



ISSUE NO. 363 MAY 2018

NEW RCN AMBASSADOR
P4 DOING THE ROUNDS

FIVE REASONS TO VOTE
P9 FEATURE

ANTIMICROBIAL RESISTANCE
P10 FEATURE



You decide

Voting is now open on
the NHS pay deal
for England

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

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100 years on...

This year marks the 100th anniversary of the Spanish flu pandemic; the deadliest in modern history, killing over 50 million people worldwide. Pegged to the milestone is the RCN's latest exhibition, which provides a snapshot of how nurses have responded to the threat of disease.

Pandemic! Nursing 100 Years of Infection is free to visit and runs until 21 September at the RCN's Library and Heritage Centre, 20 Cavendish Square, London.

Subs vote at AGM

Members at this year's RCN Annual General Meeting will be asked to vote on a resolution authorising Council to set subscription fees for the next five years.

In 2013, members supported a similar proposal. There was a 1% increase in fees the following year but there have been no further increases since then, despite growing demand for RCN services.

At its meeting in January, Council agreed to consult the membership on a proposal to seek similar authorisation for the next five years.

The AGM takes place on 16 May in Belfast. Members not attending the AGM will be able to cast a proxy vote. An email was sent from the Electoral Reform Services on Thursday 12 April. Visit www.rcn.org.uk/agm

Brexit bother

There's still no clarity about how Brexit will have an impact on UK health services, the RCN has said as it highlights five key priorities to ensure that Brexit works for nursing. These include:

- a coherent domestic health and social care workforce strategy alongside rights for EU nurses to remain in the UK
- continuing appropriate EU education and professional regulatory frameworks for nursing
- continuing to address public health threats collaboratively in Europe
- safeguarding working conditions and employment rights
- maintaining opportunities for collaboration on research and between nursing organisations.

Latest NMC figures show the number of EU nurses and midwives leaving the register has increased by 29% in the past year.

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There's a risk that the UK won't be able to effectively deliver the health services we need

RCN Senior International Manager Susan Williams

🕒 Read more about the priorities in the new RCN Brexit briefings. Visit www.rcn.org.uk/publications

Shed load of savings



From saving on the weekly shop to splashing out for less – on average our members each save £360 a year using RCNXtra.

Xtra benefits. Xtra easy.
Register now at www.rcn.org.uk/xtra

Are you glove aware?

www.rcn.org.uk/glove-aware



Protect your hands

The RCN is hosting Glove Awareness Week from 30 April to 6 May to increase knowledge about maintaining good skin health and using gloves appropriately.

RCN health and safety lead Kim Sunley said: "There is a high incidence of hand dermatitis among nurses, which may result in them being moved out of clinical areas. It's caused by frequent exposure to water, cleaning agents and inappropriate glove use."

Read more at www.rcn.org.uk/bulletin or get involved and download posters from www.rcn.org.uk/glove-aware



NHS pay around the UK

The pay deal only applies to NHS staff in England, but if it's accepted the devolved governments will get the money for a pay deal for NHS staff in Scotland, Wales and Northern Ireland. It will be for these governments to consider how they will agree their NHS pay for 2018/19 and beyond.

When the pay deal for England was first announced, the RCN planned to consult members working in the NHS across the UK. However, things have moved on and a change of approach has been agreed.

In Scotland, negotiations on a pay offer are now underway. They're expected to conclude in late June at which point members will be informed and consulted on a deal that applies to them.

Negotiations on a pay offer for NHS staff in Wales will start soon. A timescale for negotiations is currently being agreed. The Cabinet Secretary for Health and Social Services Vaughan Gething has pledged that all additional money received from the Treasury will go towards NHS pay in a "no nonsense" deal. Members will be kept informed and consulted when details are known.

The situation in Northern Ireland is uncertain as there is no Assembly and no Executive to start negotiations with. Any future deal would need to take account of how far NHS pay in Northern Ireland has fallen behind that in the other three UK countries. The RCN is considering its approach to future campaigning in light of these issues.

To find out more about pay negotiations where you live, visit www.rcn.org.uk/nursing-pay and click on your country.

Voting opens on NHS pay deal for England

RCN consults members on whether to accept or reject the deal that will see most affected nursing staff get a pay rise of at least 6.5% over three years



Voting is now open for members working for the NHS in England to have their say on a three-year pay deal. The deal, negotiated jointly by NHS unions, sees all affected nursing staff get a pay rise. Most will get at least 6.5% over three years, some will get considerably more.

The deal comes with changes to the NHS pay structure, which reduce the number of pay points in each band and remove the current overlap between bands. Starting salaries will increase and staff will be able to progress to the top of their band quicker. Unsocial hours payments, annual leave entitlements and sick pay have all been protected as part of the deal.

Members can have their say on whether to accept or reject the deal in an online consultation open until 5 June. They will

need their RCN membership number to take part.

Lors Allford, Chair of the RCN Trade Union Committee, said: "We know the deal isn't perfect, but it's realistic in the current economic climate. It's the highest public sector pay deal in 10 years from a Government still committed to austerity. It gives significant cash to overlooked NHS staff without making any unpalatable demands in return.

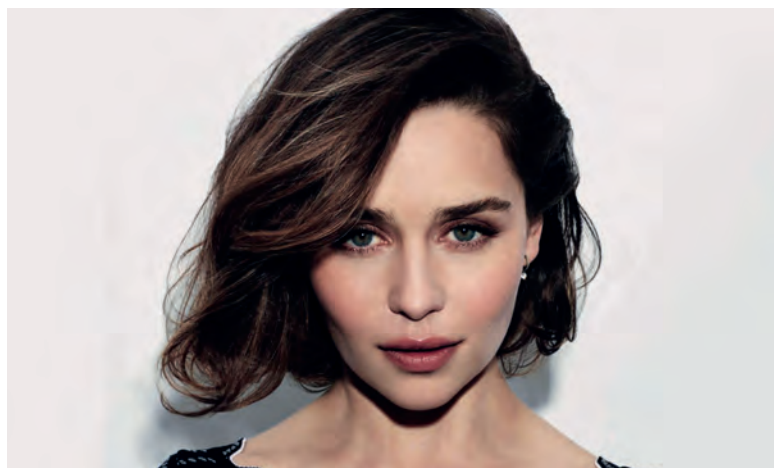
"This isn't about imposing a deal on members, though we are recommending they accept it. What's most important is that members vote. The RCN is its members and we will listen."

Visit www.rcn.org.uk/nursing-pay to find out more about the deal and cast your vote.

4 DOING THE ROUNDS

New ambassador for nursing

Game of Thrones star Emilia Clarke has become the RCN's first ambassador, pledging to help increase the profile of the profession and raise funds for specialist training



Emilia's first action as ambassador has been to launch an online auction where bidders are offered the chance to spend a day with her on the set of Game of Thrones.

