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

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Nominations open

Nominations for the RCN in Wales Nurse of the Year Awards 2015 are now open. The awards celebrate excellence in nursing, midwifery and health care support work in Wales. There are 16 categories, including the overall winner. Nominate online at www.rcn.org.uk/wales before 25 June.

Trustee sought

The RCN Foundation is seeking to appoint an RCN member to sit on its board of trustees. The RCN Foundation is an independent charity investing in projects that make a difference to people's health. It also provides assistance to individuals facing hardship and supports nursing teams to develop their practice. Applicants should have strong management skills and an understanding of good governance. www.rcn.org.uk/appointments

Parking progress

With more than 7,000 signatures, the RCN's petition and campaign protesting at the lack of car parking and transport to the new South Glasgow University Hospital has already had a major impact. Results of the campaign so far include a commitment from the health board to explore options for more car parking spaces and shuttle bus services from public transport hubs. Staff who still have concerns can email anne.thomson@rcn.org.uk. Find out more at www.rcn.org.uk/glasgowmove



Cavell winner

Member Deborah Cooper, an RCN student information officer at Birmingham City University, has won the Cavell Nurses' Trust Outstanding Student Nurse award. Every year the trust honours exceptional nursing and midwifery students. Award winners receive funding to study abroad, and Deborah is hoping to study transplantation and nursing research. The awards were sponsored by the RCN Foundation and presented by Princess Anne (pictured above with Deborah).



To win this award means such a lot to me, personally as well as professionally

Deborah Cooper

Annual review

Did you know that the RCN's legal team secured almost £7.5 million in compensation for members? Or that we supported members to manage £8 million plus of debt? These are some facts about the RCN's achievements in this year's Council report – see page 17. To find out more and share your views, come along to the RCN annual general meeting on 24 June at 2.30pm at Bournemouth International Centre.

👉 Visit www.rcn.org.uk/agm

Learning pays

West Midlands member Monika Powers has won an iPad mini after attending four RCN learning events last year. HCA Monika was presented with her prize after being selected in a draw. She travelled all over the region to attend workshops, even going as far as Hereford. Monika said: "The events are free, keep you updated with the latest developments in health care, and always have speakers who are experts in their fields."

👉 Check out the full range of RCN learning events in the West Midlands at www.rcn.org.uk/westmidlands



Celebrate in style

Free materials to help you celebrate Nurses' Day on 12 May are now available to order and download from www.rcn.org.uk/nursesday. The day is an opportunity to demonstrate the enormous pride that exists across the whole profession and members are asked to share what makes them proud to nurse. Email your story to nurses.day@rcn.org.uk, submit your thoughts online at the above web address or tweet @theRCN using #whyInurse.

Network success

An active and committed network of retired RCN members, who feed in the nursing voice to the National Pensioners Convention (NPC), scored a significant success at the NPC's Biennial Delegate Conference in March.

The network delegates, Dr Joyce Forge, Kate Fitzsimmons, Dr Graham Lake and Trevor Peel, proposed a motion that called on UK governments and health departments to ensure that older people have access to skilled nursing support to help them take greater control of the management of their long-term conditions. The motion received unanimous support and is now NPC policy. This is important because it means that in its campaign work, in responses to consultations and in a wide range of other activities, the NPC, to which the RCN is affiliated, will be fighting hard to ensure the motion is acted upon. The network will be closely monitoring progress on this superb result.

'Stretched and working harder'



Whoever forms the next government must learn from this report

An overstretched nursing workforce has been forced to take on even more work since the last general election, with serious implications for care and staff welfare.

RCN analysis contained in a new *Frontline First* report shows the effects of the Coalition's policies on nursing and nursing numbers. *The Fragile Frontline* also reveals that the community nursing workforce has been cut by more than 3,300 posts since 2010 despite NHS plans to move care out of hospitals.

Chief Executive Dr Peter Carter said that cutting nursing numbers to fund the NHS reorganisation had been the wrong course for the Government to take. "The cuts were so severe that we are only just catching up with where we were five years ago."

RCN analysis shows that while the total number of nursing posts rose by 6,434 between 2010 and 2014, when midwives, health visitors and school nurses are excluded the

qualified nursing workforce increased by only 1,470. And while full-time equivalent posts have risen, the number of people filling them has dropped, meaning that fewer staff are providing more care.

As well as a significant fall in community nursing staff, mental health and learning disabilities have also seen deep cuts.

There is, however, no shortage of people interested in a nursing career. Last year, there were more than 50,000 applicants for just 21,205 places, according to university figures.

Dr Carter said that while the health service had spent the last five years "running on the spot", demand has continued to grow. "Whoever forms the next government must learn from this report and take immediate action to grow the nursing workforce, and ensure it can keep up with demand with a sustainable and long-term plan."



Download the full report from www.rcn.org.uk/frontlinefirst

4 ANALYSIS

BMI contract changes challenged

RCN joins other unions in challenging private health care company for making changes to staff contracts without consultation

The RCN has said it is “deeply disappointed” that private provider BMI Healthcare is altering employee contracts without consulting staff or the College. The changes will come into effect from 1 June.

The company has 9,500 employees and operates 61 hospitals and treatment centres across the country.

Rates of pay for overtime and enhancements will be hit by the contract changes, as well as time off in lieu. Other changes will affect the company’s policy regarding availability of bank shifts to contracted staff and the way in which annual leave is to be booked.

The RCN believes that BMI is breaching employment legislation by not consulting staff over amendments to contracts. It has long wanted

consistency and transparency of terms and conditions at the company but not to the detriment of the nursing workforce.

Emma Lenehan, RCN Employment Relations Adviser, said: “BMI should be consulting with staff if they intend to make substantial changes to terms and conditions that could have a serious effect on their finances and living standards, to say nothing of the negative impact on staff morale and wellbeing.”

She said the RCN and other unions whose members are affected by the changes were hoping for an opportunity to engage with the company’s management and move towards a fair and appropriate outcome.

“The BMI nursing workforce, and their patients, deserve nothing less,” she added.

Any RCN members employed by BMI Healthcare who are concerned



BMI should be consulting if they intend to make substantial changes to terms and conditions

about the changes can contact RCN Direct for advice or support and to share their views. Telephone 0345 772 6100 between 8.30am and 8.30pm.

If you are employed by BMI Healthcare, please ensure that your RCN membership details are up to date so that you can be sent the latest information. Check your details at www.rcn.org.uk/myrcn

Concerns raised over TTIP

Members spoke out against the Transatlantic Trade and Investment Partnership (TTIP) at a seminar held at RCN headquarters last month

Held to address the political implications of the TTIP for UK health services and public health, the seminar was attended by MEPs from the Conservative, Labour and Green parties.

Matthew Hamilton, RCN EU Adviser, said: “MEPs were left in no doubt about the concerns RCN members have about the

implications of the TTIP for health services and public health. But the fight continues – if you haven’t done so already, please contact your MEP to raise your concerns about this important issue.”

The Coalition Government supports the TTIP, arguing it will benefit the UK economy and claiming there is no evidence it will undermine the NHS. Labour wants to see public services excluded from the TTIP agreement and opposes the investor-state dispute settlement (ISDS) aspect, which would allow companies to take governments to

court. The Greens are sceptical of the TTIP as a whole.

Delegates at last year’s RCN Congress overwhelmingly endorsed a resolution to lobby against health services being part of the TTIP. An RCN position statement calls for the NHS to be protected from the consequences of the deal, as well as the removal of the ISDS clause and greater transparency in the ongoing negotiations.

