AN EVENTFUL YEAR

THIS IS NURSING 12 MONTHS ON P10
Dose of the back to work blues?

Get your next holiday in the diary and save up to five per cent when you book through RCNXtra. Whether you have your sights set on the slopes of Switzerland or the sandy shores of Jamaica, there are special offers to suit all tastes. Visit www.rcn.org.uk/xtra to find out more.

PM’s dementia pledge

Thanks to RCN member Josephine Gray, the issue of dementia was taken to the highest level after she sent an email via the House of Commons website. District nurse Josephine’s efforts were rewarded with a photo (above) of the Prime Minister holding an RCN dementia pen. "It was such a positive response and not one I was expecting," she said. Read the full story at www.rcn.org.uk/thisisnursing

Claim tax relief

Members are being urged to get the best value for money on their RCN subscriptions by claiming tax relief. Claims can be backdated for the previous four years. Tax relief is also available on Nursing and Midwifery Council (NMC) registration fees, uniforms and laundering. A recent survey found that over 75 per cent of nurses and midwives are not claiming tax relief on their annual NMC registration fees. Visit www.rcn.org.uk/taxrelief

Northumbria success

In light of RCN action, managers at Northumbria Healthcare NHS Foundation Trust have agreed to suspend implementation of a new contract until formal consultation has taken place. It follows advice from the RCN urging community nursing staff not to sign an altered set of terms and conditions. “This demonstrates what a difference we can make when we act together,” said RCN Officer Greg Canning.

Help protect patients

The RCN advises all members involved in frontline health care to have the seasonal flu vaccine this autumn. “Vaccination is in the interest of staff, employers and patients,” said Rose Gallagher, RCN Infection Control Adviser. “Nursing staff may come in contact with the infection at work or at home in the community. Reducing the risk of transmitting this potentially serious infection to vulnerable patients is important and the vaccine can help reduce this risk.”

Council vacancy

Nominations are open for one of the South West seats on RCN Council due to a recent vacancy. If you work in that region and would like to be part of the RCN’s UK-wide decision-making body, make your voice heard. The deadline for receipt of nominations is 27 September. This could be your chance to make a real difference to nursing, policy and practice. Visit www.rcn.org.uk/elections to find out more.

New employer?

Members whose employment transferred into NHS England and Health Education England earlier this year are being asked to ensure their RCN membership records are up to date. Gill Morgan, RCN Employment Relations Adviser, said: “Please ensure we have your current employer recorded. It is important we are able to contact you if issues arise.” Visit www.rcn.org.uk/myrcn or phone RCN Direct on 0345 772 6100.
Opportunities abound

The **RCN Bulletin Jobs Fair** is taking place on 10 and 11 September at the Business Design Centre in London. The event features exhibits from more than 70 potential employers and includes a free seminar programme covering subjects such as CV writing, moving to Australia and choosing a specialty. Meet recruiting NHS trusts, charities, private hospitals and more.

Visit [www.rcnbulletinjobsfair.com](http://www.rcnbulletinjobsfair.com)

**Coming soon**

The annual general meeting (AGM) is an opportunity for members to find out more about what the RCN has achieved in the last year and to highlight matters of a professional nature that are of interest to the nursing workforce.

The event is being held at RCN headquarters in London on 16 October and will incorporate an important vote on how subscription fees are set in future.

This is your chance to understand more about how the College is run and influence a decision that will have implications for the wider RCN membership. Those in attendance will hear from President Andrea Spyropoulos and Chief Executive & General Secretary Dr Peter Carter in addition to items on the formal agenda.

For more information about the vote and what will be discussed on the day, see page 17 or visit [www.rcn.org.uk/agm2013](http://www.rcn.org.uk/agm2013)

‘Empower staff to improve safety’

The RCN has welcomed the “positive and practical recommendations” in a major review of patient safety published last month. Responding to the report by Professor Don Berwick, which called for a culture of learning to support NHS staff to develop themselves and improve what they do, the College stressed the importance of openness and transparency to enable staff to learn from mistakes.

“Patient safety has to be at the heart of the daily work of everyone in the NHS,” stressed RCN Chief Executive & General Secretary Dr Peter Carter. “For this to happen we need to see a no-blame culture where individuals can speak up and challenge any problems which threaten the quality or safety of patient care.”

The report states that the most important single change the NHS can make is for it to become a system devoted to continual learning and improvement.

In response, Dr Carter said: “NHS staff work on the frontline because they are passionate about saving lives and giving compassionate care but we need to continue to harness their enthusiasm and engagement to improve care across the board. The culture outlined by Professor Berwick would be a great leap forward for the NHS, and would support and empower staff.”

We need to harness enthusiasm and engagement to improve care

Read the full report of the Berwick review at [http://tiny.cc/fcx91w](http://tiny.cc/fcx91w)
RCN Congress 2013 was rated highly by members, this year’s feedback has shown

In the weeks following Congress, the RCN asks members about their experiences of the annual event to help understand what improvements are required. This is the first year those outcomes have been published.

“I’m delighted the findings show that Congress continues to go from strength to strength,” said Professor Rod Thomson, Chair of RCN Congress. “The feedback will help us make immediate improvements to our return trip to Liverpool next year. I’m glad that members had a great week back in April. We had some excellent debates and made the headlines once again.”

There was a big increase in the number of members who registered for Congress this year, with 4,011 registering in 2013, compared to 2,249 in 2012. The venue, which the RCN returns to in 2014, was described as “good” or “excellent” by almost 90 per cent of respondents.

“We will publish these findings every year from now because it’s crucial that we continue to make Congress better for the thousands of members who make the journey each year,” added Rod. “RCN Council and the Agenda Committee are currently in the process of reviewing all the feedback received about what you felt worked and what needed to change to inform arrangements for next year.”

Although the Congress Guide was popular, some members said they would prefer to receive detailed event information, such as the agenda and timetable, earlier, so the RCN will look at improving this next year. A quarter of respondents said they attended Congress to debate key nursing issues and the majority felt it was important to have external speakers there. Though the evening events generally rated well, only about half of respondents attended any parties or branch events.

Boards and branches will soon be consulted on a longer term review of Congress led by RCN Council. The event next year takes place in Liverpool between 15 and 19 June. Visit www.rcn.org.uk/congress

The feedback will help us make immediate improvements

A&E funding must not be quick fix

RCN welcomes cash injection but seeks assurances for the long term

Plans for struggling A&E units in England to share an extra £500 million to relieve winter pressures must be accompanied by continuous investment and long-term planning, the RCN has warned. Prime Minister David Cameron said the new funding will go to A&E departments identified as being under the most pressure and be targeted at “pinch points” in local services. But the RCN has stressed the need for year-round solutions to improve patient care and working conditions for staff.

“A&E services are at breaking point,” said RCN Acute and Emergency Care Adviser JP Nolan. “There are a multitude of factors playing in to this, not least the increased proportion of attendances which require admission, severe bed shortages and too few staff.”

The RCN has called for clarity on where and how the money will be spent to ensure it has the greatest benefit at local level. It has welcomed the wider national review of urgent and emergency care being led by NHS England. “This should get to the heart of problems and identify year-round solutions to improve patient care,” said RCN Chief Executive & General Secretary Dr Peter Carter. “We’re hopeful the recommended changes will have a long-lasting effect and make a real impact on the issues we’re seeing.”

