The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Contents

- Welcome from the RCN President, Sylvia Denton OBE FRCN 03
- Transforming care – the RCN General Secretary, Beverly Malone RN PhD FAAN 04
- Represent 06
- Influence 10
- Support and protect 14
- Develop 18
- Build 24
- The RCN summary report and accounts 28
- RCN Patron and Council members 30
- Attendance list 30
- RCN Fellows and Honorary Fellows 31
Welcome to the Royal College of Nursing’s annual review and summary accounts for April 2002 to March 2003.

When I took office as RCN President in October 2002, I pledged to use the power of clinical nursing to influence health policy at the highest level and to lobby for improved pay and career development through Agenda for Change.

I have been working hard on your behalf on these vital issues since I took office.

This RCN leadership role carries the responsibility to help demonstrate accountability to members. Nurses deliver for patients every day and are expected to uphold high standards in conduct. The RCN, as the voice of UK nursing and the largest professional union in the world, must demonstrate the same accountability and professionalism in delivering services for members and negotiating the resources that are needed.

In this report you can read about the work that members and staff have been doing to deliver a better deal for nursing and for patients. The more that members know about RCN priorities and activities, the more that they are able to influence, challenge and contribute.

Nurses are leading the way in modernisation and the strategic plan is part of the process of transforming the RCN. Taking advantage of the opportunities of the twenty-first century also means staying true to our values. In all we do, we seek to be inclusive, listening, caring and respectful; that’s a powerful and ambitious commitment and one which members and staff can measure the RCN against.

As President I have had the privilege of meeting and talking with RCN members from all over the UK – from the Western Isles to the Channel Islands – about their passion for nursing and their commitment to their patients. Nurses want quality care for patients and we want to be valued for our key contribution to health care. More and more of us every day are prepared to speak out and take action – and I am delighted to be supporting that transformation.

The process of negotiating and agreeing Agenda for Change has brought home to RCN members just how important it is for all of us to be part of the debates and the decisions which will shape our future.

The next big challenge – and it is an urgent one – is getting the implementation of Agenda for Change right. The twelve chosen sites in England have already started to pilot the new system, and four in Scotland will test it also. I believe the best chance of getting it right is by having nurses at the heart of implementation. That means having more stewards and that is why we are launching a drive to recruit more RCN representatives this autumn. I’ve held a range of RCN representative roles during my nursing career and I won’t pretend that it’s easy to combine this with work and home commitments. To recruit and retain, we must demonstrate a high degree of support for the members who take on this high degree of challenge.

During the year 2002/2003 elections were held for RCN President and Deputy President. Sylvia Denton OBE FRCN was elected as President taking over from Roswyn Hakesley-Brown, and Maura Buchanan was elected as Deputy President.
The RCN has come through yet another eventful year of challenges and opportunities as an ever-stronger organisation. It was a year in which our strategic plan emerged and provided a blueprint for our future development. It sets out very clearly the ways in which we seek to deliver our mission to represent nurses and nursing, promote excellence in practice and shape health policies.

Our mission is ambitious. It challenges us and it challenges those who seek to work alongside us – governments, employers and other organisations concerned with health care and nursing. The strategic plan was developed from an intense and constructive debate among members across the UK about how to take forward our mission over the next five years. That debate highlighted the wealth of expertise, knowledge and commitment which constitutes the RCN’s greatest resource – members.

The RCN’s work in representing the interests of nurses and nursing becomes ever more challenging and complex as we recognise the diversity of our membership and the tremendous range of nursing and health care issues which members collectively want to address.

Concluding the new deal on nursing pay and career development – Agenda for Change – is clearly one of the most pivotal events of this new century so far. It took four years to complete the negotiations on overhauling the pay structure and employment conditions of over a million NHS staff. 2002/2003 will be remembered for being the year in which these talks came to a close and RCN Council led the period of consultation with RCN members.

Nurses are the largest single occupational group in the NHS and the RCN was under close public scrutiny as Council took the courageous decision to recommend acceptance to members. The membership ballot which resulted in a resounding 88% vote in favour was underpinned by ensuring members were well informed and had the opportunity to debate the issues. This was a victory not only for nurses but, more importantly, for patient care.

Making sure that Agenda for Change is implemented properly is the challenge which we are tackling now. Rising to that challenge means convincing more members of the benefits of getting active as RCN representatives. During the year under review here, our stewards, in particular, did sterling work in informing members about the detail of Agenda for Change and we thank them for that. We have also pledged ourselves to use Agenda for Change to improve pay and careers for all nursing staff in the UK, including the independent sector, higher education and practice nurses.

The RCN lobbied to get Agenda for Change written into the new GP contract – and it is. While GPs are not compelled to give their practice nurses Agenda for Change, there are financial incentives for them to do so and the RCN will campaign for them to get it.

Nurses have been leading modernisation and we are key to quality care. That is why it is so important for nursing to lead the debate on the Future Nurse, a project whose seeds were sown in the early part of 2003.

Since its beginnings as a small network of determined nurses with limited resources but boundless vision, the RCN has influenced on behalf of nurses and nursing. Our ability to influence is underpinned by our sheer numbers, with over 360,000 members. That’s an increase of 20% over the last five years alone.

Influencing is also about being authoritative. Decision-makers appreciate dealing with the RCN because nurses tell it like it is – and we present the facts. Thousands of nurses across the UK have already used the RCN leadership programmes to develop their confidence to advocate and make positive changes for the patients and nurses they work with.
RCN members in Northern Ireland, Wales and Scotland have been combining leadership with activism in developing nursing manifestos to influence politicians. They have used facts, figures and their personal testimonies to show politicians and the public the tremendous pressures that nurses face in delivering care on the frontlines, where staff and services are stretched to breaking point. It takes courage to highlight problems – and it takes this kind of leadership to offer solutions. Those leadership skills are also coming into play as members explore the opportunities offered by devolution in the English regions and the forthcoming European elections.

As the largest professional union of nurses in the world, our strategic plan commits us to support and protect the interests of nurses professionally. Diversity and equality issues were addressed throughout the year and continue to underpin the RCN’s work. Valued Equally?, the 2002 RCN membership survey, highlighted powerful information from RCN members about their experiences of trying to shape and deliver quality care despite often not feeling valued for their contribution. RCN representatives such as stewards and safety representatives are doing a tremendous job in helping members – including new internationally recruited colleagues – get a fair deal at work.

The RCN is developing its use of new technology to enable new ways of working and new ways of accessing services. Teleconferencing increasingly enables members and staff to overcome the obstacles of time and location in order to play a full part in RCN UK-wide work. Members can download a new RCN publication as soon as it has been launched, ready to share with colleagues and use to influence practice from day one. Thousands of members contributed to the RCN work on defining nursing, by using email as confidently as pen and paper.

Thousands of members every year go to Congress and access was widened in 2002 through audio-streaming via the Internet. Now thousands more are able to view and listen to the debates through live web-casting on the RCN website.

The new RCN Strategic Plan has given us the framework for business planning across the RCN in order to make the best possible use of all our resources and to plan for the future. This report uses the structure of the plan to set out our progress over the last year and enables you to consider how this compares with the objectives and milestones which we have jointly agreed.

2002 to 2003 was a pivotal year for the RCN. It paved the way for taking forward our mission over the next few years. Our mission is ambitious so it is vital that the RCN emerges as a fast, friendly and flexible organisation in order to deliver better services for nurses and, consequently, better care for patients.

Beverly Malone, RN PhD FAAN
RCN General Secretary
At the very heart of our business we strive to represent the interests of the nursing family including nurses, midwives, health visitors, nurse educators, health care assistants and nursing students locally, nationally and internationally. Whether that be representing them individually or speaking out on their collective behalf.