Proceeds will go to the RCN Foundation and used to fund a programme of educational and research grants to support specialist nurses.

"I am fiercely proud of my new role as ambassador and vow to use it to champion nurses and their work," Emilia said. "Together, we must attract young people into the profession, support them to innovate and become the powerful nurses of tomorrow."

The auction runs for the next few weeks on the fundraising website

Omaze. The first nurses will begin receiving grants later in 2018.

Meanwhile, RCN Deputy President Rod Thomson is doing his bit for the RCN charity. In the latest of a number of fundraising activities, he'll be climbing Northern Ireland's highest mountain while in Belfast to attend RCN Congress. He'll be joined by Maureen Dolan, a member of the event's agenda committee, and later in the month will attempt to walk the 60 miles between London and Brighton in under 24 hours.

"The RCN Foundation provides great support to nursing staff who are seeking to extend their knowledge and skills, as well as those of our colleagues who have suffered financial hardship," said Rod. "Every pound raised will make a positive difference to the lives of our colleagues."

Sponsor Rod at www.justgiving.com/fundraising/rod-thomson2

“

I am fiercely proud of my new role and vow to use it to champion nurses

🕒 To enter the competition to spend a day on the set of Game of Thrones with Emilia Clarke, visit www.omaze.com/experiences/emilia-clarke-game-of-thrones

Know a Welsh nursing hero?

Nominations are now open for the RCN in Wales Nurse of the Year Awards. Members working in all care settings will be recognised and rewarded for the exceptional difference they make to patients' lives. There are 18 award categories with the overall winner being named RCN in Wales Nurse of the Year. Gaynor Jones, Chair of the RCN Welsh Board, said: "This event is a tribute to the excellence of the many thousands of nurses throughout Wales." Visit www.rcn.org.uk/wales/get-involved/awards

Inspiring speakers

A renowned political economist and an award-winning author will be among the speakers at RCN Congress in Belfast this month. Former editor of *The Observer* Will Hutton will take to the stage on Monday 14 May, with former nurse and writer Christie Watson addressing delegates the day after.

The speeches and debates at Congress will be broadcast live at www.rcn.org.uk/congress and will be available to view there afterwards. Turn to page 22 to find out how attending the event can benefit your career.



The big picture



Senior RCN Officer Helen Hancox explains the NHS pay deal for England to members at the Royal Devon and Exeter Hospital. The event was one of many being held to help nursing staff understand the deal. Visit www.rcn.org.uk/events to find a meeting near you.

MEET THE MEMBER



Each month *RCN Bulletin* asks a member to share a little bit about themselves.

Name: Sue Dean

Job title: Cardiology advanced care practitioner

Sum up what you do in a sentence
I enhance the patient experience by managing the cardiology patient pathway from door to discharge.

Why did you choose nursing?
I wanted to be a nurse when I was a little girl and that desire was rekindled when my father was in intensive care. The care and compassion shown by the nursing team inspired me to quit the office and enter nurse training.

What item can't you do without at work? My little black book. It is full of useful numbers and brief summaries on things like unusual ECGs.

What helps get you through a difficult day at work? My team; we are a tight-knit bunch who really support each other.

How do you unwind? Cooking and feeding family and friends, and by riding my Harley Davidson motorcycle – the wind blows life's stresses away!

Who would play you in a film?
Probably Dawn French, as I am a curvy lady with a wicked sense of humour!

www.rcn.org.uk/myrcn



PATIENT PERSPECTIVE



Sam Bell was 35 when she was diagnosed with stage 2c clear cell ovarian cancer

“ It's been six years since my initial diagnosis. I've had three surgeries, four lines of chemotherapy, six weeks of radiotherapy and two and a half years of targeted maintenance therapy in that time. My cancer is now at stage 4.

The nursing care I've received has been mixed if I'm honest. I've met and been cared for by some remarkably committed and talented people. But there have also been moments when I've been filled with rage by the lack of empathy of some staff.

I remember early on in my treatment being asked whether I was afraid of

dying. It was a flippant comment, made in haste, but it stays with me to this day. I was chasing an important appointment that had been cancelled and I think my persistence challenged the nurse's sense of control. I've never felt so unimportant and disposable.

Other, more recent, situations make me smile. It wasn't long ago, during my first chemo following major surgery that all the nurses mucked in. I was 11 hours into my day on the chemo unit when my cannula tissued. The staff were all changed to go home but when they knew what happened they stopped in their tracks. It was all hands on deck to get another line in so I could have the last bit of treatment. I felt like they truly cared, not just about the situation, but about me. That feeling is so important.

ARE YOUR MEMBERSHIP DETAILS UP TO DATE?

CHECK ONLINE AT MYRCN, CALL 0345 7726 100, OR WRITE TO RCN MEMBERSHIP TEAM, COPSE WALK, CARDIFF GATE BUSINESS PARK, CARDIFF CF23 8XG.

THE VIEW FROM HERE



Nicola Lee
RCN National Officer

Many of you, like me, will have been fascinated by the recent media coverage of the gender pay gap that exists in organisations employing more than 250 staff. Some NHS employers reported a gender pay gap of nearly 40%, compared to a national average of 18.4%.

Though the figures are quite shocking, it's important not to confuse a gender pay gap with pay inequality. There has been legislation in place to protect equal pay for equal work for decades.

However, the reports point to a lack of equality across the NHS hierarchy with more men occupying senior positions and women more likely to be found in lower paid roles. Without seeing separate reports for nursing staff, it's impossible to comment specifically on the implications for the profession. But anecdotal reports indicate a lack of development and flexible work opportunities as being significant barriers to advancement.

The RCN is encouraging its network of workplace reps to analyse employer's reports and ensure action is taken to narrow gender pay gaps where they exist. It's also part of the reps' role to help make sure development opportunities and internal promotions are monitored for equity.

You might want to look up your own employer's report and see what you think.

<https://gender-pay-gap.service.gov.uk>

What you've been saying

Living wage on placement

I'm a first-year student and have just completed my first placement on a cardiology ward. I'm also a 24-year-old mum, rent my own house and have all my own bills to pay. I absolutely loved my placement and what I'm doing. I'm dreaming about qualifying but my fear is that I won't be able to.

I can't pay my bills, it's costing me so much money and it's really difficult to find a job that will accommodate me around university, placement, and my child.

When I found myself missing breaks on placement and doing a lot of running around and bed-making, I became quite frustrated and left feeling like I was being used as free labour.

I believe students should be paid a living wage, at least while on placement.