Findings from the initial phase of the review released in June highlighted the need for a much simpler and more co-ordinated system of round-the-clock urgent and emergency care. Patients were found to be confused by the “fragmentation and variation” of out-of-hours services, often going to A&E as a default.

A survey seeking the views of patients and professionals in the NHS on the review evidence and principles upon which to base improvement closed on 11 August. The interim report and recommendations are due to be published this autumn with the overall timeline for the review continuing to 2016.
Tackling a neglected issue

The RCN is backing a new initiative supporting the needs of children of people with mental illness

The Who Cares? project, led by the Kidstime Foundation charity, will incorporate three films as part of an interactive online package for schools. It aims to deliver a powerful intervention to provide information and counter prejudice, misunderstanding and bullying.

“Teachers often don’t know how to help, but explaining can be really useful, and our free package will provide the resources to equip them for that,” said RCN member Jess Streeting, a school nurse who has been working with a young carers’ group on a pilot project in Westminster. “Often there is no-one to provide children with an adequate explanation of their parent’s illness, even though a proper understanding can protect their own mental health,” she added.

The project has four pilot sites and Jess has been raising awareness of the issue among school nurses and health visitors. “It’s really important that we aren’t afraid to broach these subjects and really listen to young people, so that we can be better advocates for them,” explained Jess.

There are thought to be between one and two million children affected by parental mental illness in the UK. These children often fall through the cracks between different services, with mental health professionals focusing solely on their patients, while children strive to hide family problems through fear of having decisions imposed on them or being taken into care.

HCAs in the spotlight

The RCN has launched a suite of three films exploring the role of health care assistants (HCAs) and assistant practitioners (APs)

The first film shows HCA and AP members talking about their roles, what brought them into nursing and what they love about their work. In the second, they explain why being an RCN member has helped them, and what the College can do for this increasingly vital part of the nursing team.

The third highlights why mandatory regulation is so important. Speaking in the film, assistant practitioner Lorraine Hicking-Woodison says: “We can’t go on with a system where practically anybody can get employed and deliver patient care with little or no training.”

HCA or AP membership of the RCN costs just £4.06 per month for the first year, and only £8.12 per month thereafter. Signpost your colleagues to www.rcn.org.uk/join

The view from here

Hannah Marriage
RCN Mental Health Forum Committee Member

Since beginning my training to be a health visitor, I have found myself drawn to the service provided to mothers with postnatal depression (PND). What I have seen only saddens me, and leads me to believe PND has become an unspoken mental illness.

Many mental health charities and services focus on the more common conditions and mother and baby services focus on mothers with severe mental health problems. Health visitors work with mothers with PND, but at a basic level, without suitable mental health training in this field. Mothers do not wish to talk about PND because of fear of stigma or losing their child.

This cannot be allowed to continue. The conversation over PND should start now. Mothers need further support and stigma must be reduced. This is a depression that strikes one person during a period of life that is so critical to another – the child. Let’s start the conversation.

Watch the films at www.youtube.com/RCNonline

A film introduction and further information about the project can be accessed at http://tiny.cc/6bt91w
Letters and emails

Poetic tribute
Feeling inspired by nursing student Molly Case, I drafted my own poem about how my colleagues and I feel about our treatment by the media and public.

**Why do we do what we do?**
Why do we do what we do when we nurse
When all those around us accuse and curse
A cliché I know we just want to help
All those who are needy and failing in health
We could have been models, money makers, in business
But we chose none of that so we could care for the dying, the sick
But you continually rubbish us and give us such stick
What did we do that you treat us so bad
Except comfort the dying, the lonely and sad
We do not get riches, we ask not for praise
Just acknowledge the work we do every day
Twenty-four-seven, three-sixty-five
We struggle and fight to keep loved ones alive
We are part of an organisation
Historically the envy of many a nation
We are what’s good about humankind
We are the nurses, please pay us some mind
So these are the reasons we do what we do
Would it hurt you so much to say I thank you

**Josephine Lee, by email**

Legal thanks
I want to express my gratitude to the RCN legal team for the work they did in representing me when I was in trouble with the NMC following spurious allegations made against me by my previous employer.

Without them, I don’t know how I would have got through the case. They were my pillar of strength from the beginning to the end. Please keep up the good work.

**Anonymous, by email**
This is your union

There has never been a more important time to make your voice heard in nursing

Too often, we are hearing from members who feel that the Government isn’t listening to them, or that they have no influence over the changes being made which affect them. RCN Congress 2013 was a clear indication of the strength of opinion among members. So many of you raised concerns about the unprecedented pressures you are facing and spoke out about what you would like to see the RCN do for you. Indeed, the RCN’s role took centre stage at Congress, as members passionately debated the continuation of our dual role as a trade union and professional body.

Yet when it comes to RCN elections we are seeing turnouts as low as 10 per cent. This just doesn't add up.

Right now, voting is open for influential RCN Council seats. Council members provide direction for everything we do, representing you and ensuring that the right advice is taken before decisions are made.

Make sure you cast your vote before 18 September.

Elections for one of the student members of Council, and one of the health practitioner members of Council, will take place in October and November, and there are elections for other RCN committees and boards taking place now and later in the autumn.

RCN elections are significant for every member; unless you participate, your voice is significantly weakened. This is your union, and I really do hope you will get involved and have your say. Find out more at www.rcn.org.uk/elections

Dr Peter Carter, RCN Chief Executive

Monthly poll

Have your say on the issues of the day

This month
Do you think the NHS is currently performing well?

Vote yes or no at www.rcn.org.uk/bulletin

Yes 70%
No 30%

Tweet of the month

www.twitter.com/thercn

QA Hospital News

@QAHospitalNews loves the @thercn improved library and heritage website! See it here: http://bit.ly/1b6pfoM

Online What you’ve been discussing...

Facebook

www.facebook.com/royalcollegeofnursing

Get the staffing right and everything else will fall into place. It’s not rocket science. With the right staff to patient ratios, standards improve, safety improves and retention of staff improves. Invest in staff with training and career development.

Jo Millsy Mills

RCN Discussion Zone

www.rcn.org.uk/discussion_zone

Brilliant wee film on YouTube! Well worth seeing – especially if you are looking to recruit HCA and AP colleagues. One of the stars of the show is our own branch lead safety rep Brian Murphy, talking about the benefits of HCAs joining (and remaining members of) the RCN.

Greg Usrey

From the heart

Catherine Salter
RCN safety representative from Cardiff

Unsocial working patterns, an increase in the consumption of convenience foods and more technology and transport available means that the lifestyles of nurses have changed from generations gone by. Is it any wonder that the number on our weighing scales is slowly creeping up?

Every person’s lifestyle and health is a personal choice but unlike other professions, nursing staff are seen as a visual representation of health care and with that comes an increased pressure and guilt if you do not match expectations of a healthy role model.

Should employers support people who express an interest in maintaining a healthy weight?

Does the future involve weight management programmes provided in the workplace? Healthy options in staff canteens? Sufficient breaks to allow staff the time to prepare healthy meals and exercise?

Let’s hope so for the sake of our health and wellbeing.

www.rcn.org.uk/wales
The other side of the bars

Daniel Allen reports on the work of an RCN member helping to improve services for people with learning disabilities at a private prison in Scotland

Prisons can be difficult, bewildering places that present new inmates in particular with enormous challenges to their physical and emotional wellbeing. For those with learning disabilities – who, according to the Prison Reform Trust, constitute between five and 10 per cent of the adult prison population – the experience can be even harder to cope with and comprehend.

