Review of the year 2004/2005
Represent | Influence | Support and Protect | Develop | Build
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Welcome to the Royal College of Nursing’s review of the year and summary accounts for April 2004 to March 2005. The last year has been a period of immense change and I am pleased to say that we have represented nurses at every opportunity on national and international levels.

A warm welcome

I am privileged to have been re-elected as your President for a second term and have seen nursing continue to move forward since I first took office in 2002. We still have a long way to go but together we have made great inroads in nurse leadership, pay and conditions, health care policy, nurse education and recruitment and retention. By working in partnership, we can ensure nurses continue to be a powerful force in the pursuit of quality patient care.

It is our role to support nurses in achieving success, whether it’s on the wards or in the board room. We have seen nurses taking their places on the boards of foundation trusts and NHS trusts and it is through this commitment that we will continue to see positive change and make a real difference for our patients. Thousands of nurses throughout the UK have used the RCN leadership programmes to develop their skills and confidence to advocate and push for positive changes, and we continue to develop new programmes to assist them.

In a year that saw preparations for the UK general election, we worked to engage and empower members to influence the policy agenda, and they certainly rose to the challenge. Nurses from all over the UK lobbied their local political candidates to ensure the views and priorities of the profession were heard. As the largest nursing organisation in the UK, with over 380,000 members, this was certainly a voice that could not be ignored.

We have long campaigned for nurses to be rewarded for the work they do and last year marked the start of a new era for pay and conditions in the NHS. Following extensive negotiations, Agenda for Change was implemented in October and some of our members have started to benefit from the new pay structure. However, our colleagues working outside the NHS must also benefit from the new pay structure and we are working to help make this a reality for them too.

We have set ourselves a demanding agenda. We want to make sure nurses are represented at every level so we can drive the development of health care policy, while at the same time providing members with an effective and sustainable organisation to help them achieve their potential. In this review you will read about some of the work the RCN and its members have been doing over the past year to deliver the best outcomes for nurses and patients. I hope you enjoy reading about the achievements and projects, and that it inspires more members to get involved, shape our organisation and influence the future development of nursing.

Sylvia Denton
OBE FRCN
RCN President
Delivering better services for members is at the heart of our modernisation agenda. The leadership of RCN Council and the strategic direction provided by the executive team continues to enable us to improve and develop the way we serve members. The last 12 months have seen the fruition of a number of projects throughout the organisation aimed at doing just that; providing members with the services they need most, when and where they need them.

The review of our governance structure resulted in the establishment of four Council committees to work on emerging issues and priorities. The Nursing Development; Membership, Representation and Diversity; Public Policy; and Organisation committees lead our work on key areas, in a more effective and efficient way of working.

The emphasis on regional devolution continued throughout the year, with Council undertaking a consultation with national and regional boards on a new standard board constitution. The implementation of this constitution will facilitate the further alignment of aims and objectives throughout the UK, while still recognising and allowing for the provision of localised priorities.

My colleagues on RCN Council are grateful for the commitment, persistence and dedication of our members who have worked with us, at every step of the way, to build a strong and sustainable organisation. Without this commitment from our growing membership we would not be the influential voice of nursing in the UK and internationally and the force for positive change that we have become.

I am privileged to be part of the team leading the organisation, shaping its development and working on behalf of our growing membership. The RCN is only as good as the enthusiasm and commitment of the individuals who are part of it and based on that principal, we work with members at every opportunity to strive towards a forward thinking, member-led organisation.

Our strategic direction

The strategic plan has been pivotal in enabling our members, staff and stakeholders to visualise the priorities of the organisation and to share the challenges ahead. By developing a strong strategic vision, combined with robust business planning, we have an open and transparent way of working, to which we are wholly committed and rightfully proud of. We are making great progress on achieving the aims set out in the plan, and are fully aware we have a long way to go.

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Eirlys Warrington
Chair of RCN Council
We have faced many challenges and opportunities head on during the last year and have emerged a much stronger organisation and a more powerful force for change. We have used our experience, knowledge and expertise to push traditional boundaries and progress the priorities for nursing, while maintaining the basic principle of our profession – providing quality patient care.