[Rebecca, by email](#)

Digital Bulletin gets thumbs up

I read the online *Bulletin* (www.rcn.org.uk/bulletin) on my new device and found it excellent. I was delighted with the item on deafness, as I lost hearing completely in my left ear in childhood due to measles. I managed a long nursing career with 28 years as a practice nurse.

[Katie Brown, by email](#)

Lessons from the past

I totally support Edith McDonald's comment about nursing going "back to basics". Why, oh why, can we not value past experience? It is not a case of wanting to live in the past. Of course things change as we move forward, but why can we never learn from previous experience and the sound evidence that informed such experiences? Well said, Edith.

[Elaine Ryder, by email](#)

QUOTE OF THE MONTH

“What began as a ‘winter crisis’ in the NHS is now becoming entrenched

RCN Chief Executive Janet Davies on monthly performance figures showing 75,000 patients in England had to wait for more than 12 hours on trolleys awaiting a bed

FOUR THINGS TO DO IN MAY

1. Go to RCN Congress in Belfast from 12-16 May or catch up with all the action online at www.rcn.org.uk/congress
2. If you work for the NHS in England, vote on the pay deal before the deadline of 5 June at www.rcn.org.uk/nursing-pay
3. Let the NMC know how you think nursing associates should be regulated. Complete a survey at <https://tinyurl.com/yd4bjavb>
4. Celebrate Nurses' Day on 12 May. Share your story and download posters from www.rcn.org.uk/nurses-day

GOT SOMETHING TO SAY?

The RCN *Bulletin* team is always looking for members to contribute to the opinion pages. If you're keen to share your views, email bulletin@rcn.org.uk

HOT TOPIC



How do we attract more men into nursing?

Remove the archaic words sister and matron, and stop referring to a male nurse as “male”. Make uniforms gender neutral, scrubs are ideal. Start educating young people about the profession, most people don’t really know what nurses actually do.
Lorraine Christohidis

A forced shake up of the hierarchy of job titles would be a great start. Many men are put off right away by the female only titles from decades gone which leave a lasting impression that nursing is female orientated.
Shaun Martin

As a male student nurse I can honestly say it is as valid a job for men and women. Forget the stereotypes and negativity, it is a rewarding, demanding job that requires resilience, leadership and applied

academic knowledge equally as much as care, compassion and a deep rootedness in wanting to help others. So please ignore the negative attitudes and if you feel drawn to the vocation, find out more. **Toby Baxter-Smith**

We need every nurse behind this and we need to start promoting the profession early in playgroups, nurseries and primary schools, not just secondary schools and colleges. Higher salaries would of course be a big attraction. **Fiona Whitwham**

To be a nurse as a man you need to be very confident in yourself. I think the stereotypes are untrue, however deeply believed by society. Nurses are independent registered practitioners with individual responsibility for patient outcomes. Increasing numbers are undertaking independent prescribing and diagnosis, meaning patients can be assessed, treated and discharged by a nurse. **Jack William**

MESSAGE TO MEMBERS



Janet Davies RCN Chief Executive

It’s been a long time coming, but the NHS pay deal for England will see nursing staff get an above inflation pay increase for the first time in 10 years. It’s thanks to your hard work and campaigning that the Government scrapped the 1% cap on nursing pay.

We now have a deal that not only sees all NHS nursing staff in England get a pay rise - at least 3% in the first year - but that improves the pay structure so staff can advance quicker and earn more for their increased skills. No more overlaps between bands. No imminent threats to unsocial hours pay. Starting salaries will increase and nursing stands a chance of becoming an attractive career again.

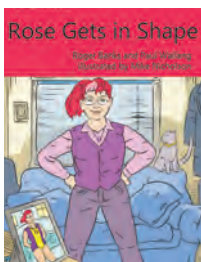
Significantly, the deal is being fully funded by the Treasury, so no savings will be required from hard-pressed NHS trusts in return. But it’s down to you to decide whether the deal is right for you. Voting is now open for members working for the NHS in England to have their say. If you haven’t yet voted, please ensure you do. The RCN is a democratic organisation and we need to know what you think.

In the meantime, we’ll continue to campaign so that members in all care settings in all four UK countries get a pay rise. Nursing must be valued and staff rewarded for their skills.

www.rcn.org.uk/nursing-pay



Book club benefits



Giselle Cope and Laura Lovejoy-Carter are using the book *Rose Gets in Shape* to promote physical wellbeing and help inpatients’ with a learning disability lose weight

People with learning disabilities are more likely than other people to become obese, and at a younger age. The accessible book, published by Beyond Words, was co-produced by people with learning disabilities and addresses how to make positive changes to diets and activity levels through a story that is told completely in pictures.

We’re setting up pop-up book clubs on inpatient wards to create a forum for co-creative reading, shared decision-making

and understanding on various topics, making every contact count with patients. This idea could be easily replicated in any health care organisation, providing people with learning disabilities the opportunity to engage in life choices and meaningful social interactions. Book clubs can also combat loneliness and provide a setting to interact and discuss thoughts, feelings, worries and offer support to fellow book club members.

We hope our work will have an impact on our inpatient learning disabilities pathway for conditions such as epilepsy, diabetes, and heart disease. Going forward, we’re also considering the development and co-production of future titles with Beyond Words as we think this model could be used to address a wider range of health issues.

This work was undertaken as part of the RCN’s Celebrating Nursing Practice project.

8 FEATURES

Theatre of life

Nurse and surgical care practitioner Sara Dalby is a rare and talented member. She performs some surgical procedures on her own and is now expanding her role



Sara is one of just a few nurses to have advanced to the role of surgical care practitioner (SCP).

Though she's been undertaking surgeries independently for several years, Sara is now increasing the complexity of her surgeries to include carpal tunnel decompressions and facial skin cancer excisions with skin flap or grafting if required.

"I see the role as bridging the gap between nursing and medicine," says Sara, who after graduating, rapidly progressed from theatre practitioner to surgical first assistant in 2008. From there she went on to do a Master's degree in Advanced Nursing Practice, followed by surgical care practitioner training and since 2011 has been the only SCP at Aintree University Hospital in Liverpool.

"It was a chance to push my professional boundaries, bring all my experiences as a nurse and

develop my skills in a different way," says Sara. "Observing a hip replacement as a student was a key moment for me – it sparked my interest and set me on this track. I've always enjoyed working in theatre."

Huge responsibility

When Sara first qualified as an SCP she worked in colorectal surgery, but now her time is split between maxillofacial surgery and the upper limb team in orthopaedics. Her time working as a surgical assistant was, she says, beneficial in her career progression. "It's not like one day I was suddenly performing surgery – it's been a journey of gradual independence. I do feel a responsibility, a huge responsibility, but that's my job. Who doesn't feel like that at the end of the day?"

Although the SCP role has been around for about 20 years, it's still a rarity and there's no official

record of how many SCPs are working within the NHS.