The seminar can be accessed on the RCN YouTube channel at www.youtube.com/RCNOnline.



Please contact your MEP to raise your concerns

Go to www.rcn.org.uk/internationalwork to download the RCN’s position statement on the TTIP.

Harsh tactics cause hardship

Recouping overpaid wages is causing increasing hardship for nursing staff, says the RCN

Callous tactics used by trusts to recover payroll errors have been criticised by the RCN, which has recorded significant rises in the number of staff turning to its welfare service for help.

“Over the last 18 months we’ve seen a 32 per cent rise in referrals to us with overpayment of wages being the reason for debt or hardship,” said Claire Cannings, Senior Welfare Adviser. “While the rise is itself a cause for concern, the harsh and insensitive methods being used by trusts and outsourced payroll companies to get their money back are also a major worry.”

While occasional errors aren’t unusual, it’s the increase in systematic and repeated mistakes that is causing nursing staff most hardship, the RCN believes. It cites evidence that many organisations are now recruiting permanent overpayment officers to deal with the issue.



Wrong calculations for long-term sick pay are among the most consistent errors. Other cases include those where repayments have been demanded without an explanation; interest has been added; and fraud investigations have been threatened unless full repayment is made immediately.

“Our members’ finances are often so finely tuned that even a small repayment over a period of months can push them into insolvency,” said Claire. Overpayments may also mean members miss out on vital benefits – such as working and child tax credits – that can’t be reclaimed at a later date.



Even a small repayment can push members into insolvency

▶ If you’ve been affected by a similar issue, contact RCN Direct on **0345 772 6100** for help and advice.

Shaping the debate

For and against speaking queues are set to return to Congress

This year’s RCN Congress will include a pilot debate allowing members to speak either for or against the motion by forming two separate queues.

The matter for discussion is an agenda item submitted by the RCN’s Greater Glasgow branch: “Should nurses in the RCN strike to protect not only ourselves but our patients and the services that they rely on?”

The debate will differ from the usual format, where members signal their desire to speak via a handset. Stuart McKenzie, Chair of Congress, said: “The Agenda Committee is keen to explore different ways of debating and feels that this approach for this particular item will allow for a balanced and informative debate without any of the Congress passion being lost.”

For an in depth look at the 2015 Congress agenda turn to page 12.

▶ RCN Congress runs from Sunday 21 to Thursday 25 June. Book your place today at www.rcn.org.uk/congress



From the heart

London nurse *Emily Pocock* shares why she’s proud to nurse



I want to try and explain what being a nurse means to me.

The Family Nurse Partnership where I work is the most amazing programme. We visit first-time mums and dads throughout their pregnancy until their child is two-years-old.

No two days are the same. I could be giving advice to parents about quitting smoking, or playing toy farm with their baby.

I don’t know how I’d juggle life as a young person, an education and raising a child, but over three years we see their self-esteem grow. The transformation is remarkable.

I’ve never felt more passionate about what I do.

I’m not a nurse for financial gain, but because I want to make a difference. I was inspired by my mother who cared for her patients with dignity and respect.

I’m supported by my supervisor and wonderful team. It’s the hardest job and the most enjoyable job. I’m most definitely proud to be a nurse.

www.rcn.org.uk/nursesday



Feedback

Alex Callaghan

RCN Policy Adviser, on revalidation



The Nursing and Midwifery Council (NMC) recently announced a change to the planned date when revalidation will begin. Revalidation is the process by which nurses and midwives will be required to demonstrate that they are fit to practise and can therefore remain on the NMC register.

Any nurse or midwife due to renew their registration from 1 April 2016 will now have to revalidate. This is a change from the date originally proposed: 31 December this year. The NMC expects that its ruling council will approve a final model for revalidation in October. From then on, registrants should be thinking about the revalidation requirements and should be gathering the evidence they need for their portfolios.

It's important to remember that revalidation is being piloted in numerous settings across the UK. This means there's a possibility that the requirements currently being proposed will change. The RCN is working with nurses at many of these sites to assess how well the revalidation proposals will work in practice. We will feed back on members' experiences so that we can continue to help the NMC shape revalidation and ensure that the final model is effective and proportionate.

www.nmc.org.uk/revalidation ↗

What you've been saying

A welcome focus

I was struck by one aspect of the new Nursing and Midwifery Council code which states that nurses and midwives must make sure they deliver the fundamentals of care effectively. It's wonderful that the code uses that word. Nursing care can never be described as basic, but should be seen as essential. Assisting a patient with personal hygiene, while not overly complex, should never be considered basic. All aspects of care and treatment are done for a reason and effective nursing practice should be patient, not task, orientated. The new code should not just be seen as rigmarole but as a set of values and principles that all nurses and midwives should seek to embody in all that they do.

 **Donato Tallo, by email**

Reflecting real life

As a retired practice nurse, I enjoy receiving *RCN Bulletin* to keep me up to date with the nursing world. You know one of the things I love most – the photos, lots of them, of nurses, in and out of uniform, in all walks of

life. I get so sick of the image industry dominating every aspect of life. You can't buy a hub cap or box of tea bags without being bombarded by artificially perfect images. The *Bulletin* publishes beautiful, natural photos of nurses, on newsprint quality paper seemingly without effort or a posh studio. Carry on the good work.

 **June Gooch, by email**

Am I alone?

As a registered nurse, I can only do bank work due to health issues. I have been off work for four months due to ill health and we don't claim any benefits. I have spoken to many ex-nurses who are totally fed up of nursing today and sadly with the amount of hours required to keep my registration I am thinking of letting it lapse. Only yesterday I spoke to a very skilled ex-nurse who let her registration lapse due to dissatisfaction in the nursing world. Do any other nurses feel this way or am I alone?

 **James, by email**

Hot topic

Should 12 hour shifts be scrapped?

Alison Spurrier, an agency nurse from Wales says: "Nurses work 12 hour shifts to enable them to have more days off. This is understandable, as many are parents with family commitments. Little heed is paid to the fact that it is gruelling, and likely to compromise patient care. It is impossible to maintain excellent standards of care for 12 hours, most nurses are lucky to get a half hour break. It's simply too demanding. Twelve hours of physical work, which also requires much thought and concentration, is not easy. There is little time between finishing one shift and returning for the next, which often means nurses do not unwind and rest adequately between shifts."

Angela Hill, a nurse from London, says the general consensus among her colleagues is that 12 hour shifts should be kept. "Scrapping them would mean working more days of the week and getting less unsociable pay. If we didn't get unsocial hours pay, we'd be practically living on the streets. I think nurses like the idea of working three/four day blocks and having three days off to catch up on life, however tiring it is at the time. The fatigue of shifts mainly comes from time pressures and staffing issues. I don't think patients would get good continuity of care with shorter shifts either. Things handed over are often lost so more handovers could mean more things are missed."

a quick question

What motivates you to nurse?

“Caring”

Paul Brown

“Drive”

Jenny Kirsh

“Appreciation”

Sindy King



Quote of the month

“It is time precious NHS resources went to frontline services”

RCN Chief

Executive

Dr Peter Carter

3 things I believe

1. Mentors should have protected time for their students.
2. Student bursaries need to be urgently reviewed. Nursing students are in severe financial hardship.
3. Nursing staff need to care more for themselves and their colleagues. The patients will see the benefit.

Brendan Garry,
Student member of
RCN Council

Let's be bold

May offers opportunities to promote the nursing profession

I love Nurses' Day on 12 May. It allows us to wave the flag for our proud profession and remind the world of nursing's value.