Negotiating new pay and conditions
After four years of negotiations, proposed changes to NHS pay and conditions were announced in January 2003 in the form of Agenda for Change. Representing the largest single group of workers within the NHS, the RCN played a crucial role in Agenda for Change. From the start we insisted that any new system must be a visible improvement; be fair, transparent and UK wide; provide the right rewards to recruit, retain and operate; be funded appropriately and implemented in a robust way, and include a role for the review body.

The proposals include:
• harmonised pay, terms and conditions for all NHS workers
• eight pay bands (replace clinical grading)
• job evaluation, based on the principle of equal pay for work of equal value
• unsocial hours payment to be paid as a percentage of basic pay based on average unsocial hours worked over a rota period
• 37.5 hours working week
• increase in annual leave for most nurses
• a 3.225% pay increase for each of the next three years.

RCN Council carefully considered the proposals and voted to recommend Agenda for Change to RCN members on the basis that the proposals would provide better pay and career progression in the future. Members were asked to vote on the proposal and we undertook our largest ever communications exercise to ensure that members understood the detail of the proposal before they made their decision.

This included informing both NHS and non-NHS staff via our regular newsletters and magazines like *RCN Bulletin*, the *RCN Magazine*, forum newsletters and through the RCN website where, for the first time in an RCN ballot campaign, experts – including RCN Council members, the General Secretary and members of the RCN Agenda for Change negotiating team – were available to answer members’ questions online. Members also received a special information booklet about Agenda for Change, were able to attend roadshows throughout the UK, and, of course, were able to ring RCN Direct around-the-clock for the latest details on the proposed package.

On April 11, just after the period of this review, we announced that 88.42% of members who voted were in favour of accepting Agenda for Change.

Representing members at work
During the course of each year the RCN represents many members who have run into difficulties at work and who require the services of our legal and employment rights specialists. Over the year many of our members called on our network of regional officers to assist with local issues and to help with individual problems – in Wales alone 541 employment relations cases were handled with a satisfactory outcome being reached in over 75% of cases. In some cases help simply means providing advice and information, but in other cases our support was for more serious matters. Cases over the last year have included bullying and harassment, grievances and disciplinary procedures; re-grading reviews, and issues related to health and accidents in the workplace. Our employment relations officers have also protected the rights of overseas nurses working in the independent sector and negotiated terms and conditions of employment contracts.

In the first case of its kind in the UK, the RCN helped RAF nurse, Eve Ramage win a groundbreaking case against the Ministry of Defence (MOD). The MOD admitted breaching Eve’s human rights by refusing to provide family accommodation for her, her partner and their two young children in Aberdeen.
After seven years working for the RAF, Eve was told that she was not entitled to family accommodation because she was not married. Being unable to afford private accommodation she had no option but to resign. RCN Scotland backed Eve in her fight against this discriminatory practice, which had resulted in a premature end to her promising career. The MOD's admission will not only make a difference to other nurses, but also to all armed forces personnel. Local stewards play an important and valuable role in supporting members in the workplace. During 2002 to 2003 their work extended across the spectrum – from advising distressed members through to managing change, developing policy and procedures and representing members involved in cases of bullying and harassment, unfair dismissal and allegations of misconduct. Not only are we involved with our member’s employment rights – our team of safety representatives have worked hard to keep members safe and healthy at work. In particular, they dealt with cases of occupational stress, ensured that toxic wastes has been correctly disposed of, carried out risk assessments and inspections and protected members who were on the receiving end of violent or aggressive behaviour.

In Scotland members of our RCN Prison Forum and RCN staff were involved in negotiating a recognition agreement with the Scottish Prison Service in order that members could be represented – an interesting development since many of the forum members also took on the roles of steward and safety representatives. In February 2003, interest continued in a manual handling case brought against Sussex County Council. Meanwhile experts from across the RCN were working hard on new manual handling competency guidance – aiming to influence and improve practice. The team undertook a research project (funded by Liko UK, an equipment manufacturer) to produce three sets of competencies for back care advisers, practice based manual handling trainers /supervisors and nurses involved with moving and handling patients.

The new guidance can be used by staff in all areas of health care to determine training needs and staff competency and is also being used by the RCN Accreditation Unit to ensure that courses seeking RCN accreditation for manual handling meet our standards.

**More representation at a local level and internationally**

October 2002 saw the establishment of our new English boards, putting more power in the hands of our members locally. These new regional boards, along with the national boards in Northern Ireland, Scotland and Wales, will enable members to be better represented at a local level and have more local political influence. We believe the new structure will better reflect the diversity of our members’ interests with branches, fields of practice, stewards, safety representatives and students all entitled to elect representatives onto the boards.

New board members have been busy establishing themselves and getting to know members locally. Eastern region board members have used their new status to raise the local profile of nursing by encouraging nurses from the area to apply for nursing awards. Three board members formed a sub-group to take the work forward and used the *RCN Bulletin* to promote their idea. They also asked nurses to nominate their colleagues in a bid to acknowledge best practice in the workplace. Board member, Mary Cooke who was part of the group said, “The creation of the regional boards has introduced a real, live way to link people in practice with those at the RCN.”

Turning our attention to the international stage, the RCN President, Sylvia Denton and Chair of Council, Jill Jarvis, represented members at a forum of nurses associations from the World Health Association European Region (54 countries). The forum reviewed initiatives for ensuring safety of patients and staff in health care settings, including preventing accidents, violence and blood-borne infections.
What our members say

Charge Nurse, Sonia Clark, from Chelsea and Westminster Hospital, has been a member of the RCN for almost 16 years. A regular reader of RCN Bulletin, Sonia, has followed the progress of Agenda for Change.

"I knew that big changes were planned to the way we are paid and how our jobs are structured. And it's about time that something was done – I'm pleased that we're finally going to be paid for the work we do and not the grade we're on.

I've been keeping up to date, as much as I can, with how the negotiations have progressed, you know, checking the website and reading the updates in the magazines. I'm certainly much more aware of what's happening and asking a lot more questions – of course, like most people, I'd like to be remunerated well for the work that I do but I've realised it's about more than that.

My family certainly keeps me busy – I recently had a second child and am on maternity leave. So I now have even less time to devote to actively getting information about things like this. It's reassuring to know that the RCN has been there for me, negotiating the improvements on my behalf."

For Jill Wise, her new career as an occupational health nurse is a welcome fresh start. Following a serious situation at work, which forced Jill to make a complaint of bullying against a consultant, she took long-term sick leave to recover from a stress-related illness. Thanks to the support and representation she received from one of our regional officers, Jill has been able to put the past to rest.

"I was a senior sister on a cardiac care unit working a nightshift. There was a disagreement with a consultant and registrar regarding the care of one of the patients and the consultant became verbally abusive towards me. The situation really affected me.

A day or so later I decided to call RCN Direct. I spoke to an adviser who put me in touch with Steve Moore, an officer in Newcastle. Looking back now I don't know what I'd have done without his support.

I was asked to prepare a written statement which Steve looked over and advised me on. He really pushed for my case to be treated seriously and spoke up for me when I most needed it.

When I was off sick, it was mainly due to Steve's support that I got back on my feet again. He helped to negotiate my back to work terms and made sure I considered everything. He was extremely professional and skilled at his job.

I've paid my membership to the RCN all these years never really thinking I would need to call on them – now I feel like it's certainly been worth it."
As the world’s largest professional union of nurses, we have a duty to keep nursing on the agenda, lobby governments and provide our members with the tools to yield influence themselves. This year our influence was never far from the eyes and ears of government.

Talking to the politicians
Foundation hospitals, the Health and Social Care Bill, pay modernisation, staffing shortages, international nurse recruitment and changes in mental health legislation were among our top lobbying priorities last year.