"I'd definitely recommend the role if you love diversity in your work," says Sara. "One day I will be in clinic, the next undertaking a surgical procedure. I especially like that with theatre you are able to focus on one patient at a time, and work with them every step of the patient pathway which isn't always the case in all nursing specialties."

Sara is currently on secondment at the RCN and part of her work includes a focus on the national nursing career framework. She's keen to promote the different pathways and opportunities available to nurses.

Sara says there is often misunderstanding about her role and what it entails. So what are useful attributes?

"Team working, flexibility, good communication skills and sound clinical knowledge are all important, as well as an understanding of personal limitations," she says. "I also work very closely with lead consultants in the same capacity as a junior doctor would. It is challenging, of course, but the rewards more than make up for it. I never get the Sunday night feeling – for that I feel very lucky."

“

It's been a journey of gradual independence

Words by Sophie Lowthian. Picture by Ian Southerin

Share your #ThisNurse story

This Nurses' Day we want to say thank you for dedicating your careers to delivering outstanding patient care. We've created #ThisNurse to help showcase all the amazing things you do. Visit www.rcn.org.uk/nurses-day to share your story and download Nurses' Day posters for your workplace.

Five reasons to vote

The NHS pay deal for England is here and it's time for you to have your say. You can now vote to accept or reject the deal in an online consultation. Here's why you should take part

The RCN believes this is the best deal that can be negotiated in a time of continued austerity. It gives nursing staff a higher pay rise than any other public sector workers and we're encouraging members to accept it.

You are the RCN

1

The RCN is a membership organisation. That's why all major decisions are made by members for members. We need to know what you think so we can make an informed choice about what to do next. It's no good being happy with the deal and staying silent. Or reserving your rants about it for your colleagues. Only by voting in this consultation can we get a true picture of what our members think. Allow us to represent you properly. Go online and vote.

We need to grab the opportunity

4

The last major reform of NHS pay, terms and conditions was the introduction of Agenda for Change in 2004. Since then austerity and public sector pay policy have limited pay increases to 1%. Given the political and economic uncertainty around Brexit, we need to grab the opportunity for such far reaching changes.

The Government has agreed to fully fund this deal with £4.2 billion of extra money. That's if the deal is agreed and accepted by NHS trade unions. If it's rejected, it's not clear what will happen next and whether the money will still be set aside for NHS pay.

Your views are vital

2

A poor turnout will tell us nothing. It's absolutely crucial that all affected members have their say so next steps can be based on fact, rather than assumptions on the views of those who haven't voted. Members of the RCN's Trade Union Committee will be considering the vote results and want to make a decision that truly reflects what members think. Not a small proportion of affected members, but all affected members. Please exercise your right to have your say.

It's not just for now, but for the future

5

The deal seeks to improve the NHS pay structure for now and years to come. Improved starting salaries will make nursing a more attractive career choice and the developing skills of people in each band will be rewarded quicker with increased pay.

We've been worried for some time about potential attacks on unsocial hours payments, annual leave entitlement and sick pay. All these have been protected as part of this deal.

The deal affects everyone differently

3

The deal means different things to different people, dependent on what pay band and spine point they're on. For most at the top of their band, they'll get a 6.5% pay increase over the three years. For some people the reforms to the pay structure mean they will see their pay rise by far more than 6.5%.

The best way to find out how the deal will affect you is to use the pay calculator at www.nhspay.org. Don't let someone else decide whether the deal is right for you, decide for yourself and vote in the online consultation.

Vote now at
www.rcn.org.uk/nursing-pay

You must work for the NHS in England and have your RCN membership number to take part.

Antimicrobial resistance

Can you envisage a future without antibiotics? How will we fight off infection? And how will nursing evolve? One RCN member wants your help to find the answers



Imagine health care without effective antibiotics. In many cultures that's the norm but in the UK and other developed countries it's hard to conceive of some diseases and infections being treated any other way.

Yet antimicrobial resistance (AMR) is a growing threat to global public health. Dr Colin Macduff is an RCN member who, with research colleagues, is encouraging nursing staff to think about how they respond to this challenge. Their approach is innovative, as Colin's place of work might suggest. He's currently senior research fellow at Glasgow School of Art.

Campaigns to raise awareness of AMR have usually been top-down, government-led. But the project Colin heads – Re-envisaging Infection Practice Ecologies in Nursing (RIPEN) – adopts a different method and considers how arts and humanities can play a part.

Colin's collaboration with researchers from other disciplines grew from his interest in "dynamic visualisation" as a means of exploring health care workers' perceptions of pathogens. Modelling and mapping these, and combining them with scientific data on infection risk, produces information that is easier for staff to relate to as they move around a clinical space, helping them "visualise the invisible".

An innovative approach

But RIPEN is now researching ways in which history, design, art and drama, as well as visualisation and nursing and health research, can play a part in developing practice in relation to AMR.

"There are two strands to the project," Colin says. "The first involves two workshops with nurses, looking at what people do and their ideas for improving

practices relating to AMR. The second is around what happens if things don't go well. Can we imagine nursing with very few antibiotics?"

That question exposes a gap in the literature, he says. "Very few nurses have envisaged a future without antibiotics, probably because it's daunting. With few or no functioning antibiotics, routine surgery for all sorts of conditions would no longer be feasible."

RIPEN researchers are now recruiting nursing staff to participate in the workshops, to be held in Glasgow and London, where the study questions will be explored using mainly visual methods.

Rose Gallagher, RCN Professional Lead for Infection Prevention and Control, urges members to consider taking part. "The work Colin and the RIPEN team are doing is vitally important. They're using innovative methods to get us all thinking hard about AMR and its potentially devastating implications. I'm looking forward to seeing the project's outcomes."

RIPEN's final stage will be a Policy Lab event where the research team will present stakeholders with the implications of the project and priorities for action.

"Some of the outcomes will be quite small things that people can incorporate into their practice," Colin says. "But another part will be how nurses envisage working with fewer antibiotics, and what the challenges and some of the creative solutions might be."