But an RCN member in Scotland is striving to make a difference. Keith Gunn is a clinical nurse manager for addictions and mental health at HMP Addiewell in West Lothian. The prison is different from many: it is new – it opened five years ago; it is run by a private company under contract to the Scottish Prison Service; and it is a “learning” prison, which means, says Keith, that its ethos is to reduce reoffending by equipping inmates with qualifications and training they can use on the outside.

Deficit in provision

Keith, a registered learning disability nurse, started at Addiewell in July last year having worked previously at the State Hospital in Carstairs, one of four high-security hospitals in the UK. He says: “On taking up post at Addiewell, I noticed that Scotland-wide there was a huge deficit in service provision for people with learning disabilities in the prison sector.”

In fact, that deficit extends beyond Scotland, with research suggesting that across the UK prisoners with learning disabilities are likely to find incarceration especially tough. The Foundation for People with Learning Disabilities says that such prisoners are five times more likely than others to be subject to control and restraint, and three times more likely to experience segregation. The Prison Reform Trust reports that people with learning disabilities who are caught up in the criminal justice system may be more acquiescent and suggestible, and further disadvantaged by limited communication and understanding of their situation. And the Scottish Government says people with a learning disability are generally more vulnerable to bullying and abuse by others, and that this vulnerability is greater in prison.

Offering support

Keith’s response to these identified needs was to work towards developing a service within Addiewell that would offer support to prisoners with learning disabilities as soon as they entered the system. “For those with learning disabilities, in the past information has not been provided in an understandable way,” he says. “As a result, they have been overlooked and sidelined.”

As well as being at increased risk from the usual stresses of prison life, those with learning disabilities are vulnerable to the threats to physical and psychological wellbeing that affect many prisoners, including mental health and addiction problems, chronic disease and sleep hygiene issues.

Alongside Addiewell’s mental health team leader, Diane Robertson, and with support from the prison’s head of health care, Kim Crawford, Keith has worked hard to raise awareness of learning disabilities among custody and other prison health staff. “People are now able to identify those with learning disabilities and make referrals to our new service,” he says. He hopes that training he has undertaken as an RCN learning representative will help him to raise awareness further.

An increasing caseload

The service at Addiewell has been bolstered by the appointment of a second learning disability nurse and now has a caseload of 30 to 35 prisoners. But the numbers are growing. “It used to be just borderline to mild learning disabilities that we saw,” Keith says.

“But now we’re seeing more people with moderate learning disabilities, foetal alcohol spectrum disorder and with autistic spectrum disorders.” Foetal alcohol spectrum disorder can occur when a mother drinks during pregnancy, and its effects include intellectual and behavioural problems.

The service offers practical assistance to those with learning disabilities in a number of ways – for example, by advocating on their behalf, arranging extra support for them on training and education programmes, and by undertaking social problem-solving work with them.

Keith says: “We receive regular feedback from custody and senior management staff and from our psychiatrist, and they agree that the

People with learning disabilities have been overlooked and sidelined

This year’s inspirational nursing session at RCN Congress had a special focus on the remarkable impact of members working in criminal justice settings. View an archive webcast of the session at www.rcn.org.uk/congress or watch the film shown as part of it at http://tiny.cc/okxj1w
service is performing well and is aiding those who were previously overlooked. Patients themselves have also said that they feel the benefit of the service.

He adds: “Senior management also evaluated our delivery. They have really supported the uptake of the service and have given us a positive evaluation.”

Still much to be done

Annie Norman, RCN adviser for criminal justice nursing and learning disability nursing, says there has been some progress since Lord Bradley’s 2009 review of ways in which people with learning disabilities and mental health problems could be diverted from the criminal justice system.

But diversion and the development of specialist learning disability liaison services are still big issues, Annie says. “There needs to be more emphasis on the ‘to where and to what?’ infrastructure and more investment in more appropriate, responsive services. Things are improving but there’s still much to be done.”

One positive step is the development of a new online RCN resource designed to help all nursing staff working in criminal justice settings to deliver the best care possible (see box). Annie says: “We felt we needed something to guide staff towards better care – for example, providing dignified care in criminal justice service settings and what frontline staff can do to ensure they fully take into account the needs of their clients. We want the resource to help and guide them.”

New online resource

The RCN has produced a new online resource that links the RCN Principles of Nursing Practice to criminal justice service settings.

Nursing in criminal justice services spans police custody, courts, NHS sexual assault centres, probation, inpatient units within prisons and young offender institutions, wing-based and walk-in centres in prisons, and related areas such as secure housing and homeless services. Health professionals working in these settings need easy access to up-to-date resources to support them in their delivery of high-quality health care.

The development of the resource has been led by the RCN Nursing in Criminal Justice Services Forum with input from representatives of the Department of Health and Her Majesty’s Inspectorate of Prisons.

It has been designed for nursing staff providing patient care in various justice settings and builds on the RCN’s 2009 guidance Health and Nursing Care in the Criminal Justice Service.

The principles in the new resource contain guidance on specific practice issues faced by all grades of nurses, from newly qualified to expert practitioner, and are linked to the eight RCN Principles of Nursing Practice. They are also mapped to the Nursing and Midwifery Council’s professional code and the Care Quality Commission’s Essential Standards of Quality and Safety.

The aim of this “one-stop shop” e-resource is to help professionals access key information, and national and international standards and guidance as well as examples of practice in action.

Go to www.rcn.org.uk/cjsprinciples to access the resource.
An eventful year

Twelve months on from the launch of *This is nursing*, Katie Bayliss reflects on the key successes achieved through the seven workstreams of the RCN initiative

Last September the RCN launched *This is nursing*, an innovative project aimed at tackling the obstacles that get between nursing staff and the delivery of quality patient care. Comprising seven workstreams, the initiative gives a voice to the professional issues you face, and brings these together to provide a platform for best practice. It’s been a busy 12 months with significant progress made.

**Education**

In November the RCN renewed its commitment to the future of nursing in its response to the report of the Willis Commission on Nursing Education. The passion and commitment of nursing students was commended by Lord Willis who described their desire to provide care as “awe-inspiring”. A major review of postgraduate education will begin shortly.

**HCAs**

July saw the publication of the Cavendish review, which looked into training and support for health care assistants (HCAs). The review affirmed much of what the RCN has long been campaigning for but fell short of recommending statutory regulation, for which the College will continue to fight.

**Leadership**

Towards the end of last year, an exciting new RCN network was launched to support executive nurses across the UK. With times as tough as they are, the pressure on senior nurses involved in difficult decision making is immense. This network is a cornerstone for sharing and learning.

**Paperwork**

The RCN is calling for urgent action to tackle the burden of paperwork, and earlier this year hit the headlines by revealing nurses spend an estimated 2.5 million hours a week on non-essential clerical tasks. In February, the Government commissioned a review of bureaucracy in the NHS and the RCN has been heavily involved. Findings will be presented later this month.

**Professional attitudes**

In early 2013 the RCN held focus groups with newly qualified nurses who revealed their experiences of trying to offer professional care while being constrained by stressful and unsupportive environments. The research revealed the importance of new nurses being socialised into a supportive workplace with clear standards.