RCN members and staff took key nursing messages to the heart of political conferences throughout the UK. To help promote the RCN’s messages, clinical leaders from the RCN’s Clinical Leadership Programme rubbed shoulders with senior politicians, political party researchers and advisers. The RCN also joined forces with the NHS Confederation, King’s Fund, Long-term Medical Conditions Alliance, Macmillan Cancer Relief and AstraZeneca to hold lively health receptions for politicians and colleagues at the conferences.

Meanwhile RCN Council members and staff linked up in a workshop to examine the implications of the Health and Social Care Bill looking at nurses’ concerns about the emergence of foundation hospitals and, in particular, inequalities of health care and Agenda for Change salary structures.

Our forums too have been involved directly in influencing change. For example, our Prison Nurses Forum worked directly with the Department of Health in England following the decision to shift the commissioning of prison health services from the prison service to the NHS.

We continued our awareness-raising visits to the European Parliament, this time with the London Regional Board, to have discussions with their MEPs, with London Government’s representation in Brussels and to learn more about the role of the European Parliament.

RCN members also took part in a debate in the European Parliament on the problem of needlestick injuries and its impact on health workers. 

Defining nursing
A draft definition of nursing was opened out for consultation at our AGM and Autumn conference in October 2002. The definition aims to help describe what nursing is so that it can be used in policy, legislation, determining skill-mix, and resource management. Nurses from around the world fed into this important piece of work, which was led by former RCN President, Professor Dame June Clark FRNC.

Comments were received predominantly via the RCN website – the web pages upon which the definition appeared received an unprecedented 160,000 hits. Feedback from this consultation was woven into the final definition which was launched at RCN Congress in April 2003.

Acting on behalf of nurses’ concerns
The implications of the tragic case of Victoria Climbié affected nurses everywhere and we warmly welcomed the publication of Lord Laming’s report to improve child protection in England, issued in January 2003. In a statement to the media we recognised that children’s services are a low priority in many health services and we said it was essential that nurses receive training to help them spot cases of child abuse. As well as pledging to work with members to promote a longer-term strategy for children and young people, we asked to be involved in a review of training across agencies and organisations.

Our 2002 membership survey, Valued equally?, showed that more than a half of all nurses working in mental health and learning disabilities, and 45% of those in adult general nursing have been harassed or assaulted by patients in the 12 months prior to the survey. At the end of March 2003, the National Audit Office (NAO) issued new research clearly showing a rise in the number of reported violent or abusive attacks against NHS staff. In response to the report we called for improved support from managers and a consistent approach to prosecution.

We regularly provide briefings on nursing and health developments to overseas delegations such as nursing leaders, politicians and health policy directors.
During the period of this review, briefings were provided to delegations from Brazil, Kenya, USA, Japan, Sweden, Mexico and the Netherlands.

In March 2003, our President, Sylvia Denton was elected to the Steering Committee of the World Health Organisations (WHO) European Forum for Nursing and Midwifery Associations, which advises on priorities for the annual WHO European Forum meeting for nurses and midwifery associations.

Taking centre stage in government elections

In Northern Ireland, Wales and Scotland, we launched high profile campaigns to put our key priorities in the political arena.

RCN Northern Ireland unveiled its manifesto – Commitment to Care at a Stormont reception for politicians and local health services leaders in September 2002. Calling for investment in appropriately skilled nurses to help modernise and improve Northern Ireland’s health services, it flagged up a number of other priorities like the care of children and young people, the role of mental health nurses in modernising patient services and the value of specialist nursing skills in areas such as school nursing and occupational health nursing.

RCN Scotland’s manifesto, Time to Deliver, highlighted key issues such as Agenda for Change, student bursaries, funding for more nurse consultant posts and investment in nurse recruitment – an analysis showed that Scotland would be 15,000 nurses short over the next four years. Following the Scottish Parliament elections, the Scottish Executive’s Partnership Agreement contained a high level commitment to an extra 12,000 nurses by 2007. It also picked up other issues which RCN Scotland had lobbied for including implementing flexible working arrangements and introducing an entitlement to continuing professional development.

RCN Wales also ran a high profile campaign – Value Nursing, Wales’ health depends on it – which highlighted the concerns of nurses identified in the RCN Wales Survey 2003, and urged politicians to value the contribution of the nursing profession. RCN Wales was successful in establishing the All-party Group on Nursing. Chaired by former nurse lecturer and Assembly Member for Swansea East, Val Lloyd, the group will bring Assembly Members and nurses together on a regular basis to push important nursing issues up the political agenda.

We also worked hard to influence our politicians who represent constituencies in our English regions. For example in our Northern region we held meetings with 15 MPs and two MEPs.

War on the horizon

The New Year began with the prospect of war looming close and, inevitably, many of our members were directly affected, particularly those who are Reservists. We issued a statement to the press saying that conflict should be avoided at all costs and hoped for a peaceful solution through the United Nations. When war finally broke, we responded to the media again in the hope that the war would be short-lived. Not only were our thoughts with the nurses providing care throughout the conflict but we also provided practical support. For example, in the RCN Northern region we established email links with members serving in Iraq and provided practical and personal help and advice.

Spotlight on excellence

The profile of nurses was given a special boost through the prestigious Nursing Standard Nurse of the Year awards with Stacey Atkinson being awarded overall Nurse of the Year. December 2002 brought an opportunity for their success to influence government at the very highest level when the winners were invited to tea with the Prime Minister. RCN Northern Ireland’s own Nurse of the Year award went to joint winners Dawn Connolly and Lilian Bradley for their work in improving wound care services.

In October 2002, we brought together nurses from across Wales for an inspirational event to celebrate the nursing profession. The inaugural RCN Wales conference – Courage or Conscience – a nurses’ duty to protect – was attended by over 120 people and took place in the prestigious City Hall, Cardiff. Opened by National Assembly for Wales’ Chief Nursing Officer, Rosemary Kennedy, the event left delegates determined to transform patients’ experiences.
What our members say

As an RCN member, Jane Macpherson confesses she never did more than dutifully pay her subscription fee. But that was all set to change after she took part in an RCN-run political skills workshop. Buoyed up by the event she decided the time had come to flex some political muscle and RCN Scotland’s Adopt-an-MSP scheme looked like just the ticket.

"I had concerns about the lack of nursing leadership in general and frustrated that I couldn't see anything being done to improve things. But, rather than moan, I thought it's time I did something myself.

I was paired with Scottish National Party member Linda Fabiani. We met up several times – at my practice and at the Scottish Parliament. We also emailed and spoke on the phone. We've had lengthy discussions about pharmacy regulation, the mental health bill and her party's health policy. I'd asked her how our pay increase was going to be funded so Linda introduced me to Nicola Sturgeon, the SNP health spokesperson at the time. It feels great to be involved at this level.

I've had an insight into the RCN's lobbying activity – a side that I didn't know existed. The RCN has shown me how to influence the political agenda in a way I didn't realise was possible. I'll certainly be taking a more active role from now on."

Since Helen Griffiths, a clinical nurse specialist from Hereford, was awarded Gastroenterology and Stoma care Nurse of the Year, she has mingled with royalty and politicians alike. Along with the twelve other Nurse of the Year winners, this prestigious title has helped Helen to put nursing firmly on the map.

'Winning the award really opened doors for me. I recently joined the editorial advisory board for the RCN's Gastrointestinal Nursing journal. Through this I've been lucky enough to take advantage of enormous networking opportunities. I've met people I've only ever read about and have presented my work at conferences and events across the UK.

I've certainly got more confidence and am really prepared to speak up about what I do and fight the nursing corner. From the outset when I was seated next to former Secretary of State for Health, Alan Milburn at the award ceremony, I've tried to use my position to make a difference to nursing – I think it's important to influence people whenever you can.