“

With few or no functioning antibiotics, routine surgery for all sorts of conditions would no longer be feasible

Words by Daniel Allen

🔗 For more information about RIPEN and details of how to participate in the workshops, go to www.ripen.org.uk



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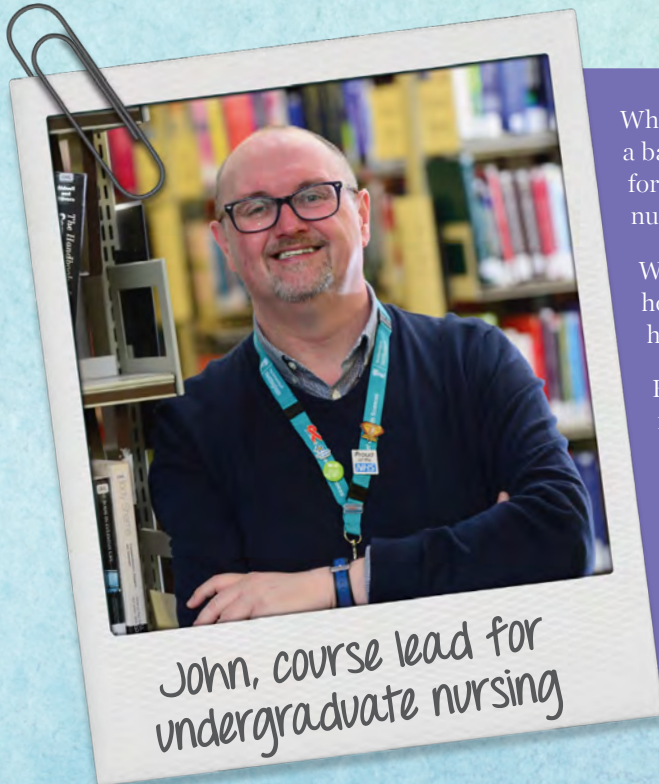
Royal College
of Nursing



12 FEATURES

Nursed into nursing

Members share their experiences of becoming nurses after being cared for as patients themselves



When I was 13, I was run over by a car and ended up in hospital with a badly broken leg and fractured skull. I then had to go back aged 15 for ongoing care and, during this time, my interest was piqued by the nurses working on the ward.

Watching them looking after so many people with such care and seeing how the simple things they did could make the biggest difference had a huge impact on me.

Especially as a young man, seeing a male nurse on the ward made me realise that this could be a possible career for me. I clearly remember sitting on my bed in the ward and thinking, "I'd like to do this". And I've never looked back.

I often reflect on my experience as a patient and I tell my students now that, as nurses, we're in such a privileged position to be invited into peoples' lives when they're at their most vulnerable. It was the sensitive and unwavering support of my nurses that made me choose this profession, one of which I'm very proud.

After finishing my A Levels, I had my heart set on going to study astrophysics at university. Then my mum became ill so I took some time out to care for her and re-evaluate what I wanted to do.

My aunt was a nurse and she often suggested nursing to me but I was adamant that I wasn't interested. The concept I had of what a nursing career could offer was quite limited at that point. I'm not even that great with blood so really didn't think it was right for me.

Then I got appendicitis and had to spend around a week in hospital. It opened my eyes to how in-depth, varied and interesting nursing could be. By the time I came out I had decided that was what I wanted to do.

I retired last year after a long and rewarding career. I still think back to that experience and how it changed the course of my life. I can still remember the faces of those nurses and the compassion and capability with which they delivered care to all us patients.



“
It opened my eyes to how in-depth, varied and interesting nursing could be

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It seemed like such a varied, sociable and satisfying job



When I was 16, I had to have major surgery on my jaw and was in hospital for around 10 days. It was a scary time. I'd had to travel to Perth Hospital for the surgery as the local hospitals weren't able to do the procedure and so I was far away from home, with all kinds of metal plates and pins and things in my face, unable to really eat and at risk of choking. My overriding memory of that time now though is that it was when I decided to become a nurse.

Up until that point, nursing wasn't really on my radar at all. However, over my time there I observed the nurses and how they worked and interacted with me and I immediately saw it as something I wanted to do. It seemed like such a varied, sociable and satisfying job.

I started training about a year after my surgery. Now, after working as a mental health nurse for the past 30 odd years, I still feel exactly the same.

If you told me this time last year that I'd be training to become a nurse, I probably wouldn't have believed you.

When I collapsed at the side of the road during a run last June, I was working as a scientist. I wasn't fully satisfied in my career but wasn't sure what I wanted to do.

I spent a week in the coronary care unit at Southampton General Hospital and the nursing staff were simply amazing. Right from the students to the specialists, they were all on it. They took the time to really assess my needs as an individual patient, explain things to me and put my mind at ease. The whole experience really expanded my horizons as to what being a nurse meant.

Within a week of leaving hospital, I had made up my mind to become a nurse and I started my PGDip at the University of Southampton in February. I hope to make a difference to my patients' care, in the same way my nurses did to mine.



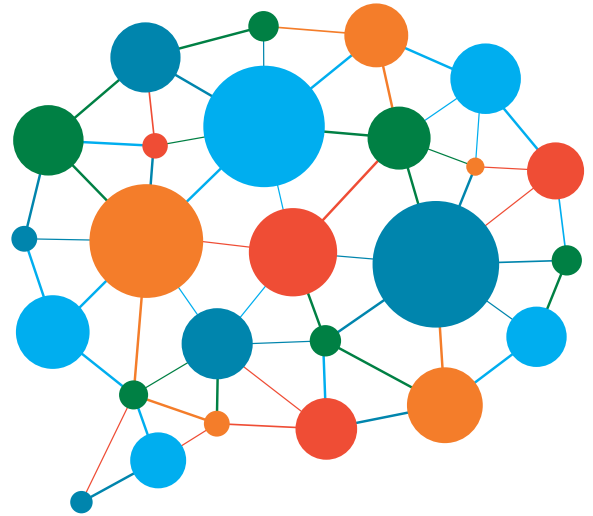
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I hope to make a difference to my patients' care, in the same way my nurses did to mine

14 FORUM FOCUS

Fantastic forums

The RCN is not only a trade union, working to ensure all nursing staff are valued and able to work in a safe and supported environment, it is also a professional organisation that leads excellence in nursing and midwifery practice and policy. RCN professional forums are an integral part of this mission



So what do forums actually do?

- Contribute to policy development
- Develop specialist guidance and standards
- Participate and lead on research
- Provide an expert clinical view both within the RCN and externally
- Represent the RCN on specialist working groups
- Deliver specialist workshops, conferences and events.

And what can forums do for you?

- Provide a voice at local and national levels
- Support professional development and revalidation requirements
- Provide leadership
- Offer an active network of specialist nursing staff
- Promote and share best practice
- Help engage with policy and influence policy makers.

DID YOU KNOW?

As a forum member, you can share your expertise by contributing to All-Party Parliamentary Groups (APPGs) which run sessions on issues affecting your specialty and wider health care practice. As an RCN and forum member representative, providing your frontline knowledge could help shape government policy and create change for you and your patients.

Rachel Cooke, a member of the RCN Children and Young People (CYP) palliative care nurses community and an NHS bereavement service manager, recently spoke at an APPG about the lack of resources and workforce available for children who need palliative care. She says: "It's so important to provide APPGs with expert information and to ensure the nursing voice is represented. Being part of an RCN forum gives you the opportunity to do this and to be involved in influencing government policy."