A subsequent review of professional socialisation has been undertaken. The RCN will be publishing the findings shortly and developing best practice tools to support organisations to get this right.

**Quality**

High quality patient care continues to be a key focus for the RCN. The Principles at Work project helps people see that the Principles of Nursing Practice are already underpinning good care and help set this in context. This framework helps define good nursing and is being used ever more widely.

**Safe staffing**

The RCN has worked hard to get the issue of staffing levels on the national agenda. Inadequate staffing levels have featured prominently in the Francis and Keogh reports, and the RCN is encouraged to see that staffing levels are now subject to intense discussion on the national stage. The College will continue to push for robust, evidence-based workforce planning, and mandatory safe staffing standards, which it believes are necessary to maintain quality patient care.
The information age

A recent RCN survey found nursing staff are ready for the digital revolution but, reports Sophie Lowthian, more needs to be done to provide the right technology beginning to appear in the form of chief clinical information officers (CCIOs). The role includes being a clinical IT advocate, ensuring software is fit for purpose, and involvement in procurement and safety testing. The majority of emerging CCIOs are doctors.

“There’s no reason why a nurse can’t do this role, so why aren’t nursing staff in these positions?” asks Ian. “And if organisations want doctors in their CCIO role, then why aren’t we seeing chief nursing information officer (CNIO) roles equally developed?”

Outside the UK

Looking at US health care models, Ian says many hospitals have a CCIO and CNIO working together on an equal basis. The two roles bridge clinical IT systems to support practice. “This means the needs of doctors and nurses are considered by experts in the IT field,” he adds. “My hope is that we will see similar models developed UK-wide.”

But what can frontline nursing staff do right now in their daily work to help eHealth reach its potential? “Get heavily involved in the eHealth agenda in your workplace and, if required, influence the use of systems to support nursing practice,” says Ian. “When technology is working well, embrace it,” he urges. “When it isn’t, say something.”

To read all the recommendations and results from the RCN eHealth survey, download Positioning Nursing in a Digital World from www.rcn.org.uk/publications

While information technology has made its mark on commerce and industry, eHealth is rapidly revolutionising the health care landscape. But where do nursing staff fit in?

According to RCN eHealth Forum Chair Ian Woodburn, for technology to reach its potential in improving patient care, the input of nursing staff is paramount. “eHealth is there to support safer and more effective nursing practice,” says Ian, who is a clinical business change manager at an acute NHS trust. “People are having a wake-up call that technology’s role in health care isn’t just about data capture – the focus needs to shift to support nursing practice, with data capture a by-product of that.”

For that shift to be successful, it is vital nursing staff are involved in the implementation of eHealth in their workplace, adds Ian. “Their expertise can help ensure systems work specifically for them and the job they do. At the moment this isn’t always happening,” he says.

The majority of respondents (78 per cent) to a UK-wide RCN survey exploring members’ knowledge and experience of current eHealth developments felt they had little or no influence over the use of technology in their workplace. Almost half reported they had no consultation about the introduction of eHealth developments.

Smarter systems

“Nursing staff are the ones on the ground yet aren’t involved in buying new software. Why?” asks Ian. “As we move towards smarter systems we need to tap into the right nursing and clinical knowledge,” he warns.

Ian says that across NHS England, clinical roles in the IT field are beginning to appear in the form of chief clinical information officers (CCIOs). The role includes being a clinical IT advocate, ensuring software is fit for purpose, and involvement in procurement and safety testing. The majority of emerging CCIOs are doctors.

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For that shift to be successful, it is vital nursing staff are involved in the implementation of eHealth in their workplace, adds Ian. “Their expertise can help ensure systems work specifically for them and the job they do. At the moment this isn’t always happening,” he says.

The majority of respondents (78 per cent) to a UK-wide RCN survey exploring members’ knowledge and experience of current eHealth developments felt they had little or no influence over the use of technology in their workplace. Almost half reported they had no consultation about the introduction of eHealth developments.

Smarter systems

“Nursing staff are the ones on the ground yet aren’t involved in buying new software. Why?” asks Ian. “As we move towards smarter systems we need to tap into the right nursing and clinical knowledge,” he warns.

Ian says that across NHS England, clinical roles in the IT field are beginning to appear in the form of chief clinical information officers (CCIOs). The role includes being a clinical IT advocate, ensuring software is fit for purpose, and involvement in procurement and safety testing. The majority of emerging CCIOs are doctors.

“There’s no reason why a nurse can’t do this role, so why aren’t nursing staff in these positions?” asks Ian. “And if organisations want doctors in their CCIO role, then why aren’t we seeing chief nursing information officer (CNIO) roles equally developed?”

Outside the UK

Looking at US health care models, Ian says many hospitals have a CCIO and CNIO working together on an equal basis. The two roles bridge clinical IT systems to support practice. “This means the needs of doctors and nurses are considered by experts in the IT field,” he adds. “My hope is that we will see similar models developed UK-wide.”

But what can frontline nursing staff do right now in their daily work to help eHealth reach its potential? “Get heavily involved in the eHealth agenda in your workplace and, if required, influence the use of systems to support nursing practice,” says Ian. “When technology is working well, embrace it,” he urges. “When it isn’t, say something.”

To read all the recommendations and results from the RCN eHealth survey, download Positioning Nursing in a Digital World from www.rcn.org.uk/publications
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AGM 2013: coming soon

Don't miss the opportunity to find out about the RCN’s work over the last year and vote on one highly important resolution at the annual general meeting on 16 October in London

What will the vote be on?
Members will be asked to vote on a resolution on how to set subscription fees for the next five years.

Between 2007 and 2012, subscription rates were set by RCN Council and were kept below inflation, with a one per cent increase in 2011 and no increase at all in 2012.

Council is asking members to agree to go back to this approach for the next five years, with a maximum increase in 2014 of one per cent, or 16 pence per month for nurse members. Subscriptions would not increase by any more than four per cent in subsequent years.

What have members said?
"Members have been very clear they want a cap to guarantee any rises are kept at affordable rates," says Andrew McGovern, RCN Honorary Treasurer. "If the resolution is agreed, Council will work hard to make sure any rise is as low as possible."

How do you register?
Register to attend the AGM by visiting www.rcn.org.uk/agm or calling 029 2054 6460, or email agm@rcn.org.uk with your name and membership number.

Why should I attend?
Kath McCourt, Chair of RCN Council, urges members to attend the annual general meeting (AGM) and vote on this resolution.

“We must ensure the College protects the frontline services it offers and is in a strong position to continue providing high-level support to its members in the future. To do that, it’s important to plan ahead,” she says.

For later years, if the proposal is agreed, Council will always consult with members through boards and branches before making a decision. An increase higher than four per cent will not be set in any one year.

How would the rate be set?
Council would set a broad five-year financial strategy which takes account of the pressures on members and the cost of RCN services, such as employment and legal representation, guidance and support, and training for stewards and activists.

Will there be an increase?
Council will not suggest an increase unless it’s absolutely necessary in order to maintain services to members, and any rises will be capped. Running up to the AGM, Council has been asking members through the country and regional boards what they think about returning to a five-year approach.

Formal notice of annual general meeting
This year’s annual general meeting (AGM) will be held on Wednesday 16 October 2013 at 11.30am at RCN headquarters in London.