I've basically been given a great opportunity to raise the profile of my trust, my specialism and of nursing. What a wonderful position to be in!'
Many of our members encounter difficulties in their life and work as a nurse and RCN membership provides them with the support they need. 2002/2003 saw a number of new services and increased access to existing services for our members.

Help for members
With almost 200,000 calls coming through to our unique 24 hour telephone information and advice line, RCN Direct, last year alone, our dedicated team of experts have been kept busy answering members’ queries on anything from maternity rights to nursing shortages. In an effort to provide even greater access to this increasingly popular service, we launched RCN Direct Online in September 2002. This searchable online database provides access to all the briefing sheets used by RCN Direct advisers meaning that members now have access to RCN Direct’s vast array of information without having to make a phone call. RCN Direct Online is accessed through the RCN website at anytime and provides members with information and advice at the click of a mouse.

In January 2003, RCN Direct began developing a specialist database of refugee nurses. Thanks to funding from the Department of Health we will be able to keep refugee nurses in touch with news and job opportunities and provide support with finding work. Money has also been allocated to RCN Nurseline to establish a career development programme for refugee nurses based in London which will help them with career planning as well as job seeking and interview skills. A series of monthly discussion groups are being held to enable refugee nurses to chat to one another and polish up their communication skills in the process.

2003 also marks the twentieth anniversary of one of our most valued membership groups – RCN Work Injured Nurses Group (WING). The group, which provides support to any member affected by injury, ill health or disability, celebrated via a birthday party at Congress and a series of fundraising events.

New publications
RCN publications continue to provide information and support to members in their professional development and in relation to their employment. Many of our forum members were involved throughout the year in developing publications.

A resolution at Congress prompted work to develop guidance on witnessing resuscitation. The RCN Accident and Emergency Nurses’ Association Steering Committee, and a number of members from RCN forums and advisory panels worked together to produce Witnessing resuscitation: guidance for nursing staff, which aims to help nursing staff understand the issues and implications for nursing practice.

In 2002 a new RCN publication series emerged on competencies; these provide a framework that can be used to develop nurses’ knowledge and skills, and have been produced with the help of RCN forum members. So far, there are three titles in this series: Caring for people with colorectal problems; A framework for nurses working in specialist palliative care; and Nurse practitioners, with many more planned – all of which will help to underpin future work around the implementation of Agenda for Change.
Among our new resources for nursing students is *Dealing with bullying and harassment: a guide for nursing students*. This guidance aims to help students recognise if they or a colleague are being bullied or harassed and sets out how to resolve the matter. We know from anecdotal evidence that students’ practice placement experiences can vary considerably. And because these placements have such a direct bearing on a nursing student’s ability to work effectively and integrate theory with practice, it’s vital they get the most out of them. So we produced a practical toolkit called *Helping students get the best from their practice placements*.

We also produced new guidance to assist with the ethical recruitment of nurses from overseas. The guidance: *Internationally recruited nurses – good practice guidance for health care employers and RCN negotiators* – sets out the key considerations and the RCN principles for ensuring both ethical recruitment and employment of internationally recruited nurses.

Most of our printed publications are distributed by RCN Direct, based in Cardiff, Wales. Each year, they send out thousands of leaflets, books and other materials in response to members’ requests. Increasingly, RCN publications are also put onto the RCN website.

### Helping members face NMC challenges

Early in 2002 we saw the emergence of a new body – the Nursing and Midwifery Council – which took over the role and function of the UKCC. From the outset, there were major problems with a new computer system introduced to deal with registration. As a result, reports came into us that some members were being asked to stop working because of the delay in re-registration. Our staff worked closely with the NMC to create a fast track system for members who were in danger of being sent home without pay as a result. A similar fast track for first qualifiers was put in place for students, and was equally successful ironing out any problems early on.

The NMC worked hard to overcome the technical difficulties and none of our members have had to use the fast track system since December 2002.

During its first year, the NMC engaged in a new style of consultation. We fed into the new *Code of Conduct* that became effective in June 2002. Where members experience problems putting the code into practice, we had regular meetings with the NMC to raise these issues. Further consultation from the NMC on whether to make indemnity insurance a compulsory requirement for nurses was rejected after we led a joint union response with Unison, Royal College of Midwives and CPHVA. As a result, the NMC has now decided to promote the value of indemnity insurance but not to make this a requirement of registration. We continue to keep our finger on the NMC pulse through regular attendance at NMC Council meetings and represent members who appear before the ‘fitness to practise’ procedures.

### New financial products

Our new partnership with Liverpool Victoria meant we could offer our members two new insurance products which proved very popular. Members’ satisfaction with some of the insurance products offered to them was apparent in the renewal figures at the year-end. Since the introduction of motor insurance at the beginning of 2002, 82% of members who purchased it renewed their policy. There has also been a renewal rate of 87% for members who purchase home insurance.

Members also took advantage of the personal accident insurance, *NurseCare*, which provides 24-hour cover on and off duty anywhere in the world – around 7,500 members now have a full policy.
As manager of a 24-hour centre dealing with complainants of sexual assault and rape, Carolyn Barrett is also one of only two forensic nurse examiners in England and Wales. When Carolyn was added to the out-of-hours rota, working as an independent forensic examiner, she wasn’t sure her RCN indemnity insurance would cover her, so she turned to RCN Direct for some advice. As well as resolving her query, RCN Direct opened a few new doors.

“I’ve called RCN Direct before for advice and support on ethical issues or when I’ve needed clinical back up. As a professional I need to check that I’m doing the right thing. Not only did I get clarification on my indemnity insurance cover, but the adviser told me about the RCN’s Sexual Health Forum. I then discovered that the RCN was offering a new distance learning course on sexual health, so have signed up for that and joined the forum. In the kind of job I’m in, I don’t often have time to make calls during the day, so the fact that I can get information from RCN Direct at any time is reassuring. Sometimes you don’t want to call from work and need the privacy of making a call in your own home.”

A serious elbow injury threatened to permanently disable RCN member Barbara Miller. Forced to quit her job as an agency nurse, Barbara thought her professional life was over. After reading about the support of RCN’s Work Injured Nurses Group (RCN WING), she got in touch and turned her life around.

“My arm was very bad. I lived alone and felt totally isolated. One day I was a practising nurse with a good job then suddenly I had nothing. I felt like I’d lost my identity. Then I began attending meetings with RCN WING and corresponded via email with a WING volunteer. Their encouragement and support made me realise I wasn’t alone and I wasn’t useless. I’ve made new friendships with colleagues who understand what I’ve been through. Their approach isn’t airy fairy - RCN WING showed me how to actively use my skills and restored my self-belief. Through their support I began volunteering with a local hospital and now have a job as an administrator. I’ve made almost a full recovery and hope to be nursing again soon.”
Opening up professional development

We have continued to provide resources to boost members’ learning and professional development over the last year. Our members can now learn from the comfort of their office or armchair and share information with colleagues from far and wide. New features on our website, like the RCN Learning Zone, RCN Mental Health Zone and Forum Newsletters Plus are helping members extend their knowledge base and they have the opportunity to network via our web discussion zone which was relaunched during the year.

We continued to offer distance learning through the RCN Institute and, for the first time, students were able to view the prospectus and apply online. In October 2002 we carried out a student satisfaction survey with our distance learning programmes and in nearly every respect, a large majority of the respondents were happy with the programmes and the way they are delivered. And with the creation of the RCN Faculty of Emergency Nursing, championed as the first of many, academic excellence is beating a clear pathway to the door of every nurse within the profession.