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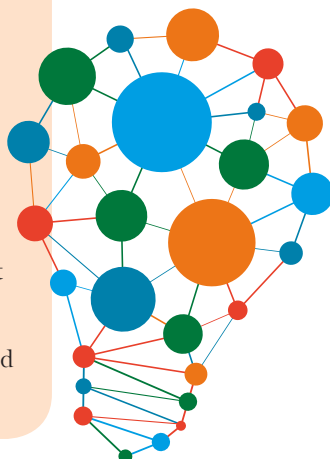
I have loved being part of the RCN District Nursing Forum. I have started to really think about what we do across the UK – how things are different, but importantly how they are the same as well. I have found the forum to be an invaluable resource for sharing best practice and validating my own work.

Sharon Price Smith

“

Being on the RCN Nursing in Management and Leadership Forum committee has provided significant support to my career as a health care lecturer through the discussion and networking opportunities it offers. In a rapidly evolving health care landscape, a forum like this is pivotal as a driving force in nursing leadership.

Kate Wells-McCulloch



Going global

The forums develop specialist guidance and standards for nurses, midwives and support workers, which help to support and improve nursing practice and patient care.

Recent updates to competencies by the specialist travel health section of the Public Health Forum are proving useful around the globe and are being adapted and translated into other languages.

Sandra Grieve, the forum's lead for travel health, says: "We're really lucky to have a professional nursing organisation like the RCN in the UK. Many countries don't have similar bodies, or access to the specialty support and platform that we're offered through the forums. Particularly within travel health, the ability to have such a global reach presents an amazing opportunity to lead on the international development of nursing."

Access all RCN forum-led publications at www.rcn.org.uk/publications

“ I joined the forum to meet other orthopaedic nurses and educators as I found being in Northern Ireland could be isolating and I wanted to develop my knowledge and ultimately improve patient care.

Sonya Clarke, RCN Society of Orthopaedic and Trauma Nursing Chair

“ At Congress last year, we hosted a fringe event on resilience, which was hugely oversubscribed and well-evaluated. As a committee it was really satisfying to know that we were meeting colleagues' needs and supporting them to manage and lead the best patient care possible.

Sally Bassett, RCN Nursing in Management and Leadership Forum Chair

Delivering specialist workshops and events

Throughout the year, each forum holds a variety of educational, networking and developmental events.

The RCN Education Forum's national conference and exhibition earlier this year brought together 290 nurses and health professionals across two days to engage in education and professional development.

The theme was "nurses working together through times of change" and keynote speakers covered a broad range of topics including the nursing associate role, the changing educational and social landscape and leadership in the future workforce.

Tracy Williams, a nurse lecturer at Swansea University, says: "The conference was very enjoyable and informative with nursing and education at its core. There is tremendous work being undertaken by passionate nurses and educators and this was celebrated within the conference."

WANT TO JOIN?

There are 35 professional forums covering specialties ranging from defence nursing and mental health to midwifery and rheumatology. All RCN members, including health care assistants and students, can join up to three forums free of charge. Head to www.rcn.org.uk/forums to find out more and join online.

If you're interested in becoming a forum committee member, you can self-nominate for vacant places at www.rcn.org.uk/elections. The selection process opens at Congress on 12 May and closes on 30 July.

Representing your specialty at RCN Congress

All forums have the opportunity to propose matters for discussion and resolutions at the RCN's annual Congress. This can lead to meaningful action being taken that may inform or change nursing policy, strategy and care.

"Attending Congress as part of the Education Forum provided me with an opportunity to hear issues debated and consider how I can make a difference. I voted on resolutions and felt re-engaged in the spirit of nursing," says practice learning adviser Paula Shepherd.

Online grooming

School nurses meeting for their annual RCN conference in August will consider how they can protect vulnerable young people from abuse initiated online



Jack's sexual abuse started when he was 13 years old. It turned him from a model student, popular with classmates, into a troubled boy with serious physical and psychological problems.

A report published last year by the Bradford Safeguarding Children Board says Jack's problems came to light after he contacted Childline to say someone was threatening to post nude pictures of him on the internet. But police failed to deal with the incident according to child protection procedures. As a result, he was left at high risk from predatory paedophiles, the report says. Twenty men were convicted of sexual and grooming offences against Jack. "He was robbed of his childhood," his father said.

There are many others like Jack. While 21st century technology can expand young people's horizons, it also places them at

risk. And when school nurses meet for their annual RCN conference in August, they will be encouraged to reflect on their role in preventing and identifying cases of online grooming.

Ray McMorrow, health specialist with the NWG Network and a former chair of the RCN Children and Young People (CYP) Staying Healthy Forum, says children with vulnerabilities are at particular risk of online grooming – those growing up in households where there is domestic violence, for example.

A safe haven

School nurses are well placed to identify early indications of problems, says Leila Francis, a designated safeguarding nurse and CYP forum committee member.

"These young people need long-term support and school nurses are key," she says. "They aren't

specialist counsellors but they are often seen as a safe haven in the school, away from the teaching side. If the nurse is there once a week, once a month, children can build up a trusting relationship."

Identifying early indicators of grooming is not always straightforward. But, says Leila, children who present with seemingly trivial complaints, along with evidence of behaviour changes, diminished self-esteem and self-confidence, being absent from school, and drug or alcohol use, can trigger concerns.

With school nurses being in a position to help prevent online grooming, it would make sense to match their numbers to the rise in exploitation of children.

But school nursing posts are plummeting. Figures released at RCN Congress last year showed a 16% reduction in posts since 2010, leaving just 2,553 school nurses in the NHS.

RCN Professional Lead for CYP Nursing Fiona Smith says: "School nurses are there for all children and young people, providing support, encouraging healthy lifestyles and protecting those who are most vulnerable. The Government should be prioritising this expertise – not cutting the roles when we need them most."

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These young people need long-term support and school nurses are key

Read an extended version of this feature at www.rcn.org.uk/bulletin

Words by Daniel Allen

RCN school nurses conference and exhibition
22 August
Amba Hotel Marble Arch, London
Find out more and book at www.rcn.org.uk/news-and-events/events/school-nurses

Summary annual report

RCN Chief Executive & General Secretary Janet Davies sets out the College's key achievements and challenges during 2017

This was the year when the RCN demonstrated as never before how powerful we can be when members come together on a single campaign. Our *Scrap the Cap* campaign to persuade the Westminster Government to remove the cap on nursing pay brought together more members than ever before. They took part in campaign events, engaged with the public, met MPs, staged protests and spoke out on social media.

I don't believe the Chancellor Philip Hammond would have committed to funding a pay rise for nursing in the Budget if we hadn't led such an effective campaign. NHS pay levels can be expected to influence pay in the independent sector too. RCN work in this sector has succeeded in protecting, or even improving, pay and conditions for nursing staff.