Taking nursing forward

Our general election campaign bears testament to our influence; we called on our members to stand up and be counted and politicians from all parties took notice. Two of the main political parties included two of our manifesto demands in their own party manifestos and relationships were forged with representatives from all political parties, which will prove vital in our work over the coming year and beyond.

The RCN’s core goal of representing the interests of nurses becomes more complex as the role of nurses develops, and with our membership reaching a record high of over 380,000, we have many challenges ahead of us. Our continued work on transforming the organisation and the diverse nature of our membership, with the wealth of experience this brings, have been key to our successes during 2004-2005.

With increasing numbers of internationally recruited nurses coming to the UK, we have been working to ensure their lives as nurses are a positive and valued experience. We put pressure on government and organisations to take action to prevent their exploitation and we developed a network of support groups to facilitate their transition to the UK.

Our drive to recruit more members as representatives continued throughout the year, with over 1,000 new representatives trained and working on behalf of members in trusts throughout the UK. Stewards, safety representatives and learning representatives have done an outstanding job in helping members get the best out of their workplace and are fundamental to the future development of the organisation and its work. Our forum committee members have also been central to our work, progressing key issues and developing clinical guidance for their specialties.

The RCN’s transformation project continued during the period of this review, with the ultimate aim of making the RCN a truly effective, strong, member-led organisation. We have continued to develop the use of technology in the organisation with a number of projects going live including the new membership database and four new zones on the RCN website. These developments will enable us to provide more efficient services and improved communications with our members.

During the course of my work, I have been moved by the endless enthusiasm and commitment of nurses working throughout the profession, where the passion for caring is infinite. It is the determination of nurses to take on additional responsibilities, develop new roles and guide the direction of health care provision that makes nursing so inspiring.

This review highlights just some of the work our members and staff have focused on from April 2004 through to March 2005. Following the structure of our strategic plan, it details the progress we have made in providing better services for nurses and, consequently, better care for patients.

Beverly Malone
RN PhD FAAN
RCN General Secretary
Represent

the interests of nurses and nursing and be their voice locally, nationally and internationally

Our members’ interests are at the heart of the organisation’s work and during 2004/2005 we continued to represent nurses in the UK on local, national and international platforms.

Talking global

The RCN took UK nursing issues to the international stage during 2004/2005. Throughout April and May 2004 RCN members lobbied prospective European Parliamentary candidates on three key messages in the RCN’s manifesto: working time, recruiting a skilled nursing workforce and strengthening infection control, in the build up to the European election in June. Our work on the European election included a question time event at Congress 2004 in May with candidates from the major parties, as well as support for members with an online campaign toolkit and details of MEPs in their region to lobby.

We continued to lobby with other organisations for the removal of health from a proposed EU directive to de-regulate services and in March RCN President Sylvia Denton took up an international role when she was elected Chair of the European Forum of National Nursing and Midwifery Associations and World Health Organisation (WHO). The forum brings together nursing and midwifery associations across the WHO’s European region and will work to raise the profile of public health and address the rising problems of obesity in Europe and the spread of HIV/AIDS in Central and Eastern Europe.

In March we joined other organisations in backing the MAKEPOVERTYHISTORY campaign. Calling for the G8 to drop the debt, more and better aid, and trade justice it was important for our members to be involved in the campaign given the link between poverty and health.

The RCN continued to provide support to nurses and nursing associations throughout the world on health and employment issues, and preparations began for the International Council of Nurses’ quadrennial Congress in May 2005 and the meeting of Commonwealth Nurses’ Federation prior to this, which helps set the direction of international nursing efforts for the coming two years.

“The representation that I received from an RCN officer was first class. It helped me to overcome a difficult period in my personal and professional life.”

M McCabe,
RCN member, Belfast
Talking local

Our network of regional staff and officers provided support and advice on issues, from Agenda for Change pay bands to staffing problems and violence in the workplace. RCN representatives played a pivotal role providing advice and practical assistance at local levels throughout the UK, with stewards representing members on employment related issues and safety representatives working with nurses and employers to ensure a safe and healthy environment for health care staff, patients and visitors.