There was no shortage of opportunities for professional development at RCN Congress 2002. Held in the Yorkshire Spa town of Harrogate, Congress opened its doors to more members than ever before with the introduction of free admission for the first time. Attendance wasn’t just confined to Harrogate International Centre – members from around the world heard Congress loud and clear when, for the first time, the debates were transmitted live through the RCN website via audio-streaming.

Locally we continue to offer professional development study days and workshops. For example, in the North West region alone there were nine regional conferences and 38 study days, the majority of which were organised in conjunction with local networks, branches and employers in both the NHS and in the independent sector.
Access to information just kept getting easier with the growth of our network of resource centres across the UK – members can now visit them in 42 different locations.

RCN Archives were successful in obtaining a grant from The Wellcome Trust to digitize some of the historical nursing journals in the RCN collection. The project will provide free access through the RCN website to the complete run of one of the first nursing journals, *Nursing Record*. The online historical journal will be available in autumn 2003.

Our web and information experts are always working on new developments to make information technology more accessible. In an effort to share the knowledge and expertise of our forum members, we launched RCN Forum Newsletters Plus – forum newsletters online – bringing our expert forums to an even wider audience. Special online versions of the newsletters can now be viewed on the RCN website.

Over the last year we’ve introduced two new national forums giving our members even greater opportunity to develop their specialist nursing knowledge. In April 2002, the RCN Practice Educators Forum emerged and towards the end of 2002 the RCN Neuroscience Forum was established.

**Shaping nurse education**

We have often been influential in shaping nurse education policy, and are keen to keep abreast of developments. It was with this in mind that our then President, Roswyn Hakesley-Brown, led a Presidential Education Taskforce Summit meeting in Manchester in July 2002. Ultimately we wanted to develop a strong education policy for the RCN.

During the summit we considered five key areas of nursing education, set out in a briefing paper that members from far and wide had contributed to. And as a result of the summit we developed a series of RCN policy statements for the future of nurse education.

Then in October 2002, the RCN position statement for nursing education was launched at our AGM in Glasgow. The statement looks at pre-registration, CPD, professional regulation and higher education workforce issues. Our goal is to work with members in partnership with other key groups from across the UK to create momentum to achieve policy change.

The RCN remains at the cutting edge of learning. In December 2002, UK eUniversities Worldwide (UKeU), the government-backed company set up to provide online degrees from UK universities, announced its involvement with the UK Healthcare Education Partnership.

The partnership is a consortium which comprises the RCN, City University, the University of Leicester and the University of Ulster. Established a year ago, it aims to transform health care education in the UK. We are proud to be working with UKeU and hope that it will draw together the academic, technological and professional expertise needed to develop, deliver and support high quality, online learning for health care professionals.

Early summer 2002 saw welcome changes to our magazine exclusively written for RCN student members. As part of our strategy to raise the profile of our nursing students, we relaunched the student magazine *No Limits*. Following a competition to suggest a new name for the publication, Louise Barnes from Plymouth University came up with *the answer* – quite literally! So in June 2002 our student body – the RCN Association of Student Nurses (ANS) – proudly launched *the answer*. And it’s proving to be a great success. A reader survey is planned for later in 2003.
Rewarding excellence and developing practice

Our Faculty of Emergency Nursing Project Group worked hard to prepare for admission to the Founding Faculty of Emergency Nursing, launched at Congress 2003. The group prepared the founding application process, set for the first two years, in liaison with the RCN Accreditation Unit. We’ve also been keenly developing the facilitators whose role it will be to help others develop their portfolio of evidence from practice – an important part of the process as the evidence will ultimately be assessed against our competency and career framework. And of course we want to let members know about the faculty so we have used our marketing expertise to draw up a marketing and pricing strategy to make sure our members receive value for money.

We flipped the ‘on’ switch to get our consultant nurse network off the ground early in 2003. Accessed through the RCN website, this collaborative project run together with the Foundation of Nursing Studies, puts consultant practitioners, aspiring consultants, researchers, educationalists and others interested in consultant practice in touch with one another.

After four years, our Expertise in Practice project has now come to an end and as a result we’ve been able to clarify the concept of expert practice and its impact on patients, colleagues and organisations. We wanted to recognise and reward nurses’ excellence in this area and so, working with our Accreditation Unit, have developed a process for accrediting expert practitioners and skilled facilitators.

We didn’t stop there – in January we appointed a lead staff member to develop standards for assessing the workplace so that we can reward excellence and best practice achieved by teams who have a culture of being patient-centered, evidence-based and effective. These standards will be piloted in the autumn and published in 2004.

Our practice development team has been working with a number of forums and trusts to develop integrated career and competency frameworks for their specialty to ensure consistency in standards and a clinical career ladder for nurses. We’ve also been looking at organisational-wide practice development strategies enabling NHS staff to evaluate the patient experience, the quality of evidence used in practice, as well as developing tools to assess workplace culture and staff experience.

Our skilled research team continues to generate and disseminate high quality research. Over the last year, they worked on a behaviour rating scale – the Paediatric Pain Profile – to assess and monitor pain in children with very severe physical and learning disabilities. They’ve also looked at patient participation in care and patient evaluation of health care. The team has been developing a programme of systematic reviews assessing the effectiveness of various nursing interventions for pain management. As if that wasn’t enough, a range of other studies has been undertaken including looking at workforce issues. And February 2004 will see the results of a collaborative study working with Sheffield University to evaluate the role of the modern matron.

Our Quality Improvement Programme has been involved in a number of initiatives including running a national audit of venous leg ulcers, the results of which will be available in February 2004. In September 2002 we launched a clinical audit protocol for the recognition and assessment of pain in children. A web-based version is available at www.rcn-audit.org.uk where it is also translated into Punjabi, Urdu and Bengali. Children have been involved at all stages in producing these guidelines.
The National Collaborating Centre for Nursing and Supportive Care (NCC-NSC) is based at the RCN Institute in Oxford. It is one of seven collaborating centres funded by the National Institute for Clinical Excellence (NICE) to develop clinical practice guidelines on topics that are handed down from the Department of Health in a series of rolling programmes.

Developing nurse leaders

Our Political Leadership Programme also saw some new developments. The programme aims to be innovative and action-orientated and is designed to develop the political skills and policy “know-how” of active members and during this period was extended to members of our national forums. Representatives from RCN boards, and forums like the RCN Nursing Therapeutics Forum, the RCN Adolescent Health Forum and the RCN Ethics Forum all took part and found the programme enormously beneficial. In the words of one participant, “The programme has really helped me to lift my head up from the day to day and to think strategically”.

Led by our public affairs team in Wales, nurse executives in Wales have also been developing their political know how as part of our Political Leadership Programme. The programme there is being delivered as part of a drive to develop leadership skills, bringing together nurses and politicians to share knowledge and experience. Following an initial programme the scheme has been extended and will be piloted in another trust for 12 months.

With leadership skills in greater demand than ever our Clinical Leadership Programme continued to attract nurse leaders throughout the UK. In fact in England, Scotland and Wales, 112 trusts took part in the programme with 1,250 clinical leaders participating. The programme gives nurses protected time to observe care and services and interview patients about the delivery of care. Through the programme we are helping nurses develop and refine their leadership capabilities, improve team and organisational skills and centre on the needs of patients.

January 2003 saw the launch of our Clinical Leadership Programme in Wales. Eight NHS trusts are now involved and almost 100 clinical leaders are benefiting from this exciting and innovative patient-centred programme commissioned and funded by the Welsh Assembly Government. In Scotland, 66% of NHS organisations have signed up to the programme and the Scottish Executive has now funded it until the end of 2004, enabling a further 300 clinical leaders to complete the programme.