Nursing was also at the heart of the general election campaign, with nurses putting the Prime Minister on the spot at campaign events. As well as the continued underfunding of the NHS, we highlighted the risks posed to patients by the ongoing crisis in nurse staffing levels across the UK. Our report on safe and effective staffing levels calculated the vacancy rate in England alone as at least 40,000 – a figure that has been quoted widely since its publication.

That report launched our important work on securing new or strengthened legislation on safe nurse staffing levels, which will continue to develop in the coming months.

The RCN's work to support and disseminate the best nursing practice saw the launch of our credentialing programme for advanced nurse practitioners, the delivery of a project to showcase nursing innovation, and close working with the NMC on new standards.



The voice of our health practitioner (HP) members has not always been as strong as it should be, so we have launched an important piece of work to help us better recognise them as vital members of the health care community and the RCN. This should enable us to offer them the services they need and bring more HPs into membership.

Our new business intelligence strategy puts us in a strong position to take forward our work over the coming months, reinforced by our recognition as one of the best not-for-profit organisations in the Sunday Times 100 Best Companies awards. We will continue to develop a model of service for members that supports individuals to find the information and help they need themselves, while stepping in with extra assistance when necessary.

Our work to ensure that the RCN Group operates in close co-ordination to ensure we get the best results for members moved up a gear, with co-operation on a joint strategy. Our new customer relationship management system (CRM) went live in March, and will enable us to deliver a better service to our members. Our work to develop a single project management framework and the appointment of a business director is helping us to manage the impact of the current change programme the business is undergoing, ensuring that we continue to deliver RCN Group business priorities.

The year ended with members entering into a more challenging period of winter pressures in the health and care system than we have seen for some years. We will continue to need to call on the strength of our membership to make the case for nursing in these challenging times.

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Financial review for the year to 31 December 2017

These summarised RCN Group 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 Auditor's Report and the Report of Council, copies of which are available from the Chief Executive & General Secretary, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN or from the RCN website at www.rcn.org.uk

The financial statements are presented in accordance with Financial Reporting Standard 102 (FRS 102), issued by the Financial Reporting Council and the Trade Union and Labour Relations (Consolidation) Act 1992. The RCN Group statements report the consolidation on a line-by-line basis of RCN UK, its trading subsidiary RCNi, the RCN Foundation and RCN Holdco Limited.

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

The consolidated statement of comprehensive income shows that the RCN Group total income in the year to 31 December 2017 was £90.2m. This compares to £91.8m in the previous year ended 31 December 2016. Total expenditure was £83.6m in the year to 31 December 2017 compared to £82.1m in the year ended 31 December 2016.

The reduction in group income is due to lower RCNi personal subscriptions, this is reflective of current trends within the sector. This reduction is partially offset by an increase in RCN UK Membership income in 2017.

Total RCN Membership income of £73.85m in the year to 31 December 2017 compared to £73.44m in the year ended

31 December 2016, in line with a modest increase in membership numbers.

The increase in group expenditure is due to an increase in RCN UK legal indemnity case provisions for clinical negligence.

As a result of the decrease in income alongside an increase in expenditure, the RCN Group Operating Surplus for 2017 was £6.6m (31 December 2016: £9.7m).

Activity outside of the Operating Surplus includes investment income, currency movements linked to investments and dividends from subsidiaries. The results after these activities has provided a group surplus after taxation of £13.4m (31 December 2016: £10.2m).

The increase in the RCN Group surplus has been driven by gains on investments and favourable currency movements linked to our group investments. Further information regarding investments can be found in the RCN Group annual report and financial statements.

The RCN Group defined benefit pension scheme liability at 31 December 2017 was £12.2m (31 December 2016: £14.6m). Council continue to be committed to reducing this deficit. Further information regarding the defined benefit scheme can be found in note 15.2 of the RCN Group annual report and financial statements.

Risk management

Council has a formal risk management process assessing the risks to which the RCN Group is exposed.

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.

Council members' responsibilities

In approving the full financial statements, Council are confirming they are satisfied these statements 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 auditor is 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 5 April 2018.



Janet Davies
RCN Chief Executive & General Secretary



Pictured from left to right: RCN President Cecilia Akrisie Anim, RCN Chief Executive & General Secretary Janet Davies and RCN Chair of Council Maria Trewern

Summary financial statements and graphs for the RCN Group

Consolidated statement of comprehensive income for the year ended 31 December 2017

	31 December 2017 £'000	31 December 2016 £'000
Total income	90,189	91,840
Total costs	83,584	82,115
Operating surplus	6,605	9,725
Investment income	2,434	2,399
Net realised investment gains	3,635	1,965
Foreign exchange (losses)/gains on investments	801	(3,831)
Taxation	(79)	(67)
Surplus after taxation	13,396	10,191
Actuarial gains/(losses) on defined benefit scheme	(938)	23,949
Revaluation reserve adjustment	(63)	(63)
Net unrealised gains/(losses) on fixed asset investments	3,295	7,884
Total comprehensive income for the period	15,690	41,961

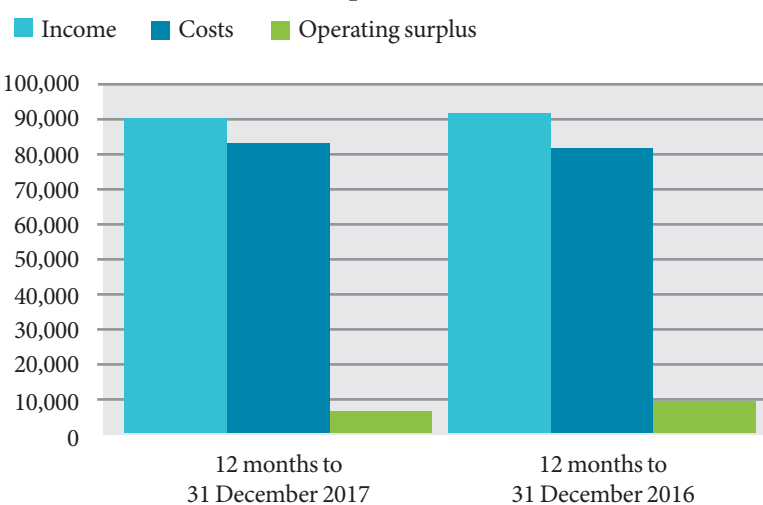
Reconciliation of changes in equity for the year ended 31 December 2017

	31 December 2017 £'000	31 December 2016 £'000
Surplus in period	13,396	10,191
Total comprehensive income	2,294	31,770
Net changes in funds	15,690	41,961
Accumulated funds at beginning period	107,737	65,776
Accumulated funds at period end	123,427	107,737

