nursing and give more profile to private sector/community nursing and specialist nursing roles; and to give more emphasis to equality and inclusion. All these will be central to our strategy over the coming 12 months.

We will also be continuing to press the Government to rethink its proposals in England to scrap the student bursary and make trainee nurses pay tuition fees; as well as making sure that the proposal for a new nursing associate role to bridge the gap between health care assistants and graduate registered nurses does not get used as a substitute for graduate registered nurses.

In July we said goodbye to Dr Peter Carter as our Chief Executive & General Secretary and I would like to take this opportunity to thank him for the enormous contribution he made to the RCN and the nursing profession during his eight years in the role. Janet Davies FRCN was appointed as our new Chief Executive & General Secretary and I know that you will all want to join me in welcoming her to the post.

I also want to say a sincere thank you to the Council members who left us at the end of December. Many of them have given years of very significant service as Council members and as Board and Committee Chairs as well as accredited reps: Kevin Bell, Brendan Garry, Rachel Greaves, David Harding-Price, Joanne Kerr, Andrew Nelson, Ian Norris, Margaret North, Andy Patrick, Christine Thomas, Mike Travis, Roy Tomlinson, Peter Walsh and Anne Wells.

We have responded robustly to the many difficulties 2015 presented and I hope you can see the enormous amount of work we are doing on your behalf. Looking ahead to 2016, my personal priority continues to be member engagement. Our new website, our work on social media and the member access project are all making it possible for us to talk to each other. It is so important that you, our members, drive our decisions and lead our campaigns.

As a Council we are determined to defend our profession and strengthen the public respect for the amazing work you do. I look forward to continuing to work with you over the coming year. As part of our centenary celebrations we are holding 100 events across the UK and I hope you can take part in celebrating our remarkable journey as a profession over the past 100 years.
These summarised financial statements are prepared for distribution to the full membership. As they are a summary only, members seeking a full understanding of the financial affairs of the organisation can refer to the full accounts including the Auditors’ Report and the Report of Council, copies of which are available from the Chief Executive & General Secretary, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN or from the RCN website at www.rcn.org.uk.

The accounts are presented under the format required by FRS 102 and the Trade Union and Labour Relations (Consolidation) Act 1992. The group results report the combined results of the RCN UK, its trading subsidiary RCN Publishing Limited (trading as RCNi) and the RCN Foundation, consolidated on a line-by-line basis. RCN Holdco Ltd was created in 2015 and has entered into a Limited Liability Partnership (RCN Law LLP) and has been dormant to date.

The summarised accounts include a consolidated statement of comprehensive income, statement of changes in equity and the statement of financial position.

The consolidated statement of comprehensive income shows that the RCN’s Group total income in the year to 31 December 2015 was £89,377,000. This compares to £87,831,000 in the previous 12 months ending 31 December 2014. Total expenditure was £80,523,000 in the year to 31 December 2015 compared to £82,104,000 in the 12 months to 31 December 2014.

Membership income was £71,818,000 in the year to 31 December 2015 compared to £70,360,000 in the 12 months to 31 December 2014, in line with increased membership numbers.

The defined benefit pension scheme liability at 31 December 2015 was £40.4m (31 December 2014: £54.5m). Council continue to be committed to reducing the deficit and approved the latest actuarial valuation of the defined benefit scheme, based on the position at 30 September 2013, in November 2014. Because of that valuation, RCN Council agreed a revised deficit recovery plan with the scheme’s trustees, The Pensions Trust; this included a one-off lump sum payment of £15m. £10.1m of this was paid in December 2014. The amounts held in the Pension Escrow fund (£4.9m) were paid over in March 2015.

In the period to 31 December 2015 the investment portfolio generated gross investment income of £1.2m (31 December 2014: £0.6m), net realised gains of £1m (31 December 2014: £23k) and unrealised losses in the market value of the investments of £0.5m during the year. Investments stand at £53.5m at 31 December 2015.

The RCN Foundation Investments reported investment income of £1m and net gains of £4m with unrealised losses of £0.7m (31 December 2014: investment income of £0.9m; net gains of £0.9m and unrealised losses of £0.8m). In the year ended 31 December 2015 the RCN Foundation reported a negative net movement of funds of £0.1m (31 December 2014: £1m surplus).

**Risk management**

Council has a formal risk management process assessing the risks to which the RCN is exposed. This has involved identification of the types of risk the RCN faces, prioritising them in terms of potential impact and the likelihood of occurrence and identifying means of mitigating those risks.

**Council members’ responsibilities**

In approving the full financial statements, Council are confirming they are satisfied they give a true and fair view of the state of affairs of the group and the surplus in the period.

Council are responsible for keeping adequate accounting records, for safeguarding the assets of the group and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

So far as each Council member is aware, there is no relevant audit information of which the organisation’s auditors are unaware.

The full financial statements, from which these summarised financial statements are derived and on which the auditors gave an unqualified opinion, were approved by Council on 27 April 2016.