But Nurses' Day also offers us a chance to reflect – on how far we have travelled as a profession, for example, and where we might go in the future.

Nursing has always demanded special attributes of its practitioners but I think today it asks even more. As well as the qualities that have long distinguished good nurses we must add to the list resilience, good in a crisis, an ability to fight a corner.

These days, those are essential skills to have. And if NHS cuts continue to run deep, we are going to need them more than ever. We need to strengthen our voice in all corners of society; argue for what we want; explain the value to the health service of our expert knowledge.

Against a backdrop of recurring challenges, we've always succeeded in finding the way forward. We've



set out our vision and continued to work for the patients we serve. I urge you to keep doing that, despite the obstacles. We need to be bold and do what has to be done to make the NHS a service that everyone can be proud of. No matter what the future holds, we will use our skills and abilities to fight for the best in patient care and to fight for the respect our profession deserves.

Nurses' Day is one opportunity to do that. Polling day, 7 May, is another. With thousands of nursing staff in every constituency, your vote truly can help shape the future of our health services. Please, for the sake of our patients and our profession, use it.

Cecilia Anim
RCN President



Convince me

We should be challenging the use of the term “bed blocker/s” as it strips dignity from those to whom it applies. It suggests that it is the patient's fault that the bed is blocked when it appears to be a wider care system issue. The term that should be used is “delayed discharge/s”. This is much more dignified to those concerned.

Lesley Pallett,
Workforce Health and Wellbeing
Specialist Advisor



What I've been reading

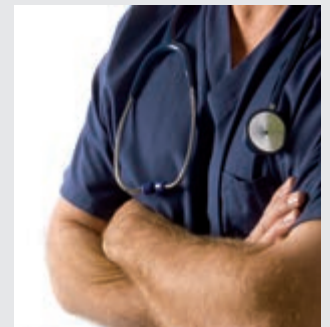
I have been reading *Human Factors in Healthcare* (2014) by Debbie Rosenorn-Lanng. Debbie has developed the SHEEP (Systems, Human interactions, Environment, Equipment and Personal) model to help examine the human factors that contribute to errors in health care. It is an interactive read that discusses many situations nurses will be familiar with, and explores practical solutions. Interesting, light-hearted and useful.

Catherine Hughes,
Lecturer of Adult Nursing



The view from here

Martin Rowland
A&E staff nurse



Is enough being done to encourage men into the nursing profession?

Successive governments have encouraged more women into what have historically been seen as male dominated professions, like science and engineering. Despite this, little thought has been given to the lack of men in female dominated professions.

Men can offer so much to nursing. All of us at some point in our careers would have come across female patients wishing for their personal care to be seen to by female staff. I do my utmost as a male nurse to ask female patients if they would prefer personal care to be carried out by a female member of staff. But I'm sure that many hospital wards and departments across the UK would find it hard to provide male only care to male patients if asked.

I believe more should be done to encourage men into nursing. Our modern and diverse health services need to remain just that.

www.rcn.org.uk

Placing your cross

Health has been a key battleground in the run up to the general election. Kim Scott takes a look at who has pledged what to help inform your vote on 7 May

The outcome of the general election has been touted as the most difficult to predict in modern times. Since parliament dissolved on 30 March, political campaigning has been fierce. With constant news coverage, pledges, counter pledges, promises and pleas, keeping abreast of who wants what when it comes to health can be mind boggling.

But your vote is important. Whoever gains power after polling day will have their work cut out to stabilise the NHS and realise ambitions to integrate health and social care. Never before has it been more vital for you to have your say.

Make nursing count

Last year the RCN consulted its members on what they felt was important for nursing and health over the next five years. More than 10,000 people responded to a specially devised survey, the outcome of which was the *Nursing Counts* general election manifesto.

This sets out what **the RCN wants** from the next government and is underpinned by three specific demands. These are **to improve patient care** by ensuring safe staffing levels across all settings, giving nurses access to training and by listening to staff; **to value nursing** by giving staff the fair pay they deserve, putting an end to downbanding and by securing the future of the profession; and **to invest in health and care** by stopping cuts to nursing, increasing resources in the community and matching workforce planning to patient need.

elections.rcn.org.uk

So how do the policies of the main political parties compare?

The Conservatives

have pledged to **increase NHS funding by £8 billion over the next five years**. David Cameron has declared his commitment to delivering a **“truly seven day NHS”** with plans to **expand hospital services at weekends** and enable everyone in England to **see a GP seven days a week by 2020**. The party’s manifesto **guarantees everyone over the age of 75 a same day GP appointment** when needed and **online facilities for ordering repeat prescriptions**. The party also says it will continue to **integrate health and social care systems** and enable Britain to **lead the way in fighting cancer and finding a cure for dementia**.

www.conservatives.com

Labour says it will invest **£2.5 billion more than the Conservatives each year in the NHS** to recruit **20,000 more nurses, 8,000 more GPs, and 3,000 more midwives**. Ed Miliband has pledged that patients in England would get a **GP appointment within 48 hours** and would **not wait longer than a week for cancer tests and results**. Labour wants to **scrap the Health and Social Care Act** and end **“creeping privatisation”** of the NHS. It also wants to **introduce a system of “whole person care”**, with a single point of contact for all who need it. The party has pledged to **end time-limited 15 minute social care visits** and **recruit 5,000 new “home care workers”**. In the recent RCN hustings event,

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elections.rcn.org.uk

Shadow Health Secretary Andy Burnham committed **not to attack unsocial hours payments**. Labour has also made a commitment to **“respect NHS Pay Review Body recommendations** rather than brushing them aside irresponsibly.”
www.labour.org.uk

With campaign polls indicating that Labour and the Conservatives are neck and neck, it’s clear the fight for power is not a two horse race. There are a number of ways in which the future government could be formed, with various permutations of different parties forming a coalition and the possibility of a minority government, relying on informal agreements between parties being made. In the event of a minority government or parties being unable to decide on coalition partnerships, we may even see another general election called in the coming months.

So what of those other parties? What have they been saying when it comes to nursing and health?

The Liberal Democrats

have outlined plans to **increase NHS spending by £8 billion over the course of the next parliament**. Backed up by **£500 million per year for better mental health care**, the party says it will **improve access to treatment** and **establish a world-leading research fund to improve understanding of mental illness**. Leader Nick Clegg says he will **give patients easier access to GPs**, with **more practices open at evenings and weekends** and offering **phone and Skype appointments**. He also says he would guarantee public sector pay increases by at least the



rate of inflation.

www.libdems.org.uk

The UK Independence Party (UKIP)

is growing in popularity, polls suggest. Though it held just one seat in the last parliament, its influence after this election, particularly if a coalition is on the cards, could be much greater. The party has committed to invest **£3 billion per year extra in the NHS frontline** by the end of the next parliament, funding **20,000 more nurses, 8,000 more GPs and 3,000 more midwives**. It has outlined plans to **bring back state enrolled nurses** and says it will **fund nurse training** as well as return to practice courses. Leader Nigel Farage has pledged to **scrap hospital car parking charges in England, make private medical insurance compulsory for many migrants, introduce a licence to practice for medical managers and abolish the Care Quality Commission**, with inspections undertaken by democratically elected local health boards.

www.ukip.org

The Green Party is also getting more support in the polls, though this might not result in a much better return on its one seat in parliament (there are 650 seats in total), as vote increases are expected in constituencies with “safe” seats historically held by other parties. The party’s key campaign priority in relation to health is to **keep the NHS public and to repeal the Health and Social Care Act**. It has pledged to immediately **increase the NHS budget by £12 billion per year to fund greater investment**

in mental health care and provide free dentistry, chiropody and prescriptions in England. It plans to provide **free social care for older people, provide the right to assisted dying** within a rigorous framework of regulation and **introduce a system of presumed consent for organ donation**.