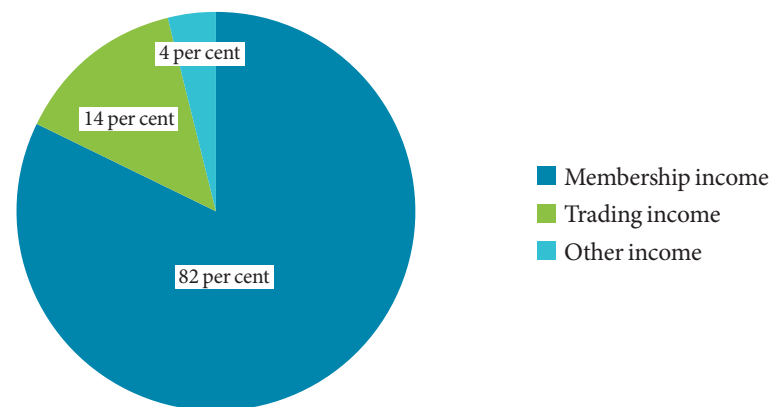
Consolidated statement of financial position as at 31 December 2017

	31 December 2017 £'000	31 December 2016 £'000
Property, plant and equipment	21,111	23,306
Intangible assets	5	8
Investments	94,978	87,260
Current assets	35,828	27,410
Creditors falling due within one year	(10,299)	(10,712)
Provision	(6,032)	(4,950)
Defined benefit pension scheme liability	(12,164)	(14,585)
Total net assets	123,427	107,737
Funds:		
Revaluation reserve	2,055	2,118
Accumulated funds	99,841	88,625
Reserves excluding reserves for charitable purposes and pension liability	101,896	90,743
Pension reserve	(12,164)	(14,585)
Reserves excluding reserves for charitable purposes	89,732	76,158
Reserves for charitable purposes	33,695	31,579
Total reserves	123,427	107,737

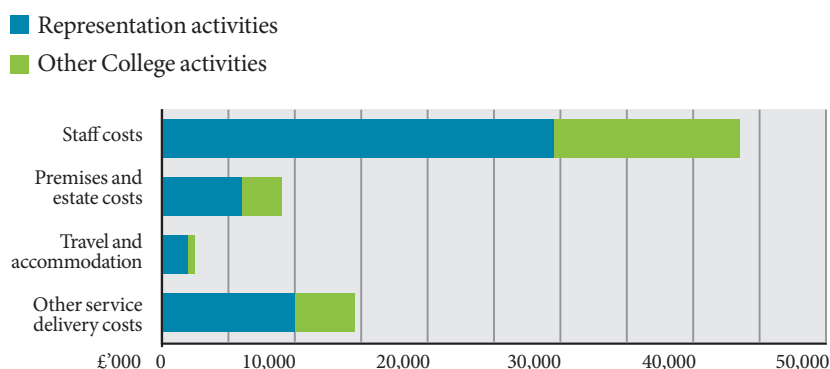
Consolidated statement of comprehensive income



Information breakdown of RCN Group Income sources



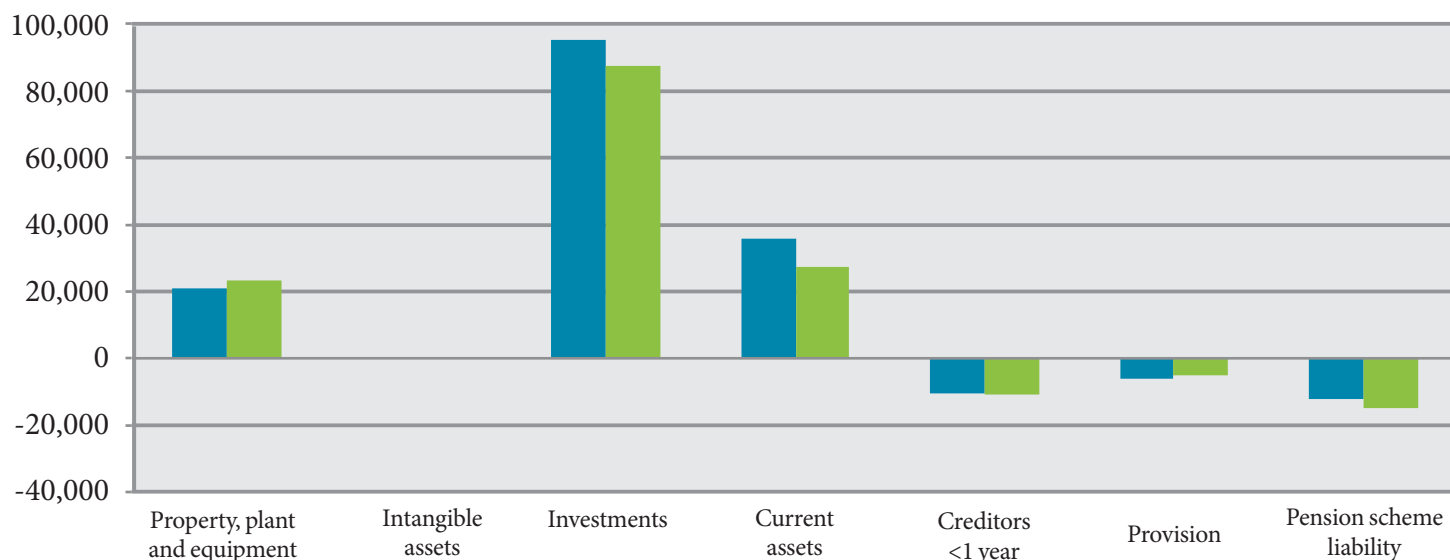
Information for breakdown of expenditure by activity



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Information for consolidated statement of financial position

■ 31 December 2017 ■ 31 December 2016



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 2017 which comprise the Summary Consolidated Statement of Comprehensive Income, Summary Consolidated Statement of Financial Position and reconciliation of Changes in Equity. The Summary of Accounts 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. Our work has been undertaken so that we might state to the College's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the College and the College's members as a body, for our audit work, for this report, for our audit report, or for the opinions we have formed.

Respective responsibilities of Council members and auditor

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

Our responsibility is to report to you our opinion on the consistency of the summary financial statements contained within the Summary of Accounts with the full annual financial statements.

We also read the other information contained in the Summary of Accounts and the supplementary material as described in the contents section, and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the College's full annual financial

statements describes the basis of our opinion on those financial statements and the Report of Council.

Opinion

In our opinion, the summary financial statements contained within the Summary of Accounts in *RCN Bulletin* are consistent with the full annual financial statements for the year ended 31 December 2017.

Deloitte LLP
Statutory Auditor, London
United Kingdom
5 April 2018

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.