Dr Peter Carter OBE, PhD, MBA, MCIPD, RGN, RMN, Chief Executive & General Secretary

RCN President Andrea Spyropoulos LLM, LLB, BA, DPSN, Cert Ed, RGN, RNT, SCM will address members at 11.30am and the AGM will follow.

Chief Executive & General Secretary Dr Peter Carter OBE, PhD, MBA, MCIPD, RGN, RMN will also address the meeting.

Voting will be by show of hands. Members unable to attend the AGM may vote by proxy. Proxy votes will be counted in the event of a poll being called (Standing Order 17).

Proxy voting forms are available on the website at www.rcn.org.uk/agm2013

AGM agenda overview
1. Welcome and introduction.
2. To confirm the minutes of the AGM held on Wednesday 17 October 2012.
3. To receive the annual report of Council from Chair of Council Professor Kath McCourt CBE FRCN.
4. To receive the financial statements and the auditor’s reports for the year 2012/2013 from Honorary Treasurer Andrew McGovern.
5. To consider an ordinary resolution to authorise Council to set RCN member subscription fees for the next five years.
6. To discuss matters of a professional nature which are of importance to the interests of members (please give advance notice of these to Jane Clarke, Director of Governance Support, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN or by emailing jane.clarke@rcn.org.uk).
7. To receive the results of the Council elections.
Introducing branch AGMs

Andy Notman
Branch Treasurer, RCN Lothian Branch

Even if you’ve never attended a branch meeting before, your annual general meeting (AGM) is the ideal forum to find out more about the essential RCN work that is happening in your locality.

Not only will you get a condensed overview of all the branch achievements in the last year, but you will have a chance to influence what future activities your branch will get involved in.

Local officials are elected at the AGM but your branch is about so much more than that. In Lothian we’re currently working on raising our profile, recruiting new members and providing development opportunities. We also consulted on the recent working longer review and have held interesting social events. It is your opportunity to influence UK-wide RCN decisions.

So if you’ve ever thought “I wish the RCN would question this,” your branch AGM is the place for you.

www.rcn.org.uk/scotland

Scotland
www.rcn.org.uk/scotland

Ayrshire and Arran
Date: 3 October at 5.30pm
Location: Room 1, Education Centre, Crosshouse Hospital

Borders
Date: 30 October at 5pm
Location: Committee Room, Borders General Hospital

Fife
Date: 23 October at 7pm
Location: Learning Centre, Staff Club, Victoria Hospital

Forth Valley
Date: 23 October at 1pm
Location: Learning Centre, Third Floor, Forth Valley Royal Hospital

Greater Glasgow
Date: 1 October at 7pm
Location: NHS24, Caledonia House, 140 Fifty Pitches Road, Glasgow G51 4EB

Lothian
Date: 5 September at 3pm
Location: RCN HQ, 42 South Oswald Road, Edinburgh EH9 2HH

North Highland
Date: 30 September at 5.30pm
Location: Emergency Department Seminar Room, Raigmore Hospital

Orkney
Date: 10 September at 4pm
Location: Salthire Room, Ballfour Hospital

Shetland
Date: 4 September at 5pm
Location: Gilbert Bain Hospital

Tayside
Date: 28 November at 5pm
Location: Kings Cross Hospital

Western Isles
Date: 4 September at 4pm
Location: Practical Room, Education Unit, Western Isles Hospital

Northern Ireland
www.rcn.org.uk/northernireland

Belfast
Date: 9 September at 5.45pm
Location: RCN HQ, Windsor Avenue, Belfast BT9 6EE

North Western
Date: 17 September at 12noon
Location: Meeting Room 3, Trust HQ, Altnagelvin

Northern
Date: 16 September at 10am
Location: MDEC Seminar Room 2, Causeway Hospital, Coleraine
Details: information session 10am–12noon and AGM 1-2pm.

South Eastern
Date: 11 September at 12noon
Location: Lecture Theatre, Ulster Hospital, main building
Details: a pension clarification session and advice on how changes to indemnity might affect you.

South Western
Date: 2 September at TBC
Location: Boardroom, Craigavon Area Hospital

Wales
www.rcn.org.uk/wales

Bro Morgannwg
Date: 4 November at 5.30pm
Location: Princess of Wales Hospital

Cardiff and Vale
Date: 10 October at 5pm
Location: Council Rooms, University Hospital of Wales

Ceredigion
Date: 1 October at 3pm
Location: Post Graduate Centre, Bronlais Hospital, Aberystwyth

Flintshire and Wrexham
Date: 5 September at 5pm
Location: Glyndwy University

Gwynedd
Date: 9 October at 5.30pm
Location: Ysbyty Gwynedd

Llanelli Carmarthen
Date: 10 September at 7pm
Location: Glan Gwll Hospital

Merthyr Cynon Valley and Rhymney
Date: 2 September at 5pm
Location: Royal Glamorgan Hospital

Pembrokeshire
Date: 7 October at 3.30pm
Location: Withybush Hospital Committee Room

Rhondda and Taff Ely
Date: 2 September at 5pm
Location: Royal Glamorgan Hospital

South Powys
Date: 11 September at 6pm
Location: Brecon War Memorial Hospital

Swansea
Date: 9 September at 6.30pm
Location: Cefn Coed Hospital

East Midlands
www.rcn.org.uk/eastmidlands

Derbyshire
Date: 11 October at 9.30am
Location: Hallmark Inn, Midland Road, Derby, DE1 2SL
Details: the event will also include a presentation on the Francis report by Sir Stephen Moss, workshops on dyslexia awareness, addiction recovery and more.