An **extra 400,000 jobs** would be created in health and social care under its budget plans, the party claims. Leader Natalie Bennett has said she would **respect the NHS Pay Review Body and bring NHS pay back in line with inflation**.

www.greenparty.org.uk

The Scottish National Party (SNP)

must also not be underestimated. Following the referendum on Scottish independence last year, the popularity of the party has surged and engagement in politics in Scotland remains high. Polls indicate that the party could secure more than 50 seats in parliament this election, a significant increase on its previous six. Despite health being devolved to the Scottish Parliament, health and NHS funding have become big issues ahead of the general election in Scotland. SNP leader Nicola Sturgeon has said her anti-austerity plan would see an additional **£9.5 billion funding boost for the NHS across the UK, resulting in Scotland’s health budget rising by a total of £2 billion by 2020**. She has made it clear that SNP MPs elected in May will vote for a bill in Westminster **to restore England’s NHS and protect it from privatisation**.

www.snp.org

Plaid Cymru has made big pledges ahead of the general election, despite health being devolved in Wales. The party **rejects the marketisation and privatisation of the NHS**. It wants to **recruit 1,000 additional doctors to work in the Welsh NHS and increase the number of district and community nurses**. The party plans to provide more training for doctors, paramedics and nursing staff and **ensure safe staffing levels**. **Integrating health and social care** is also a priority, as is working towards a **paperless NHS**.

www.plaid.cymru

Northern Ireland has quite a distinct political scene, but parties such as the **Democratic Unionist Party, Sinn Féin, the SDLP, the Alliance Party and the Ulster Unionist Party** have a real chance to influence in this election. With all polls agreeing that the UK is headed for a hung parliament, the voice of Northern Ireland could be heard in Westminster like never before. As health and social care is devolved, the Northern Ireland parties will be focusing on next year’s Assembly elections for the detailed development of health policy. But parties are united by the desire to **deliver world class public services and see increased investment in health and social care**.

Whatever happens in the general election, you might not want to expect the announcement of a clear cut majority government on 8 May. The anticipated shift of seats does provide the RCN with an opportunity though. New relationships can be formed and a new era of lobbying can begin.

The RCN is politically neutral. The information presented here is not intended to persuade you to vote for any one particular party but to help you make an informed choice. The policy outlines are not exhaustive. For more information and to view manifestos in full, please visit the relevant party’s websites using the links provided. The information published was accurate at the time of going to press.

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*10% of new RCN customers paid £174 or less between 01/12/2014 to 28/02/2015. †10% of new RCN customers paid £99 or less for buildings and contents between 01/12/2014 to 28/02/2015. For TextDirect: first dial 18001. Calls may be recorded. Mon-Fri 8am-9pm, Sat 8am-5pm, Sun 9am-5pm. For Pet: Mon-Fri 8am-8pm, Sat 9am-5pm. The Royal College of Nursing acts as an Introducer Appointed Representative to the Liverpool Victoria group of companies for General Insurance. 21548352a 03/15

‘Securing our future’

An inspirational RCN member could help save thousands of lives following five years of tireless campaigning to educate and recruit South Asian organ donors



If you don't do anything, nothing changes

Not content with reaching out to people in her immediate circle of influence, Agimol contacted local community and religious leaders with a view to spreading the word further. “It was hard work in the beginning,” she admits. “I had to build trust and develop a shared desire to tackle the problem together. It helped that I am of South Asian descent. I’m able to explain that a shortage of organ donors is our problem and that we need to face it to secure our future.”

Over time Agimol’s campaign started to snowball. She was invited to talk at more and more events and people began joining the register in their hundreds. “I suddenly became very busy,” she says. Her weekends and holidays are now booked up with voluntary speaking engagements and she travels up and down the country to attend events with her two daughters and husband in tow. “Ongoing campaigning is a big commitment but I know donor recipients appreciate what I’m doing.”

Five years on from that first shift in the transplant clinic, Agimol has persuaded more than 3,000 people from BAME communities to sign up to the organ donor register. Sometimes supporting people to physically fill in and return the forms, her efforts could help save up to 25,000 lives (each donor can provide up to nine body parts).

“I feel blessed that I’m in a position to make a difference,” she says. “When I see patients who are still on the donor register it drives me to do more.”

Manchester nurse Agimol Pradeep is not the kind to keep quiet about injustice. Five years ago, upon starting a new role as a transplant co-ordinator, she found herself and the NHS service she works for under scrutiny by members of her own South Asian community.

“Part of my job was to review the health of people who had been on the waiting list to receive a donor organ for more than a year,” she explains. “During these clinics I was challenged by patients from Black, Asian and Minority Ethnic (BAME) communities as to why they didn’t seem to get the same organ donation opportunities as their White counterparts. Being new to the job, I struggled to explain, so I discussed it with my managers to help me understand.”

It turns out they had a point. Organ matching is likely to be closer when the ethnicity of the donor and

recipient are the same. Twenty seven per cent of patients on the transplant waiting list are of BAME origin, yet there is a real shortage of donors from these communities. As a result, on average, patients from BAME communities will wait a year longer for a kidney transplant than a White patient. Many may die while waiting for an organ to become available.

A shift in attitudes

It was an unacceptable situation for Agimol and she embarked upon a campaign to upset the statistics. “I started to think about what I had the power to do,” she says. “If you don’t do anything, nothing changes. I saw that I could help save lives. So I began talking about organ donation with my friends, family and neighbours. I took time to explain things in a way they could understand and I started to see a shift in their attitudes. People responded positively and signed up to the register.”

▶ To find out more about organ donation visit www.nhsbt.nhs.uk

What's on the agenda?

Tom Metcalf looks at how the RCN Congress agenda takes shape and gathers views on what makes a good debate



RCN Congress is now just weeks away and is your opportunity to share opinions and explore issues. At the heart of the event are the debates – but how are topics chosen?

A draft agenda is compiled by the Congress Agenda Committee, on behalf of RCN Council, from submissions made by branches, boards, committees and forums. Submissions are split into resolutions – which call on the RCN to take action in some way – and matters for discussion, which are more open-ended debates.

Emergency agenda items can also be submitted up to and during the event itself, enabling members to debate the most topical issues. Find out how to submit an emergency item at www.rcn.org.uk/congress/emergencyitems

The agenda committee discusses and reviews more than 100 submissions each year. This helps ensure Congress reflects the most immediate concerns of members and that

debates are relevant and informed. The outcomes of debates are then used to direct the work of the RCN.

Expect the unexpected

This year's agenda includes a diverse range of clinical, professional and employment topics. Some you might expect – unsocial hours payments and strike action – and others you might not.

Andrew McGovern (pictured opposite), from the RCN's Inner North East London branch, submitted a matter for discussion on the health benefits of music. As a former member of the agenda committee, he has useful advice on how to get your item chosen.

Something slightly unusual always makes for an interesting item, he says. "I submitted five items this year but the one I was most confident about – and the one which was chosen – was the music one. It's such a quirky item. I was thinking about past debates that were a bit different and one spring to mind about the



If you feel passionate about something, go out there and share it

value of humour in health care. That got me thinking about music, so I did some digging and found lots of research about the value of music in mental health and palliative care. There's also evidence to suggest listening to music on the way to work can be beneficial for staff so it seemed like a good idea all round."

Andrew has been to every RCN Congress since 2000 and urges members to attend and get involved.