The RCN also offers a leadership programme aimed at primary care health care professionals and over the last year six programmes provided delegates with the chance to participate.
What our members say

RCN steward Gareth Phillips freely admits he is no computer whizz kid. As a busy community nurse in rural North Wales, Gareth has used the RCN Learning Zone extensively over the last year in his role as a steward and to further his professional development. Launched at Congress 2002, the service can be accessed from the RCN’s main website with step by step instructions on how to get started.

“Getting to the library is no easy task and I have to take time off work to go there. I’m asked questions at work as an RCN representative and need to check things quickly and easily. The RCN Learning Zone opened up a whole new world to me. From the comfort of my armchair (with the sheep bleating in the background) I can now access information anytime of the day or night. I recently pulled together evidence to argue a case for flexible shift patterns at work and I regularly use the discussion boards to exchange information with a network of colleagues from across the UK – something I wouldn’t have thought possible before.

I even keep my portfolio online and record all my CPD in one place – gone are the days when I kept my paperwork in a supermarket carrier bag.”

As a respected Adolescent Nurse Specialist at the UCL Hospitals NHS Trust, and Chair of the RCN Adolescent Health Forum, taking an active involvement in nursing issues is par for the course for Marcelle Desousa. But when she was approached to join the RCN’s Political Leadership Programme, she wasn’t convinced it was her cup of tea. Reluctantly Marcelle enrolled but was pleasantly surprised by the results.

“I have to admit I was very sceptical. As a forum chair, I did think that political skills training would be beneficial, but I didn’t think this was the answer.

I couldn’t have been more wrong. The six-day programme was inspirational. I met politicians, visited government buildings across the UK and underwent media training from an expert at the BBC. It was wonderful. By the end of the programme I wanted everyone to do it.

Importantly, I learnt you don’t have to be the loudest to be heard – a lot can be achieved in a subtle way. I’ve been involved in discussions about the Children’s National Service Framework, and the skills I learnt really came to the fore. The programme gave me greater confidence – I’ve been working with a London-based group looking at refugees and asylum seekers. Together we produced a health assessment document which is now with the Department of Health.

The programme gave me the conviction to drive that work forward and get recognition for it.”
Organisationally, the last year has been significant. We have introduced a number of changes to transform the way we operate. We want to deliver member services effectively and efficiently and in accordance with our mission and values.

Transforming the RCN

We began a serious process of transformation in 2002 to improve the way we operate – essential for delivering better services to members. This important process started with the development of a mission statement by RCN Council. We were proud to be able to officially state that:

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Setting a strategy for the future

At Congress 2002 members had the opportunity to feed into the development of our first strategic plan. Over 250 members attended a dedicated workshop, helping to shape the plan’s aims and objectives.

Between September and December 2002 we drew up a draft version of the plan and distributed it to members and staff for consultation. The plan provides a guide to our work over the next five years, making us more accountable for what we do.

During the consultation period we made presentations to members, member groups, management and staff groups, and whole internal departments, outlining the draft strategy and eliciting feedback. We asked members to rate how well the draft plan reflected the RCN’s current situation and in which direction we should head during the next five years. Hundreds of responses were received from boards, forums, individual members and staff. A summary of the results was presented to a Council Reference Group in December 2002.

The draft was revised in light of the feedback and early in 2003 it received Council’s approval. The final RCN Strategic Plan was launched at Congress 2003, where we invited members to take part in the implementation process.

We have also carried out a series of internal projects to help us become a more effective and efficient organisation. We introduced a new senior management structure headed up by our General Secretary, three executive directors, three national board secretaries and our Head of English Regions. We believe that these changes will provide the RCN with a clear direction and vision for the future.

Internally, our employees have begun looking at four areas of the RCN’s work to find out how they impact on members and how they could be improved. These areas are communication, diversity, our own staff development review process and policy and practice.

Looking at how we are governed

During the year, Council commissioned a review to look at how we are governed. The review will assess the strengths and weaknesses of the current arrangements and make recommendations for improvements – to ensure robust governance and Council’s governing control over the strategic direction and policy on behalf of members.

To help carry out this work we established a group under the leadership of Jill Jarvis, Chair of RCN Council. To start the diagnostic part of the review process, we undertook a survey of nearly 400 members involved with governance at different levels in the RCN.
Improving information flow

With such a large membership, we need to ensure that information about each member is securely kept and up-to-date. Despite being tucked away behind-the-scenes, a major database is key to how we operate. Our staff have been working with IT specialists to build a brand-new database that will mean information flows easily and efficiently between departments. This database will ultimately link to our website, making it convenient for members to update their own records.

RCN Publishing Company

The RCN Publishing Company went from strength to strength during the year. *Nursing Standard's* total paid-for circulation, increased year on year from 58,615 to 61,290, an increase of 4.5%. (63,530 July 01 – June 02 ABC average net circulation.)

*Gastrointestinal Nursing* was added to the portfolio of published titles in February 2003, and has gained almost 2,400 subscribers in the first months of publication. *Cancer Nursing Practice* celebrated its first anniversary in February 2002, having secured 4,200 subscribers. RCN Publishing Company now has over 130,000 journal subscriptions, a rise of over 7,000 since the previous year.

Our staff

Because the RCN employs a large workforce, we think it’s important that we meet with the unions representing our staff, face to face, on a regular basis. With this in mind we established the RCN Partnership Forum. Over the last year the forum has looked at RCN personnel policies, the RCN pension scheme, management issues and health and safety. We also received a grant from the DTI to support the development of partnership working across the RCN, starting with a staff attitude survey and the secondment of a post to take forward the action plan resulting from the survey.

This is complemented by funding from the RCN and from APEX – the union representing the majority of our staff – which will provide a full time role which also incorporates two days per week as an APEX convenor and the commencement of a review of RCN employment/personnel policies.

Future nurse, future RCN

In looking ahead at change and transformation, we themed our annual general meeting around the future of nursing and health. The event, held in October 2002 in Glasgow, gave our General Secretary the chance to talk about her vision for the future. Contributions also came from our then President, Roswyn Hakesley-Brown and Patricia Bottrill MBE who presented information on the Presidential Task Force on Nurse Education and the RCN’s emerging strategy for the future respectively. Professor Dame June Clark presented the work on defining nursing.

We continued to look to the future with the announcement of election results for three key Council posts. Congratulations went to Sylvia Denton OBE FRCN who we welcomed as the new RCN President, Maura Buchanan as Deputy President and Hilary Rowell who took up office as student member of Council.
What our members say

Jacky Griffith, Senior Lecturer at the University of Plymouth, is a committee member for the RCN South West Regional Board. Created in October last year, the new English regional boards have been set up to provide members with greater local influence.

"I was interested in standing for a place on the committee but, because the boards were so new, I didn't really know what to expect. In terms of governance, I could see the new boards were a really positive move.

We have a lot of regional issues that are unique and in the past, unless you knew your Council members well, there wasn’t really a conduit to head office. The boards have changed that because we have a local voice and can represent the needs of people in the area.

It’s still early days, but we’re establishing the building blocks by carrying out business planning and setting our regional priorities. We are also working closely with the forums which has been really important for building local networks.

In the past, I used to just pay my membership subscription and occasionally went on the odd march. The South West Regional Committee has given me the chance to get involved in a different way. It’s certainly integrating the different strands of the South West region and is allowing us to approach things from a grassroots level."

Before the RCN launched its new strategic plan in Spring 2003 we consulted widely with members to find out their vision of the future. Donna Hanna, a Cardiac Liaison Nurse at the Causeway Health and Social Services Trust in Northern Ireland was one of hundreds of members who got involved.