Leicestershire and Rutland
Date: 4 November at 7pm
Location: The Bracken Centre, Glenfield Hospital, Leicester LE3 9QP
<table>
<thead>
<tr>
<th>Region</th>
<th>Website</th>
<th>Date</th>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Lincolnshire</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>24 September at 7pm</td>
<td>The Lecture Theatre, Lincoln County Hospital</td>
<td></td>
</tr>
<tr>
<td>North Nottinghamshire</td>
<td><a href="http://www.rcn.org.uk/eastern">www.rcn.org.uk/eastern</a></td>
<td>2 September at 6pm</td>
<td>New Lecture Theatre, Education Centre, Kings Mill Hospital</td>
<td></td>
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<tr>
<td>Northamptonshire</td>
<td></td>
<td>8 October at 11am</td>
<td>Northampton General Hospital</td>
<td>Details: lunch will be provided.</td>
</tr>
<tr>
<td>South Lincolnshire</td>
<td><a href="http://www.rcn.org.uk/south">www.rcn.org.uk/south</a></td>
<td>2 October at 7pm</td>
<td>Committee Room 1, Pilgrim Hospital</td>
<td></td>
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<tr>
<td>Essex</td>
<td></td>
<td>3 October at 10am</td>
<td>Ongar Adult Community College</td>
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<tr>
<td>Norfolk</td>
<td><a href="http://www.rcn.org.uk/northern">www.rcn.org.uk/northern</a></td>
<td>10 October at 10am</td>
<td>South Green Park, Mattishall, Dereham, Norfolk</td>
<td>Details: includes branch meeting.</td>
</tr>
<tr>
<td>London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>9 October at 2pm</td>
<td>RCN London Region Office, 236 Gray’s Inn Road WC1X 2HL</td>
<td></td>
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<tr>
<td>Inner North Central London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>9 October at 2pm</td>
<td>RCN London Region Office, 236 Gray’s Inn Road WC1X 2HL</td>
<td></td>
</tr>
<tr>
<td>Inner North East London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>10 October at 4pm</td>
<td>Room F54, Vicarage Lane Health Centre E15 4ES</td>
<td></td>
</tr>
<tr>
<td>Inner North West London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>17 October at 3pm</td>
<td>‘Health at the Stowe’ Medical Centre, 260 Harrow Road W2 5ES</td>
<td></td>
</tr>
<tr>
<td>Inner South East London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>11 October at 2pm</td>
<td>RCN London Region Office, See details above</td>
<td></td>
</tr>
<tr>
<td>Inner South West London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>10 October at 3.30pm</td>
<td>Rooms H2.3 and H2.4 in Hunter Wing, Level 2, at St George's Hospital, Tooting SW17 0QT</td>
<td></td>
</tr>
<tr>
<td>Outer North Central London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>8 October at 3.30pm</td>
<td>TBC</td>
<td></td>
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<tr>
<td>Outer North East London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>8 October at 6.30pm</td>
<td>James Fawcett Education Centre, King George Hospital</td>
<td></td>
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<tr>
<td>Outer North West London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>25 September at 1pm</td>
<td>Sudbury Primary Care Centre, Vale Farm, Watford Road HA0 3HG</td>
<td></td>
</tr>
<tr>
<td>Outer South East London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>16 October at 5.30pm</td>
<td>Room S307, Mary Seacole Building, University of Greenwich, Avery Hill Campus</td>
<td></td>
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<tr>
<td>Outer South West London</td>
<td><a href="http://www.rcn.org.uk/london">www.rcn.org.uk/london</a></td>
<td>10 September at 7pm</td>
<td>Post Graduate Medical Centre, Epsom General Hospital KT18 7EG</td>
<td></td>
</tr>
<tr>
<td>Cheshire East</td>
<td><a href="http://www.rcn.org.uk/cheshire">www.rcn.org.uk/cheshire</a></td>
<td>17 October at 4.30pm</td>
<td>Room G14, Pinewood Education Centre, Stepping Hill Hospital</td>
<td></td>
</tr>
<tr>
<td>Greater Liverpool and Knowsley</td>
<td><a href="http://www.rcn.org.uk/cheshire">www.rcn.org.uk/cheshire</a></td>
<td>22 October at 4pm</td>
<td>The Devonshire House Hotel, 293-297 Edge Lane, Liverpool L7 9LD</td>
<td>Details: open forum from 4pm, AGM from 5.30pm.</td>
</tr>
<tr>
<td>Greater Manchester</td>
<td><a href="http://www.rcn.org.uk/cheshire">www.rcn.org.uk/cheshire</a></td>
<td>16 October at 6pm</td>
<td>St Ann’s Hospice, Peel Lane, Worsley M28 0FE</td>
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</tr>
<tr>
<td>Lancashire West</td>
<td><a href="http://www.rcn.org.uk/cheshire">www.rcn.org.uk/cheshire</a></td>
<td>1 October at 3pm</td>
<td>Bowness Room, Derby Road, Wesham, Preston PR4 3AL</td>
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<tr>
<td>Isle of Man</td>
<td><a href="http://www.rcn.org.uk/cheshire">www.rcn.org.uk/cheshire</a></td>
<td>16 October at 3.30pm</td>
<td>Keyll Darree Education Centre, Nobles Hospital</td>
<td></td>
</tr>
<tr>
<td>Northern</td>
<td><a href="http://www.rcn.org.uk/northern">www.rcn.org.uk/northern</a></td>
<td>2 October at 2.30pm</td>
<td>RCN Northern Region. See details above</td>
<td></td>
</tr>
<tr>
<td>Tees Valley</td>
<td><a href="http://www.rcn.org.uk/northern">www.rcn.org.uk/northern</a></td>
<td>1 October at 9.30am</td>
<td>RCN Northern Region, Avalon House, St Catherine’s Court, Sunderland Enterprise Park</td>
<td></td>
</tr>
<tr>
<td>County Durham and Darlington</td>
<td><a href="http://www.rcn.org.uk/northern">www.rcn.org.uk/northern</a></td>
<td>1 October at 3.30pm</td>
<td>Keyll Darree Education Centre, Nobles Hospital</td>
<td></td>
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<tr>
<td>South of Tyne and Wear</td>
<td><a href="http://www.rcn.org.uk/northern">www.rcn.org.uk/northern</a></td>
<td>2 October at 9.30am</td>
<td>RCN Northern Region. See details above</td>
<td></td>
</tr>
<tr>
<td>North of Tyne</td>
<td><a href="http://www.rcn.org.uk/northern">www.rcn.org.uk/northern</a></td>
<td>2 October at 2.30pm</td>
<td>RCN Northern Region. See details above</td>
<td></td>
</tr>
<tr>
<td>Cumbria</td>
<td><a href="http://www.rcn.org.uk/cumbria">www.rcn.org.uk/cumbria</a></td>
<td>3 October at 12.30pm</td>
<td>Lowther Room, Newton Rigg, Cumbria</td>
<td>Details: a learning and development event at 10.30am will precede the AGM.</td>
</tr>
<tr>
<td>Berkshire</td>
<td><a href="http://www.rcn.org.uk/berkshire">www.rcn.org.uk/berkshire</a></td>
<td>24 September at 10am</td>
<td>Easthampstead Baptist Church, Bracknell</td>
<td></td>
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<tr>
<td>Brighton and Hove</td>
<td><a href="http://www.rcn.org.uk/brightonandhove">www.rcn.org.uk/brightonandhove</a></td>
<td>14 October at 9.30am</td>
<td>Sussex House, 1 Abbey Road, Brighton BN2 1ES</td>
<td>Details: free learning event and AGM with Dr Peter Carter speaking.</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td><a href="http://www.rcn.org.uk/buckinghamshire">www.rcn.org.uk/buckinghamshire</a></td>
<td>24 October at TBC</td>
<td>Holiday Inn, Aylesbury, New Rd, Weston Turville, Aylesbury</td>