"It's one of the big opportunities members have to influence the RCN," he says. "It's also the week when we're in the national spotlight. A good item can make an impact on politicians and the media."

Go and speak

Tracey Risebrow, from the RCN Suffolk branch, says debating at Congress is a great experience. "I think a lot of people don't realise they can get involved and put forward an idea," she says. "It's daunting but there's a lot of support available and the opportunity is there for everyone. I would really encourage people to go and speak."

Tracey's branch has a resolution on this year's agenda which urges RCN Council to oppose the use of covert video and audio surveillance in nursing and residential homes. The Care Quality Commission issued guidance on filming in care homes earlier this year, making it a timely topic.

But Tracey says that as well as being topical, items need to capture the imagination. "It's boring if

Find out what happened at RCN Congress last year, and watch films of all the debates, at www.rcn.org.uk/congress

everyone is going to vote yes. You want a bit of debate. Controversy also grabs attention.”

To illustrate her point, last year an item Andrew proposed calling for a charge for GP appointments gained widespread national media coverage.

Congress rejected the proposal but Andrew explains this was not the point. “I knew it was going to get thrown out but it was still a great debate which attracted a lot of interest. It was all about highlighting the funding shortage in the NHS and I got that message across.”

Lasting impact

As well as putting nursing in the spotlight, the Congress agenda can also allow members to make a lasting impact on health care.

Last year Annessa Rebar, a senior lecturer in mental health from the North of Tyne branch, put forward a resolution asking RCN Council to influence higher education institutions to include suicide prevention across all fields of pre-registration nurse education.

The resolution was passed by a 99.6 per cent majority and since then Annessa has been working with the RCN to move things forward. She met with Ian Hulatt, the RCN’s Professional Lead for Mental Health, and Seamus Watson from Public Health England (PHE) to discuss next steps. The RCN and PHE have since launched a joint toolkit to help prevent suicide in lesbian, gay and bisexual young people (see page 15). Northumbria University has also



It’s boring if everyone is going to vote yes. You want a bit of debate

agreed to pilot suicide prevention within a public health module.

Annessa is pleased with progress. “I always say small acorns make big trees,” she says. “It might be a long time before suicide prevention is on every pre-registration programme but I’m happy with the support I’ve received from the RCN. If you feel passionate about something, go out there and share it. The whole experience of speaking at Congress was a privilege.”



Also up for debate

The Congress agenda of resolutions and matters for discussion currently includes 23 items, not including emergency items that can be submitted up to and during the event. The full Congress agenda can be found at www.rcn.org.uk/congress/debates. Other highlights include:

- lone working
- four branches of nursing
- child health inequalities
- stress at work
- using data for health
- non-emergency ambulances
- continence training.

Congress in numbers

RCN CONGRESS
the way



5138

the total number of visitors who registered to attend Congress in 2014

404

the number of news items featuring RCN Congress last year

140+

the number of exhibitors expected to attend Congress this year

71

the number of events on the 2015 Congress programme (subject to change)

48

the number of years Congress has been running in its current form

12

this year will be RCN Congress’ twelfth visit to Bournemouth (since 1980)

Book now
www.rcn.org.uk/congress

RCN CONGRESS
DEBATES | LEARNING | EXHIBITION

Mental health pilot steers success



An RCN Nursing in Criminal Justice Services Forum member is involved in an important pilot scheme aiming to prevent people with mental health problems being unnecessarily detained in police custody

As team manager for the Devon Partnership NHS Trust street triage pilot service, Karla Wilson-Palmer is at the forefront of a pioneering partnership between the police and mental health professionals.

Since March last year Karla and her team have been working with police in Devon to prevent people

being taken into custody unnecessarily and to help them get appropriate treatment.

There are similar pilot schemes elsewhere in England, but whereas in other areas mental health professionals accompany police on patrols and call-outs, Devon's size means a different approach was needed, as Karla explains.

"Because Devon is such a large geographical area, rather than going out with the police we sit in the control room and do a lot of our work over the phone," she says. "It's a unique design but it's worked well."

The street triage team worked four nights a week initially, but since January has started to work during the day as well.

Karla says during the service's hours of operation they have seen a 32 per



It's a unique design but it's worked well

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

cent reduction in people being detained in custody under the Mental Health Act.

"It's very inappropriate for someone with mental health problems to be detained in police custody," she says. "My team can help the police make an informed decision and ensure people having a mental health crisis access the appropriate service."

Last October Karla gave evidence on street triage to the Home Affairs Select Committee and the subsequent report called for an end to the detention of vulnerable patients in police cells.

"It never crossed my mind I could be involved in something like that," says Karla. "It was a really good opportunity and it was great to see the report. It was uplifting to know I'd made a difference."

Nursing all over the world

Kevin Davies, RCN Defence Nursing Forum member, shows nursing is a diverse career that can lead down many paths

Kevin Davies (pictured, right) trained as a nurse in South Wales in the late 1970s before going on to work in A&E and serve in the Territorial Army. After a three-year spell in the regular Army from 1987 to 1990 he returned to Wales as a university lecturer.

He has continued to serve as an Army reservist, spending time in Bosnia, Kenya, Kosovo, Iraq and Afghanistan. He was awarded the Royal Red Cross in 1997 and received an MBE in 2012.

Kevin is currently Emeritus Professor at the University of South Wales and is also a medical adviser to the Halo Trust, a landmine clearance organisation.

If that wasn't enough he is also CEO of the Motivation and Learning Trust, a charity which helps young people from challenging backgrounds.

"I keep pretty busy," says Kevin. "And I wouldn't be doing any of it if I wasn't a nurse first and foremost. All of what I do comes from that."

Kevin's work with the Halo Trust has taken him as far afield as Armenia and the Ivory Coast,

where he trains local people as de-mining paramedics. This involves going into live minefields and simulating evacuations, but despite the risk Kevin enjoys these visits.

"Working with local people who are making a difference is a real pleasure and there are great cultural benefits for both sides," he says.

Earlier this year Kevin joined the RCN's International Committee and is committed to furthering the RCN's standing on the world stage.

"We need to be proactive. We've got a lot of expertise and sharing that knowledge is important."



I wouldn't be doing any of it if I wasn't a nurse



Biologic therapies

New RCN guidance for rheumatology practitioners has been published. *Assessing, Managing and Monitoring Biologic Therapies for Inflammatory Arthritis* is available to download from the RCN website.



This third edition of the guidance provides a best practice framework for rheumatology specialist practitioners and the wider health care team involved in supporting the administration, monitoring and delivery of care to patients in a variety of settings. The guidance also contains a practitioners' workbook to aid a standardised assessment and management process. Part two of the publication covers specific issues for the care of children and young people. It has its own reference section and appendices that refer specifically to paediatric care.

Visit www.rcn.org.uk/publications

Suicide prevention

A toolkit for nurses to help prevent suicide in lesbian, gay and bisexual (LGB) young people has been launched by the RCN. The toolkit, a collaboration with Public Health England, aims to equip nurses with the knowledge and skills to provide effective support to LGB young people and help reduce the risk of suicide.

LGB youth are at a higher risk of suicide than their heterosexual peers because of stigma, discrimination and rejection from society.

Ian Hulatt, RCN Professional Lead for Mental Health, said: "This toolkit allows nurses to offer sensitive and specific care to LGB youth and will give them more confidence in addressing issues of self-harm and suicide."

Download from www.rcn.org.uk/publications

ANP discussions

The RCN is organising discussion groups across the UK with advanced nurse practitioners and specialist nurse stakeholder groups.