Michael Brown
Chair of RCN Council
# Summary of Accounts

## Summary financial statements and graphs for the RCN Group

### Summary consolidated statement of comprehensive income for the year ended 31 December 2015 (£’000)

<table>
<thead>
<tr>
<th></th>
<th>31 December 2015</th>
<th>31 December 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total income</td>
<td>89,377</td>
<td>87,831</td>
</tr>
<tr>
<td>Total costs</td>
<td>80,523</td>
<td>82,104</td>
</tr>
<tr>
<td>Operating surplus</td>
<td>8,854</td>
<td>5,727</td>
</tr>
<tr>
<td>Investment income</td>
<td>2,171</td>
<td>1,531</td>
</tr>
<tr>
<td>Net realised investment gains</td>
<td>1,621</td>
<td>(31)</td>
</tr>
<tr>
<td>Other income/expense</td>
<td>206</td>
<td>–</td>
</tr>
<tr>
<td>Taxation</td>
<td>(59)</td>
<td>(143)</td>
</tr>
<tr>
<td>Surplus on ordinary activity after taxation and surplus for the financial period</td>
<td>12,793</td>
<td>7,104</td>
</tr>
<tr>
<td>Actuarial gains/(losses) on defined benefit scheme</td>
<td>8,598</td>
<td>(14,192)</td>
</tr>
<tr>
<td>Revaluation reserve adjustment</td>
<td>(64)</td>
<td>(64)</td>
</tr>
<tr>
<td>Net unrealised gains/(losses) on fixed asset investments</td>
<td>(1,273)</td>
<td>3,710</td>
</tr>
<tr>
<td>Total comprehensive income for the period</td>
<td>20,054</td>
<td>(3,442)</td>
</tr>
</tbody>
</table>

### Reconciliation of changes in equity for the year ended 31 December 2015 (£’000s)

<table>
<thead>
<tr>
<th></th>
<th>31 December 2015</th>
<th>31 December 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus in period</td>
<td>12,793</td>
<td>7,104</td>
</tr>
<tr>
<td>Total comprehensive income</td>
<td>7,261</td>
<td>(10,546)</td>
</tr>
<tr>
<td>Net changes in funds</td>
<td>20,054</td>
<td>(3,442)</td>
</tr>
<tr>
<td>Accumulated funds at beginning period</td>
<td>45,722</td>
<td>49,164</td>
</tr>
<tr>
<td>Accumulated funds at period end</td>
<td>65,776</td>
<td>45,722</td>
</tr>
</tbody>
</table>

### Consolidated statement of financial position as at 31 December 2015 (£’000s)

<table>
<thead>
<tr>
<th></th>
<th>31 December 2015</th>
<th>31 December 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, plant and equipment</td>
<td>22,940</td>
<td>22,211</td>
</tr>
<tr>
<td>Investments</td>
<td>78,225</td>
<td>70,625</td>
</tr>
<tr>
<td>Current assets</td>
<td>22,152</td>
<td>26,005</td>
</tr>
<tr>
<td>Creditors falling due within one year</td>
<td>(10,114)</td>
<td>(9,372)</td>
</tr>
<tr>
<td>Provision</td>
<td>(7,060)</td>
<td>(9,289)</td>
</tr>
<tr>
<td>Defined benefit pension scheme liability</td>
<td>(40,367)</td>
<td>(54,458)</td>
</tr>
<tr>
<td>Total net assets</td>
<td>65,776</td>
<td>45,722</td>
</tr>
</tbody>
</table>

### Funds:
- Pension Escrow: – 4,946
- Revaluation reserve: 2,171 2,245
- Accumulated funds: 74,722 63,620

### Reserves excluding reserves for charitable purposes and pension liability

<table>
<thead>
<tr>
<th></th>
<th>31 December 2015</th>
<th>31 December 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total reserves</td>
<td>65,776</td>
<td>45,722</td>
</tr>
</tbody>
</table>

### Information breakdown of RCN Group Income sources

- Membership income: 16% (20,054)
- Trading income: 80% (12 months to 31 December 2015)
- Other income: 4% (12 months to 31 December 2014)

### Information for breakdown of expenditure by activity

- Staff costs: 20,000
- Premises and estate costs: 10,000
- Travel and accommodation: 20,000
- Other service delivery costs: 40,000

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RCN BULLETIN MAY 2016  WWW.RCN.ORG.UK/BULLETIN
SUMMARY OF ACCOUNTS

Independent auditor’s statement to the members of the Royal College of Nursing of the United Kingdom (RCN)

We have examined the summary financial statements contained within the summary of accounts for the year ended 31 December 2015 which comprise the summary consolidated statement of comprehensive income, statement of changes in equity and summary consolidated statement of financial position. The summary financial statements are not required to be produced under the Trade Union and Labour Relations (Consolidation) Act 1992 (the “Act”), and regulations under the Act, and have been voluntarily produced by the Council members.

This report is made solely to the College’s members, as a body, in accordance with the terms of our letter of engagement with the College dated 4 November 2015. Our work has been undertaken so that we might state to the College’s members those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the College and the College’s members as a body, for our audit work, for this report, for our audit report, or for the opinions we have formed.

Respective responsibilities of Council members and auditor

The Council members are responsible for preparing the summary of accounts (which includes the summary financial statements) and the supplementary material in accordance with applicable United Kingdom law.

Our responsibility is to report to you our opinion on the consistency of the summary financial statements contained within the summary of accounts with the full annual financial statements. We also read the other information contained in the summary of accounts and the supplementary material as described in the contents section, and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the College’s full annual financial statements describes the basis of our opinion on those financial statements and the report of Council.

Opinion

In our opinion, the summary financial statements contained within the summary of accounts are consistent with the full annual financial statements for the year ended 31 December 2015.

Deloitte LLP
Chartered Accountants and Statutory Auditors
London

Notes: The directors are responsible for the maintenance and integrity of the corporate and financial information included on the company’s website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.