<td></td>
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<tr>
<td>East Kent</td>
<td></td>
<td>9 September at 6.30pm</td>
<td>Postgraduate Centre, Kent and Canterbury Hospital, Ethelbert Road, Kent CT1 3NG</td>
<td></td>
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<tr>
<td>East Sussex</td>
<td></td>
<td>10 October at 9.30am</td>
<td>Halland Forge Hotel, A22 Eastbourne Rd, Framfield BN8 6PW</td>
<td>Details: the event will include presentations covering diabetes, insulin therapy, new health service structure and public health.</td>
</tr>
<tr>
<td>Guernsey</td>
<td><a href="http://www.rcn.org.uk/guernsey">www.rcn.org.uk/guernsey</a></td>
<td>3 October at 7pm</td>
<td>Cambridge room at Beau Sejour</td>
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<tr>
<td>Hampshire</td>
<td><a href="http://www.rcn.org.uk/hampshire">www.rcn.org.uk/hampshire</a></td>
<td>21 September at 9.30am</td>
<td>Holiday Inn Winchester, Telegraph Way, Morn Hill, Winchester, SO21 1HZ</td>
<td>Details: a day of complementary therapies, including the AGM at 2pm.</td>
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<tr>
<td>Location</td>
<td>Date</td>
<td>Time</td>
<td>Place</td>
<td>Details</td>
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<tr>
<td>Isle of Wight</td>
<td>4 October</td>
<td>All day</td>
<td>St Marys Hospital</td>
<td>Keynote speech by Dr Peter Carter, RCN Chief Executive &amp; General Secretary.</td>
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<tr>
<td>Medway</td>
<td>2 October</td>
<td>5.30pm</td>
<td>Seminar Room 10, Post Graduate Medical Centre, Medway Maritime Hospital</td>
<td></td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>10 October</td>
<td>6.30pm</td>
<td>Manor Hospital</td>
<td>Includes free learning event.</td>
</tr>
<tr>
<td>Portsmouth</td>
<td>17 September</td>
<td>9.30am</td>
<td>St James' Entertainments Hall, Locksley Road P04 8LD</td>
<td>Event includes session on raising dementia awareness.</td>
</tr>
<tr>
<td>West Kent</td>
<td>24 October</td>
<td>12.15pm</td>
<td>Holiday Inn, Wrotham</td>
<td>Speakers include John Kennedy on lessons from the Francis report and Vicky Robinson on end of life care.</td>
</tr>
<tr>
<td>West Sussex</td>
<td>9 October</td>
<td>10.30am</td>
<td>Lewes Room, Field Place, The Boulevard, Worthing, West Sussex BN13 1NP</td>
<td>AGM from 10.30am, study event from 1pm–4pm on whistleblowing, post Francis and how nurses can safeguard themselves and patients.</td>
</tr>
<tr>
<td>South West</td>
<td><a href="http://www.rcn.org.uk/southwest">www.rcn.org.uk/southwest</a></td>
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<td></td>
</tr>
<tr>
<td>Bath</td>
<td>15 October</td>
<td>7pm</td>
<td>A&amp;E seminar room, Royal United Hospital</td>
<td></td>
</tr>
<tr>
<td>Greater Bristol</td>
<td>10 October</td>
<td>6.30pm</td>
<td>West Town Lane Academy, West Town Lane, Brislington, Bristol BS4 5DT</td>
<td></td>
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<tr>
<td>Cornwall</td>
<td>23 October</td>
<td>7pm</td>
<td>Dining room at Camborne Redtruh Community Hospital</td>
<td></td>
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<tr>
<td>Devon</td>
<td>29 October</td>
<td>7.15pm</td>
<td>Royal College of Nursing, 3 Capital Court, Bittern Road, Sowton Industrial Estate, Exeter EX2 7FW</td>
<td></td>
</tr>
<tr>
<td>East Dorset</td>
<td>8 October</td>
<td>6pm</td>
<td>The Committee Room at Royal Bournemouth Hospital</td>
<td></td>
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<tr>
<td>Gloucestershire</td>
<td>10 September</td>
<td>5pm</td>
<td>Conference Room 2, Charlton Lane Hospital</td>
<td></td>
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<tr>
<td>Plymouth</td>
<td>7 October</td>
<td>5.30pm</td>
<td>Kingfisher Group Room, Local Care Centre, Mount Gould Hospital</td>
<td></td>
</tr>
<tr>
<td>Somerset</td>
<td>2 October</td>
<td>1.30pm</td>
<td>TBC</td>
<td>Incorporating a training event with talk by McKinley on new syringe drivers. Other topics for discussion will include end of life care and consent.</td>
</tr>
<tr>
<td>Torbay</td>
<td>23 October</td>
<td>6.30pm</td>
<td>TREC lecture theatre, Torbay Hospital, Torquay, Devon TQ2 7AA</td>
<td></td>
</tr>
<tr>
<td>West Dorset</td>
<td>5 December</td>
<td>5pm</td>
<td>Education Centre, Dorset County Hospital</td>
<td>Starts with a talk by Jeffrey Ellwood, Chairman at Dorset County Hospital. The AGM will commence at 6pm.</td>
</tr>
<tr>
<td>Wiltshire</td>
<td>4 October</td>
<td>6pm</td>
<td>The Black Swan Hotel, Devizes SN10 1JQ</td>
<td></td>
</tr>
<tr>
<td>West Midlands</td>
<td><a href="http://www.rcn.org.uk/westmidlands">www.rcn.org.uk/westmidlands</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birmingham West and Sandwell</td>
<td>2 October</td>
<td>1pm</td>
<td>St Marys Hospital, Birmingham City Hospital</td>
<td>Includes a local learning event on harm-free patient care.</td>
</tr>
<tr>
<td>Black Country</td>
<td>11 October</td>
<td>12.30pm</td>
<td>Dudley Clinical Education Centre, C Block, Russells Hall Hospital</td>
<td>Includes a local learning event on leading for change.</td>
</tr>
<tr>
<td>Coventry and Warwickshire</td>
<td>25 September</td>
<td>1.45pm</td>
<td>Coventry Novotel, Wilsons Way, Longford, Coventry CV6 6HL</td>
<td>Includes a local learning event on managing dementia.</td>
</tr>
<tr>
<td>Birmingham East and North and Solihull</td>
<td>22 October</td>
<td>2pm</td>
<td>Solihull Education Centre, Solihull Hospital, Solihull B91 2JL</td>
<td>Includes a local learning event on managing dementia.</td>
</tr>
<tr>
<td>Shropshire</td>
<td>30 September</td>
<td>12.30pm</td>
<td>Room D, The Education Centre, The Princess Royal Hospital, Shropshire TF1 6TF</td>
<td>Includes two local learning events on the Healthy Living Project and raising concerns.</td>
</tr>
<tr>
<td>South Staffordshire</td>
<td>9 October</td>
<td>1pm</td>
<td>The Social Club, St George's Hospital, Stafford ST16 3SR</td>
<td>Includes a local learning event on dignity in care.</td>
</tr>
<tr>
<td>Worcestershire</td>
<td>16 September</td>
<td>1pm</td>
<td>The Charles Hastings Education Centre, Worcestershire Royal Hospital, Worcester WR5 1DD</td>
<td>Includes a local learning event on leadership skills and emotional resilience.</td>
</tr>
<tr>
<td>Yorkshire &amp; The Humber</td>
<td><a href="http://www.rcn.org.uk/yorkshireandhumber">www.rcn.org.uk/yorkshireandhumber</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leeds</td>
<td>8 October</td>
<td>12.30pm</td>
<td>Rooms 31 and 32, Educational Development Centre, Hereford County Hospital</td>
<td>Includes a local learning event on leadership and teamwork.</td>
</tr>
<tr>
<td>North East Lincolnshire</td>
<td>10 September</td>
<td>5.15pm</td>
<td>The Cedars, Diana, Princess of Wales Hospital, Scartho Road, Grimsby, North East Lincolnshire DN33 2BA</td>
<td></td>
</tr>
<tr>
<td>Scunthorpe</td>
<td>15 October</td>
<td>7pm</td>
<td>Studio Room, Butterwick House, Scunthorpe General Hospital</td>
<td></td>
</tr>
</tbody>
</table>
Summary report of Council