The groups will meet at local venues in Scotland, Northern Ireland, Wales and regions across England. They will help the College explore levels of advanced nursing practice, required clinical experience and qualifications, and the generic attributes of advanced nursing roles. If you are interested in attending a discussion group close to you please email karen.rapley@rcn.org.uk or call **01635 232804** for more information.

Insulin publication

The RCN has launched an updated edition of *Advanced Preparation of Insulin Syringes for Adult Patients to Administer at Home: RCN Guidance for Nurses*.

It has been developed for nursing practitioners working in a variety of settings and replaces previous RCN guidance from 2006. It highlights the professional, organisational and safety issues that must be addressed when pre-loading insulin syringes for later use by a person with diabetes. Download the guidance from www.rcn.org.uk/publications

Forensic Forum event

The RCN Forensic Nursing Forum, in conjunction with RCN London, is holding an event to promote *Positive and Proactive Care*, government guidance aimed at reducing restrictive interventions. The event will be held on Friday 3 July at RCN HQ from 9am to 3.45pm. It is free to attend and only open to RCN members. Email shirley.foster@rcn.org.uk to book.

What I'm thinking

Doreen Crawford
Chair, RCN CYP Acute Care Forum



It was a bad winter for the NHS, but nurses continued to make a difference to ensure the majority of patients enjoyed safe, high quality care.

On 7 May we will have another opportunity to make a difference. Although the RCN is apolitical, which is exactly as it should be, nurses are grounded in common sense and should be able to see through the smoke and mirrors as politicians seek to attract our votes. So, in the privacy of the ballot box, away from the hype and rhetoric, think long and hard, not only about what is best for the NHS, but about what sort of society we want.

Imagine a society which closes its doors to desperate people, which cuts aid to the poor and the hungry of the world. Reflect on the risk of increased privatisation, which could effectively ration care or eventually see the public billed for some of the costs of their care. This election provides us all with an opportunity to put our care and compassion to the test.

elections.rcn.org.uk

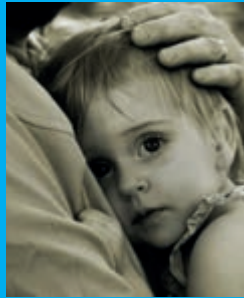
RCN looked after children's nurses' networking event

Thursday 7 July, 12-4.30pm
RCN HQ, 20 Cavendish Square,
London W1G 0RN

This event aims to:

- reinvigorate the RCN looked after children's nurses community network
- determine and influence the Government's agenda for looked after children (LAC) and children in care, particularly in respect of LAC health, the integration of services and the payment by results tariff for LAC
- determine to what extent the changes in NHS and local authority structures have resulted in a reduction in designated looked after children posts and a reduction in specialist nurses for LAC.

Visit www.rcn.org.uk/LAC15 or email elizabeth.butler@rcn.org.uk for more information.



Northern Ireland

www.rcn.org.uk/northernireland

Belfast

Wednesday 27 May, 1.30-4pm
(registration and lunch from 12.30pm)

RCN Northern Ireland, 17 Windsor Avenue, Belfast BT9 6EE
How to Write a Good Funding Application

RCN Northern Ireland Research and Quality Group event. Open to RCN members (£5) and non-members (£10). Email cst@rcn.org.uk or call 02890 384600.

Scotland

www.rcn.org.uk/scotland

Glasgow

Wednesday 27 May, 9.30-11.30am and 12.30-2.30pm
Function Suite, Level 3, Western Infirmary, Dumbarton Road, Glasgow G11 6NT

Scrutiny and inspection workshops: Shining the Spotlight on Quality Care

This will empower reps to influence change, escalate concerns and support members. For more information, contact joanne.noble@rcn.org.uk or call 0131 6626165.

Wales

www.rcn.org.uk/wales

Ty Maeth

Wednesday 20 May
RCN Wales HQ, Ty Maeth, King George V Drive East, Cardiff CF14 4XZ

Two RCN Wales seminars. In the morning, *Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS)*. In the afternoon, *Safeguarding of Vulnerable Adults*

Contact Rhona Workman on 029 2068 0713 or email rhona.workman@rcn.org.uk

East Midlands

www.rcn.org.uk/eastmidlands

Derby

Monday 11 May, 7pm
Derby NHS Walk-in Centre, Entrance C, London Road Community Hospital, Osmaston Road, Derby DE1 2GD

RCN Derbyshire members' meeting

All RCN Derbyshire members are invited to attend.

Eastern

www.rcn.org.uk/eastern

Peterborough

Wednesday 20 May

East of England Showground, Peterborough PE2 6XE

Fit to Practice, Fit to Care

This free conference is open to senior nurse leaders working in both the NHS and independent sector. Leading experts from the UK, Ireland and the US will share insights on nursing and health care challenges. Email jenna.williams@rcn.org.uk and to book a place email eventsreg@rcn.org.uk

London

www.rcn.org.uk/london

London

Wednesday 13 May, 6-9pm
RCN HQ, 20 Cavendish Square, London W1G 0RN

RCN public lecture

The first in this series of lectures, funded by the RCN Foundation, explores the role of the modern nurse. Jane Dreaper, BBC Health correspondent, will be chairing the event. For more information email anna.gray@rcn.org.uk or call 020 7647 3580.

North West

www.rcn.org.uk/northwest

Oldham

Friday 3 July, 6.30-8pm
Horton House, Southlink Business Park, Hamilton Street, Oldham OL4 1DA

Greater Manchester branch meeting

All branch members are invited to attend.

Northern

www.rcn.org.uk/northern

Sunderland

Monday 1 June, 1-4pm
RCN Sunderland Office, 2nd floor, Avalon House, St Catherine's Court, Sunderland Enterprise Park, Sunderland SR5 3XJ

Northern Region Retired Nurses' Group quarterly meeting

The Retired Nurses' Group meets to discuss issues that reflect our retired members' nursing interests and concerns, as well as featuring topical discussions and presentations. For more information, please

email colette.ross@rcn.org.uk or call 0191 511 5809.

South East

www.rcn.org.uk/southeast

Maidstone

Monday 18 May
Academic Centre, Maidstone Hospital, Hermitage Lane, Maidstone ME16 9QQ

West Kent Branch HCA/CSW Conference

A full day event packed with expert sessions including falls prevention, dementia, equality and development, and career development. Email kent.administration@rcn.org.uk or call 0208 253 9135.

South West

www.rcn.org.uk/southwest

Exeter

Tuesday 2 June, 7-9pm
Buckerell Lodge, Topsham Road, Exeter EX2 4SQ

Devon branch meeting with dermatologist talk on skin cancer and sun damage

Consultant dermatologist Chris Bower will give a talk on melanoma and non-melanoma skin cancer.

West Midlands

www.rcn.org.uk/westmidlands

Birmingham

Friday 1 May, 9am
Birmingham City University, Seacole Building, Westbourne Road, Edgbaston, Birmingham B15 3TN

Quality Improvement Network: Reflecting on Winter Pressures

This event will focus on sharing local lessons from the 2014-15 winter pressures. Email doris.stephenson@rcn.org.uk or call 0121 450 4311.

Yorkshire & the Humber

www.rcn.org.uk/yorkshireandhumber

Leeds

Wednesday 27 May, 2-4pm
RCN Leeds Office, 9 Bond Court, Leeds LS1 2JZ

West Yorkshire branch meeting

All branch members welcome.

Summary report of Council



*Michael Brown
Chair of RCN Council*

I am well aware of the tough time you are all having and the huge pressure that puts on you and your families. I also know there are no easy answers. However, I believe as an organisation we have made a real difference over the past 12 months.