"The idea of a strategic plan can be a bit off-putting – but I soon realised how vital it is to the future of the RCN, and of course to members. I think it's impressive that I was invited to say which areas of work the RCN should concentrate on in future. It's certainly good to know that the RCN listens. I think that all too often we talk about changes we’d like to see but end up doing nothing about it. That’s why I wanted to play some part in the consultation process – it gave me a chance to say what I think and be able to see how I have made a difference.

Of course, it's also useful that as a member I can monitor the RCN’s progress against the plan. It’s helped all of us focus on what we need to do to improve patient care and build an effective and accountable organisation.”
These summary accounts are prepared for distribution to the full membership. As they are a summary only, members seeking a more full understanding of the financial affairs of the charity can refer to the full accounts including the Auditors’ Report and the Trustees’ Report, copies of which are available from the General Secretary, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN or from the RCN website at www.rcn.org.uk. The full accounts were approved on 26 July 2003 and will be filed with the Charity Commission. The full accounts have been audited and an unqualified opinion was received on these. The statement of financial activities shows that the RCN’s net incoming resources for the year ending March 2003 amounted to £3,241,000.

Income
Subscription income increased by £2,301,000 due to continuing increases in membership numbers. Publishing income increased significantly, up £1,991,000, but was more than offset by an increase in publishing costs of £2,318,000.

Expenditure
Total general expenditure, including those publishing costs, amounted to £63,398,000. Whilst this represented an increase on the previous year of about 10%, this is below the 11% increase in income.

Overall resources increased by £867,000, bringing total funds under management to £32,123,000, of which £25,200,000 is unrestricted.
The level of the RCN’s “free reserves”, (described by the Charity Commission as unrestricted funds not designated, committed or held as tangible fixed assets), rose from £5.2m in 2002 to £5.9m at 31 March 2003. Council has determined that free reserves should ideally be maintained at an ongoing level equivalent to between one and four weeks normal expenditure.

Investment performance
Total losses of £2,374,000 were made up of realised losses of £6,000 and unrealised losses of £2,368,000. The realised losses were a result of redemption of Treasury Stock and the sale of equities by John Howard Homes. The unrealised losses were a result of poor stock market conditions. The investment fund managers overall have performed marginally below the benchmark set by the WM Charity Survey for unrestricted funds.

Risk management
Following its approval of a strategic plan for the RCN, Council is proceeding with the implementation of a formal risk management process to assess the risks to which the RCN may be exposed, and the implementation of risk management strategies. This involves identifying 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.

Pension liability
The RCN is required to comply fully with applicable accounting standards (FRS 17) in its financial statements for the year ended 31 March 2006. The impact on the financial statements of FRS 17 could be significant as it would require the RCN to include the current deficit in the defined benefit scheme (the RCN Pension scheme) of £32,041,000 as a separate liability on its balance sheet.

### Statement of financial activities

<table>
<thead>
<tr>
<th>Year</th>
<th>Total income (Fig. 1 and 2) £’000</th>
<th>Direct charitable expenditure £’000</th>
<th>Other expenditure £’000</th>
<th>Exceptional items £’000</th>
<th>Total expenditure (Fig. 2 and 4) £’000</th>
<th>Net incoming resources £’000</th>
<th>Net investment gains/(losses) £’000</th>
<th>Net movements in funds £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>60,002</td>
<td>43,596</td>
<td>13,884</td>
<td>0</td>
<td>57,480</td>
<td>2,522</td>
<td>10</td>
<td>2,532</td>
</tr>
<tr>
<td>2003</td>
<td>66,639</td>
<td>46,480</td>
<td>16,159</td>
<td>759</td>
<td>63,398</td>
<td>3,241</td>
<td>(2,374)</td>
<td>867</td>
</tr>
</tbody>
</table>

### Statement of financial activities

<table>
<thead>
<tr>
<th>Category</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed assets</td>
<td>35,848</td>
<td>33,847</td>
</tr>
<tr>
<td>Current assets</td>
<td>17,043</td>
<td>19,860</td>
</tr>
<tr>
<td>Creditors falling due within one year</td>
<td>12,605</td>
<td>(13,201)</td>
</tr>
<tr>
<td>Creditors falling due after more than one year</td>
<td>9,030</td>
<td>(8,383)</td>
</tr>
<tr>
<td>Total net assets</td>
<td>31,256</td>
<td>32,123</td>
</tr>
<tr>
<td>Funds: Endowment</td>
<td>1,268</td>
<td>812</td>
</tr>
<tr>
<td>Restricted</td>
<td>6,154</td>
<td>6,111</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>23,834</td>
<td>25,200</td>
</tr>
<tr>
<td>Total funds</td>
<td>31,256</td>
<td>32,123</td>
</tr>
</tbody>
</table>
Breakdown of income sources (Fig.3)

- Subscriptions: 63.0%
- Publishing and other trading income: 21.8%
- Other income: 15.2%

Breakdown of other income

- Miscellaneous: 43.6%
- Investment income: 5.9%
- HEFCE grants: 14.6%
- Conferences: 15.1%
- Sponsorship: 13.0%
- Higher education fees: 7.8%

Breakdown of expenditure by activity (Fig.4)

- Member participation
- Assistance to nurses
- Education services/research
- Advancing nursing as a profession
- Legal services
- Library
- International work
- Support costs
- Publishing/other trading expenditure
- Management and administration
- Other

Explaination of expenditure categories

**Member participation**
This includes conferences, national forums, Congress, branches, and members’ training.

**Assistance to nurses**
This includes employment relations, counselling, RCN Direct, and a major portion of region and board expenditure.

**Advancing nursing as a profession**
This includes Corporate Affairs, Professional Nursing Department and part of national and regional board expenditure.

**Support costs**
This includes office costs and part of finance and human resources departments’ expenditure.

Balance sheet (Fig.5)

- Tangible assets
- Investments
- Stock and debtors
- Short term deposits
- Cash
- Creditors ≤ one year
- Bank overdraft
- Creditors ≥ one year

Independent Auditors’ statement to the Trustees of the Royal College of Nursing of the United Kingdom

We have examined the summarised financial statements of the Royal College of Nursing of the United Kingdom.

Respective responsibilities of trustees and auditors

The trustees are responsible for preparing the annual report in accordance with applicable law.
Our responsibility is to report to you our opinion on the consistency of the summarised financial statements within the annual report with the full financial statements and Trustees’ Report. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors’ statement on the summary financial statement’ issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and Trustees’ Report of the Royal College of Nursing of the United Kingdom for the year ended 31 March 2003.

BDO Stoy Hayward
Registered auditors
London
August 2003
Patron
Her Majesty the Queen

Council Members, April 2002 – March 2003
President, Roswyn Hakesley-Brown (up to October 2002)
President, Sylvia Denton, OBE, FRCN (from October 2002)
Deputy President, Sylvia Denton, OBE, FRCN (until October 2002)
Deputy President, Maura Buchanan (from October 2002)

Eastern Midlands Section
Debbie Murdock, OBE
Evelyn Nicholls

Eastern Section
Gary Jones, CBE, FRCN
Susan Burt

London Section
Linda Bailey (and Nurse Honorary Treasurer)
Mahama Seidu

North West Section
Jacqueline Burns
Mike Travis

Northern Section
Patricia Bottrill, MBE (and Chair of Council until August 2002)
Wendy Burke

South East Section
Jill Jarvis
(Vice Chair of Council until August 2002 and then Chair)
Deborah Pearman

South West Section
Sue Jones
Alan Mawbey

West Midlands Section
Barbara Tassa
Diane Rawstorne
(Vice Chair of Council from October 2002)