Chair of RCN Council
Professor Kathleen McCourt

At the time of receiving last year’s annual report, I reflected on the past 12 months and remarked on what a challenging year it had been. A year on, and the pressures we face as a profession are just as significant.

These monumental challenges are in large part due to the impact of continued cuts as well as NHS reforms, which the RCN opposed, taking effect in England. Our fight for a high-quality NHS for both nursing staff and patients is now more important than ever.

The Francis report will see significant change for everyone who delivers patient care, ensuring professionals and organisations reflect on what quality care looks like, and what is needed to make sure it happens. Crucially, it is having a real impact on the work of the RCN, influencing our campaigns as well as how we support members.

Last September the RCN launched its This is nursing initiative (see page 10) with more than 1,000 adverts appearing all around the UK. It aims to defend the reputation of nursing, highlight the countless positive examples of good care and address the obstacles that get in the way of delivering it.

We have also been working harder than ever to support our members legally and professionally, nationally and locally. Our award-winning legal team has been fighting for a record number of members and delivering impressive results. In some cases, we have actually increased spending on things that directly impact you, such as the support that activists receive to attend RCN Congress. Our board review is also ensuring members have the opportunity to inform the decisions Council and boards make nationally and regionally.

This summary of our annual report provides only a snapshot of some of the RCN’s most important activity over the past year, and the successes we have achieved with your support.

If we continue to work together, we can overcome the obstacles and continue to deliver for patients. While, as a profession, we face unprecedented pressures, the RCN will continue to work tirelessly to seize opportunities and support the vital work you do.
Summary of accounts

Financial review 2012/13

These summary 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 Trustees’ Report, copies of which are available from the Chief Executive & General Secretary, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN or from the RCN website at www.rcn.org.uk.

The accounts are presented under the format required by UK GAAP and the Trade Union and Labour Relations (Consolidation) Act 1992. The group results report the combined results of the RCN, its three trading subsidiaries (RCN Licensing Limited, RCN Membership Services Limited and RCN Publishing Company 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 total income in 2012/13 was £85,984,000. This compares to £85,482,000 in the previous year. Total resources expended were £81,126,000 in 2012/13 compared to £76,672,000 in the previous year.

Membership income increased marginally from £69,108,000 to £69,163,000, reflecting little change in overall membership numbers during the year. There was no increase in membership subscription rates in January 2013.

The income and expenditure account shows that the RCN had net incoming resources of £5,812,000 in 2012/13 compared to £9,750,000 in the previous year. The defined benefit pension scheme liability at 31 March 2013 was £48,099,000. The liability was £39,311,000 in the previous year. This increase in liability has contributed significantly to the reduction in the Group funds position. The Group’s funds decreased by £3,869,000 and the Group’s total net assets, including the pension scheme liability, were £39,220,000 at 31 March 2013. Excluding the pension scheme liability, total net assets were £87,319,000.

The performance of the RCN Foundation investment portfolio improved in comparison to the previous year due to improved stock market conditions, net realised gains totalling £2,286,000 were reported in 2012/13 compared to £184,000 in the previous year.

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.

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 17 July 2013.

Professor Kathleen McCourt CBE FRCN
Chair of RCN Council
### Summary of Accounts

**Consolidated Income and Expenditure Account for the Year Ended 31 March 2013 (£’000)**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Income</td>
<td>85,984</td>
<td>85,482</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>81,126</td>
<td>76,672</td>
</tr>
<tr>
<td>Net Income</td>
<td>4,858</td>
<td>8,810</td>
</tr>
<tr>
<td>Other Losses</td>
<td>(2,031)</td>
<td>-</td>
</tr>
<tr>
<td>Investment Income</td>
<td>847</td>
<td>750</td>
</tr>
<tr>
<td>Net Realised Investment Gains</td>
<td>2,299</td>
<td>184</td>
</tr>
<tr>
<td>Taxation</td>
<td>(161)</td>
<td>6</td>
</tr>
<tr>
<td>Net Movements in Funds</td>
<td>5,812</td>
<td>9,750</td>
</tr>
</tbody>
</table>

**Statement of Recognised Gains and Losses for the Year Ended 31 March 2013 (£’000)**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actuarial losses on defined benefit scheme - Pension Trust</td>
<td>(9,136)</td>
<td>(25,636)</td>
</tr>
<tr>
<td>NILGOSC adjustment</td>
<td>-</td>
<td>570</td>
</tr>
<tr>
<td>Revaluation reserve adjustment</td>
<td>(64)</td>
<td>(64)</td>
</tr>
<tr>
<td>Net unrealised losses on fixed asset investments</td>
<td>(481)</td>
<td>(368)</td>
</tr>
<tr>
<td>Surplus in year</td>
<td>5,812</td>
<td>9,750</td>
</tr>
<tr>
<td>Total recognised losses since last financial statements</td>
<td>(3,869)</td>
<td>(15,748)</td>
</tr>
</tbody>
</table>

**Reconciliation of Movements in Funds for the Year Ended 31 March 2013 (£’000)**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus in year</td>
<td>5,812</td>
<td>9,750</td>
</tr>
<tr>
<td>Other net recognised losses</td>
<td>(9,681)</td>
<td>(25,498)</td>
</tr>
<tr>
<td>Net deductions from funds</td>
<td>(3,869)</td>
<td>(15,748)</td>
</tr>
<tr>
<td>Accumulated funds at 1 April</td>
<td>43,089</td>
<td>58,837</td>
</tr>
<tr>
<td>Accumulated funds at 31 March</td>
<td>39,220</td>
<td>43,089</td>
</tr>
</tbody>
</table>

**Consolidated Balance Sheet as at 31 March 2013 (£’000)**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>44,583</td>
<td>40,537</td>
</tr>
<tr>
<td>Current Assets</td>
<td>64,480</td>
<td>60,301</td>
</tr>
<tr>
<td>Creditors falling due within one year</td>
<td>(11,238)</td>
<td>(9,205)</td>
</tr>
<tr>
<td>Provision</td>
<td>(10,506)</td>
<td>(9,233)</td>
</tr>
<tr>
<td>Defined benefit pension scheme liability</td>
<td>(48,099)</td>
<td>(39,311)</td>
</tr>
<tr>
<td>Total Net Assets</td>
<td>39,220</td>
<td>43,089</td>
</tr>
</tbody>
</table>

**Breakdown of Total Consolidated Income**

- Membership Income: 4 per cent
- Trading Income: 15 per cent
- Other Income: 81 per cent

**Breakdown of Expenditure by Activity (£’000)**

- Staff costs
- Premises and estate costs
- Travel and accommodation
- Other service delivery costs
We have examined the summary financial statements for the year ended 31 March 2013 which comprise the income and expenditure account, the statement of recognised gains and losses, the reconciliation of movements in funds and the 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.

Respective responsibilities of the Council members and auditors

The Council members are responsible for preparing the Summary of Accounts in accordance with applicable United Kingdom law.

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

We also read the other information contained in the Summary of Accounts and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

This statement, including the opinion, has been prepared for and only for the Council members as a body and for no other purpose. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

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

Opinion

In our opinion the summary financial statements are consistent with the full annual financial statements and the report of Council of the RCN for the year ended 31 March 2013.

We have not considered the effects of any events between the date on which we signed our report on the full annual financial statements 18 July 2013 and the date of this statement.

PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors London
31 July 2013

Notes:

(a) The maintenance and integrity of the RCN’s website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the full annual financial statements or the summary financial statement since they were initially presented on the website.

(b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.