We have published hard evidence of the scale of cuts to nursing posts and the impact these are having on services; and we have raised the awareness of the public and our critics about the realities of nursing today and the challenges we are facing as a profession.

We have a strong campaign underway, right where it counts – in the workplace – to fight what is happening to our profession. I believe that our manifesto, to which you have contributed, gives us a powerful voice leading up to the general election. It makes it clear that it is not right to expect nursing staff to subsidise the provision of patient care in the face of fewer staff, diminished services and increasing patients.

We have been working harder than ever to support you. This year alone we supported more than 24,625 new representation cases in 7,110 workplaces. Our legal team has secured almost £7.5 million in employment tribunal and personal injury compensation for members. Counselling was provided for 1,177 members and we offered 1,112 careers advice sessions. We helped members manage more than £8 million of debt and negotiated £89,000 of this debt to be written

off for members with chronic ill health. We prevented homelessness for 17 members and assisted members to gain just over £1 million in backdated, ongoing or appealed benefits, tax credit or charitable payments.

We have focused our energies on continuing to drive up the quality of patient care by promoting our standards for the improvement of patient care and the advancement of clinical practice. We have worked with a wide range of royal colleges, professional organisations and patient groups to develop our quality standards and guidance for care. We have set up a new clinical advisory group to enable nurse leaders to be more actively involved in the development and implementation of RCN strategy, policy and key outputs.

We reviewed the way we support our members to raise concerns about the quality of patient care, and developed a series of patient safety resources that illustrate the crucial role we play in protecting patients from harm and avoiding preventable accidents.

Another key focus of our work has been to scope our future education offer to make sure it is fit to meet the complex demands of a changing health care landscape, and will align with the Nursing and Midwifery Council model of revalidation and the associated implications for continuing professional development. Mentorship and its impact on practice education is also a priority work area that will enable us to develop appropriate resources to support best practice in mentorship. We have continued to lobby governments and decision makers to ensure that adequate resources are available to support investment in staff development.

I believe these examples show why the duality of our role makes us a stronger organisation and delivers real benefits to the public and our patients.

I also want to highlight our international responsibilities. During the year our International Committee completed a review of its long-term strategy to increase our international presence by supporting

the capacity building of other national associations. You will see from the report that we have continued to be active in Europe through the European Federation of Nurses Associations and the European Federation of Public Service Unions.

Many of you will have heard that Dr Peter Carter has decided it is time to leave us. I want to acknowledge the huge contribution he has made to the RCN and the nursing profession as our Chief Executive & General Secretary over the past eight years. I also want to thank Andrea Spyropoulos on behalf of us all for her strong leadership as our President from 2010 to 2014 and take this opportunity to thank our retiring student member of Council, Claire Jeeves, who has done an admirable job in leading our student members over the past two years; and Chris Piercy, who has retired as board chair and Council member for the Northern Region. Lastly, I would like to acknowledge the hard work all your Council members do on your behalf.

Without you, our members, we would not be the organisation we are and could not support our colleagues in the way we do. I believe that, together, we've done some very good work over the past year. However, going into 2015 there are many very real challenges and I know Council can always rely on your help and support in these difficult times. We will continue to respond robustly to any further attacks on our terms and conditions which make it more and more difficult to provide the best care.

My personal priority continues to be to improve member engagement. I hope you have started to see that the new consultation process is making a difference; that I have been listening carefully to your views, concerns and ideas and acting on them; and that I am taking every opportunity to speak about the issues of greatest concern to you.

As a Council we are determined to defend your pay, terms and conditions, demand respect for the amazing work you do and to get the public to understand why things go wrong when staffing levels and skill mix are not right. I look forward to continuing to work with you over the coming year.

Financial review for the year to 31 December 2014

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

In 2011 the membership agreed the recommendation of Council to combine the annual general meeting (AGM) with Congress. This change also required the RCN to move its accounting year end to 31 December. To this end the RCN had a nine month accounting period from April 2013 to December 2013 which is shown in the comparative figures. The accounting year now runs from January to December.

The accounts are presented under the format required by UK GAAP 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 and the RCN Foundation, consolidated on a line-by-line basis.

The summarised accounts include a Statement of Realised Gains and Losses (STRGL). This represents the movement in the balance sheet which is not included within the income and expenditure statement.

The income and expenditure account shows that the RCN's Group total income in the year to 31 December 2014 was £87,831,000. This compares to £64,877,000 in the previous nine months ended 31 December 2013. Total resources expended were £78,658,000 in the year to 31 December 2014 compared to £56,169,000 in the nine months to 31 December 2013.

Membership income was £70,360,000 in the year to 31 December 2014 compared to £51,880,000 in the nine months to 31 December 2013.

The income and expenditure account shows that the RCN Group had net incoming resources of £9,173,000 in the year to 31 December 2014 compared to £8,708,000 in the nine months to 31 December 2013.



The defined benefit pension scheme liability at 31 December 2014 was £54,608,000. The liability was £49,677,000 at 31 December 2013. The group's funds decreased by £3,592,000 in the year to 31 December 2014. The negative movement reflects the impact of the actuarial losses on the defined benefit pension scheme partially offset by the operating surplus in the year. The group's total net assets, including the pension scheme liability, were £45,572,000 at 31 December 2014. Excluding the pension scheme liability, total net assets were £100,180,000.

In February 2014, the RCN UK invested £40m from cash holdings into a managed investment portfolio. The £40m was invested gradually into investment assets, primarily equities and fixed interest, during the year; the portfolio was fully invested at 31 December 2014. In the period to 31 December 2014 the portfolio generated gross investment income of £0.6m (nine months ended 31 December 2013: £0.1m from short term deposits) and unrealised gains in the market value of the investments of £2.9m during the year. Investments stand at £42.9m at 31 December 2014.

The performance of the RCN Foundation's investment portfolio was satisfactory in the year to 31 December 2014 with an increase in the market value of the portfolio from £27,228,000 at the start of the year to £28,696,000 at 31 December 2014. This appreciation in value can mainly be attributed to the better than anticipated performance of global equities.

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 22 April 2015.

Michael Brown
Chair of RCN Council

Summary financial statements and graphs for the RCN Group

Summary consolidated income and expenditure account for the year ended 31 December 2014 (£'000)

	12 months to 31 December 2014	9 months to 31 December 2013
Total income	87,831	64,877
Total expenditure	78,658	56,169
Net incoming resources	9,173	8,708
Loss on fixed asset disposals	(104)	(18)
Investment income	1,478	790
Net realised investment gains	42	536
Taxation	(143)	(246)
Net movements in funds	10,446	9,770

Summary statement of recognised gains and losses for the year ended 31 December 2014 (£'000)

	12 months to 31 December 2014	9 months to 31 December 2013
Actuarial losses on defined benefit scheme - Pension Trust	(17,684)	(566)
Revaluation reserve adjustment	(64)	(47)
Net unrealised gains on fixed asset investments	3,710	787
	(14,038)	174
Surplus in period	10,446	9,770
Total recognised (losses)/gains since last financial statements	(3,592)	9,944

Summary reconciliation of movements in funds for the year ended 31 December 2014 (£'000s)

	12 months to 31 December 2014	9 months to 31 December 2013
Surplus in period	10,446	9,770
Other net recognised (losses)/gains	(14,038)	174
Net deductions from funds	(3,592)	9,944
Accumulated funds at start of period	49,164	39,220
Accumulated funds at period end	45,572	49,164