Yorkshire & Humber Section
Roger Cowell
John Hill

Chair, RCN Northern Region Board
Patrick McGilligan

RCN Northern Ireland Section
Dorothea Bradley

Chair, RCN Scottish Board
Tracy McFall

RCN Scottish Section
Jane McCready

Chair, RCN Welsh Board
Eirlys Warrington

RCN Welsh Section
Gaynor Jones

Students Members of Council
Bethann Siviter (and Chair of Association of Nursing Students until October 2002)
Hilary Rowell (from October 2002; also Chair, Association of Nursing Students)
Suren Suku (until October 2002)

Chair, RCN Congress
Maura Buchanan (until June 2002)
Dave Nunn (from June 2002)

---

### Attendance List

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Bailey</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Patricia Bottrill MBE</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dorothea Bradley</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Roswyn Hakesley-Brown</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Maura Buchanan</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wendy Burke</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Jacqueline Burns</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Susan Burt</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Roger Cowell</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sylvia Denton, OBE, FRCN</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>John Hill</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Jill Jarvis</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gary Jones, CBE, FRCN</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gaynor Jones</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Sue Jones</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Alan Mawbey</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Jane McCready</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Tracy McFall</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Patrick McGilligan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Debbie Murdock, OBE</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Evelyn Nicholls</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dave Nunn</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Deborah Pearman</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diane Rawstorne</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Helary Rowell</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mahama Seidu</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bethann Siviter</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Suren Suku</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Barbara Tassa</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mike Travis</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Eirlys Warrington</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

✓ Present  ✗ Absent  ✴ Not on Council at that time  ✹ Via teleconference
RCN Fellows and Honorary Fellows

RCN Fellows
Professor Justus Akinsanya, FRCN 1988
Professor Margaret E Alexander, CBE, FRCN 1992
Professor Annie Altschul, CBE, FRCN 1978 *
Miss Patricia M. Ashworth, FRCN 1979
Miss Margaret Auld, FRCN 1981
Dr Monica Eileen Balf, FRCN 1986 *
Professor Philip Barker, FRCN 1995
Miss Alison Binnie, FRCN 1999
Professor Senga Bond, FRCN 1984
Professor Jennifer Boo, OBE, FRCN 1993
Professor Martin Bradley, FRCN 2000
Mrs Mary J Bryden, OBE, FRCN 1998
Miss Sue Burr, OBE, FRCN 1993
Professor Tony Butterworth, CBE, FRCN 1996
Ms Diane Campbell, FRCN 2002
Reverend Anthony Carr, FRCN 1984
Ms Anne Casey, FRCN 2002
Dr Robert Crouch, FRCN 1999
Baroness Cox of Queensbury, FRCN 1985
Dr Sheila M. Collins, OBE, FRCN 1977
Mr Trevor Clay, FRCN 1985 •
Dr Margaret Clark, FRCN 1987
Professor Dame June Clark, FRCN 1982
Professor Mel Chevannes, CBE, FRCN 1999
Mrs Dorothy Crowther, FRCN 1991
Mrs Harriet Cassells, FRCN 1985
Ms Anne Casey, FRCN 2002
Mrs Harriet Cassells, FRCN 1985
Professor George Castledine, FRCN 1980
Professor Christine Chapman, CBE, FRCN 1977
Professor Mel Chevannes, CBE, FRCN 1999
Professor Dame June Clark, FRCN 1982
Dr Margaret Clark, FRCN 1987
Mr Trevor Clay, FRCN 1985 *
Dr Sheila M. Collins, OBE, FRCN 1977
Baroness Cox of Queensbury, FRCN 1985
Dr Robert Crouch, FRCN 1999
Mrs Dorothy Crowther, FRCN 1991
Mrs Sylvia Denton, OBE, FRCN 1990
Mrs Jill Evans, OBE, FRCN 2000
Professor Jean Fauquier, FRCN 2001
Miss Barbara Fawkes, OBE, FRCN, FRCN 2000
Mrs Sylvia Denton, OBE, FRCN 1990
Mrs Dorothy Crowther, FRCN 1991
Mr John Greene, OBE, FRCN 1977 •
Miss Jackie Flindall, FRCN 1983
Professor Dawn Freshwater, FRCN 2002
Dame Phyllis Friend, FRCN 1980
Miss Jacqueline Flindall, FRCN 1983
Miss Angela Gould, OBE, FRCN 1990
Professor Kevin Gournay, CBE, FRCN 1998
Professor Margaret Green OBE, FRCN 1987
Mr John Greene, OBE, FRCN 1977 *
Dame Catherine Mary Hall, FRCN 1976 *
Miss Winifred Hector, FRCN 1976 *
Miss Pamela Hibbs, CBE, FRCN 1990
Mrs Jackie Hill, FRCN 1997
Dr Lisbeth Hockey, OBE, FRCN 1977
Mr Stanley Holder, OBE, FRCN 1979
Dr Lisbeth Hockey, OBE, FRCN 1977
Miss Muriel Skeet, FRCN 1977
Miss Flora Eileen Skellern, OBE, FRCN 1980 *
Professor James Smith, OBE, FRCN 1978
Mrs Vicky Stephenson, FRCN 1987
Ms Barbara Stilwell, FRCN 1994
Mr Les Storey, FRCN 2000
Miss Maude Storey, CBE, CSJ, FRCN 1996 *
Mr Ben Thomas, FRCN 1997
Mr Robert Tiffany, FRCN 1982 *
Professor David Thompson, FRCN 1992
Mr Roderick Thomson, FRCN 2002
Professor Alison Tierney, FRCN 1995
Mr Roderick Thomson, FRCN 2002
Professor David Thompson, FRCN 1992
Mr Roderick Thomson, FRCN 2002
Professor Alison Tierney, FRCN 1995
Mr Richard Wells, FRCN 1987 *
Miss Beatrice Bryson Whyte, OBE, FRCN 1981 *
Professor Jennifer Wilson-Barnett, FRCN 1984
Professor Stephen Wright, MBE, FRCN 1991
RCN Honorary Fellows
Professor Linda H. Aiken, FRCN 1998
Dame Ruth Nita Barrow, FRCN 1980 *
Professor Patricia Benner, FRCN 1994
Professor Rebecca Bergman, FRCN 1985
Ms Gabriela Boce, FRCN 1997
Miss Alice Clamageran, FRCN 1977 *
Sister Frances Dominica Ritchie, FRCN 1983
Dr Claire Fagin, FRCN 2002
Dr Vernice D Ferguson, FRCN 1984
Dr Dorothy Hall, FRCN 1981
Miss Ingrid Hamelin, FRCN 1982
Miss Virginia Henderson, FRCN 1978 *
Mrs Jadwiga Izycka, FRCN 1981 *
Mr Nigel Kee, FRCN 2000
Miss Margaret Currie Neelson Lamb, FRCN 1976 *
Dr Norma Lang, FRCN 1994
Dr Amelia Mangay Maglacas, FRCN 1986
Ms Marie Manthey, FRCN 1993
Dr Helen Masseille, CC, FRCN 1976
Chieot Kotouromola Abeni Pratt, FRCN 1979 *
Miss Eileen Rees, OBE, FRCN 1977
Miss Juanita Rule, OBE, FRCN 1976
Dame Cicely Saunders, OM, FRCP, FRCN 1981
Miss Hilda Marijorie Simpson, OBE, FRCN 1976 *
Professor Margretta Styles, FRCN 1992
Dr Elizabeth Elaine Wilkie, OBE, FRCN 1976 *
Mrs Mary Margaret Durrant Williams, OStJ, FRCN 1978 *
Professor Wang Wuying, FRCN 1985 *
Ms Peggy Vidor, FRCN 2000
Professor Thelma Wells, FRCN 1987 *
* Denotes deceased

Acknowledgements
Special thanks to all the patients and staff
who appear in this review.
Main photography: John Trenholm
Design: Bell Design