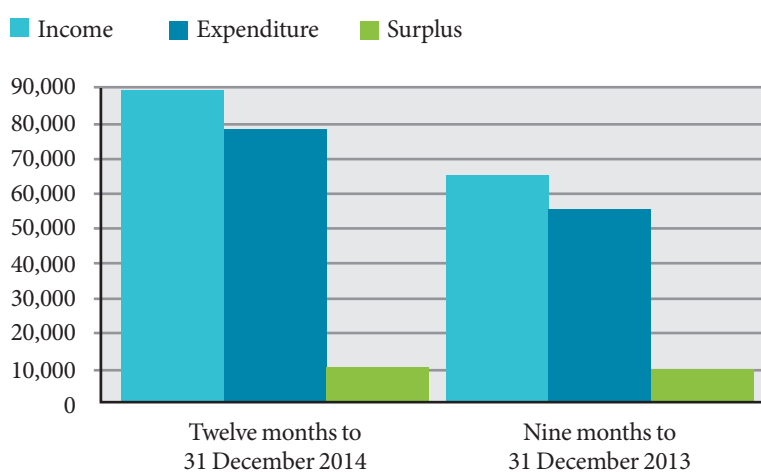
Summary consolidated balance sheet as at 31 December 2014 (£'000s)

	31 December 2014	31 December 2013
Fixed assets	92,836	48,295
Current assets	26,005	65,551
Creditors falling due within one year	(9,372)	(8,444)
Provisions	(9,289)	(6,561)
Defined benefit pension scheme liability	(54,608)	(49,677)
Total net assets	45,572	49,164

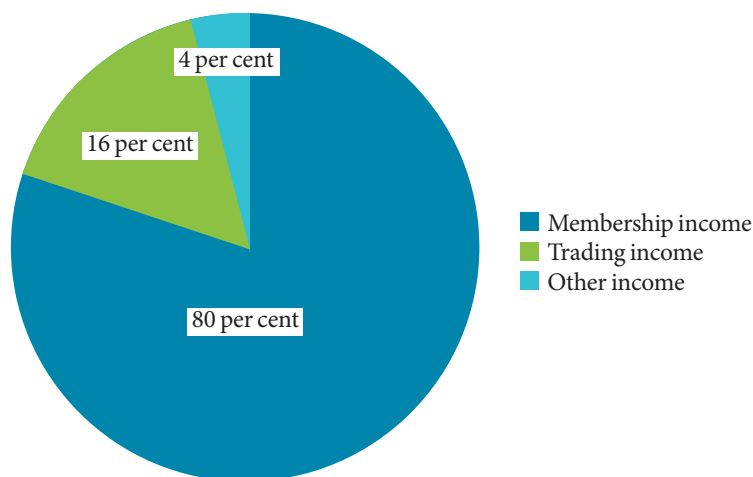
Funds:		
Pension Escrow	4,946	4,934
Revaluation reserve	2,245	2,309
Accumulated funds	63,620	63,211

Reserves excluding reserves for charitable purposes and pension liability		
Pension reserve	(54,608)	(49,677)
Reserves excluding reserves for charitable purposes	16,203	20,777
Reserves for charitable purposes	29,369	28,387
Total reserves	45,572	49,164

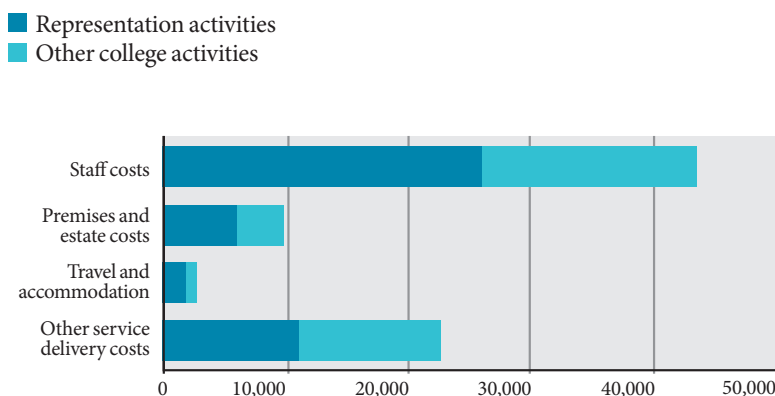
Consolidated income and expenditure account (£'000)



Breakdown of total consolidated income

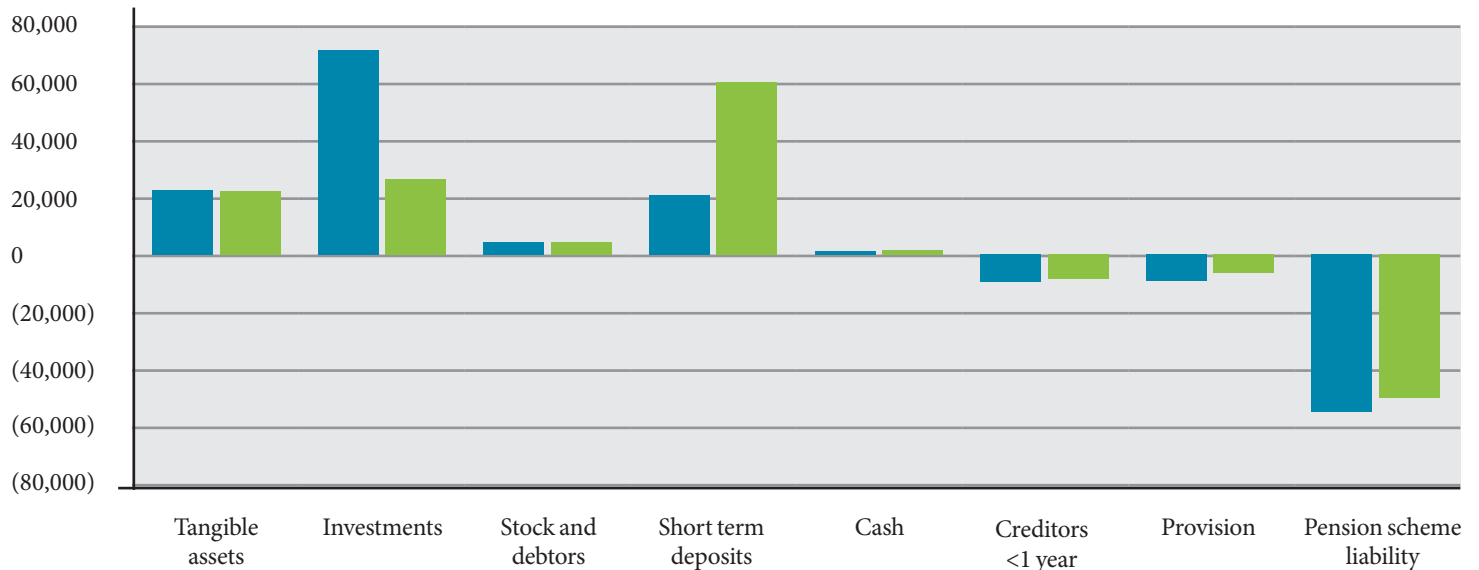


Breakdown of expenditure by activity for RCN group (£'000)



Consolidated balance sheet (£'000)

■ 31 December 2014 ■ 31 December 2013



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 2014 which comprise the Summary Consolidated Income and Expenditure Account, Summary Consolidated Statement of Total Recognised Gains and Losses, Summary Consolidated Reconciliation of Movements in Funds and Summary Consolidated Balance Sheet. 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 9 September 2014. 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 auditors' 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 2014.

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.