The momentum of the representative recruitment campaign continued throughout the year. The Good 4 U campaign proved to be a huge success and we built on this by focusing on recruiting representatives from under represented groups, trusts with few or no existing representatives and particular representative roles, for example learning representatives in a specific region. In addition to this we worked to recruit new members from the independent and primary care sectors, as well as members who work in education. Representative recruitment in the South West and East Midlands regions extended to the private sector where every Nuffield hospital in these areas now has at least one RCN representative. New campaign materials were developed and made available to representatives in August. The continued focus on representative recruitment saw overall numbers increase by 21 per cent on last year, enabling better RCN support and representation for members at local levels.

The work of RCN forums in representing members has also been an important area of the organisation’s work. The forums give a collective voice to nurses working in the same speciality and are vital in utilising the expertise and knowledge of nurses in specific areas. Forum committee members were involved in a number of projects during the year including the development of publications on dermatology competencies, nurses employed by GPs, a nursing assessment of older people toolkit, and continued work on the RCN older people strategy.

Being a member of the RCN Nurses Working with Older People Forum provides an opportunity for members engaged in nursing older people to meet together, to network and to increase their knowledge and skills, and so enhance their practice. We are able to influence the RCN’s position by developing guidelines for best practice and publications which become widely available to all nurses working with older people. The RCN is often asked to contribute to government publications, policies and NICE guidance. As forum committee members, we are invited to contribute to a number of these and can use our own networks to ensure the voice of other members is heard.

Sandra Birnie, RCN member and Forum Committee member, RCN Nurses Working with Older People Forum

FACTFILE

1,377 queries dealt with via the Agenda for Change website

1,007 new RCN representatives recruited

£3,935,239 damages recovered by the RCN on behalf of members
Talking representation

Membership of the RCN grew steadily throughout the year, reflecting the many opportunities and challenges facing the nursing profession. At the beginning of April 2005 membership reached a record 380,000, an increase of 3.3 per cent on last year, highlighting the continuing need to tackle issues affecting nurses in the workplace.

During 2004-2005 we provided vital support to members who encountered difficulties at work and who needed the services of our employment rights and legal specialists. Our network of representatives and regional officers worked to provide representation to members on local issues and individual problems. For many members this help was simply advice and guidance but in other cases, it concerned more serious matters. Cases over the last year included assaults against nurses, issues relating to health and accidents at work, and bullying and harassment. In one case, we secured £70,000 compensation for a member who was dismissed after sustaining back and neck injuries at work. Diane Whitten, a district nurse who worked for Camden and Islington Community Health Services Trust for 15 years, was injured when the strap of a heavy bag she was carrying snapped and jolted her neck. Since then she suffered sharp pain whenever her neck was jarred and was unable to carry out her normal nursing duties. The tribunal found that the trust discriminated against Ms Whitten, contrary to the Disability Discrimination Act.

We developed new guidelines and supporting documents for handling members’ cases. The new publication On the case: advice, support and representation from the RCN. A guide for members explained how we can assist members and outlined the help they are entitled to when encountering difficulties at work. New supporting documents were developed including a case register form and protocol for RCN stewards, specifying what members can expect when the RCN handles a dispute on their behalf. The materials were distributed to RCN stewards and regional offices in January.

Talking negotiation

We sent powerful messages to the Government concerning the NHS pension review. During the three month consultation process we received over 1,500 responses by letter and email from across the UK. Members and RCN Council were agreed on all points, including rejecting the national pensionable age of 65; the retention of a final salary scheme and the need for protection for MHO and special class status nurses. Publications including RCN Bulletin and Newsline were successfully used to get messages to members about the implications of the review and a leaflet was produced in January and sent to members. Research commissioned by the RCN in January, highlighted that members overwhelmingly rejected the plan to increase the NHS retirement age to 65. Nearly 1,000 members were polled and 97 per cent said that 65 was not an appropriate pensionable age for nurses.

“The RCN has kept on top of Agenda for Change and its local ramifications, keeping activists informed at every step of the way. The representation and consistent communication from the RCN has enabled me to inform and advise colleagues in my workplace on how the new system impacts and benefits them.”

Ian Norris,
RCN steward, London

“I wasn’t sure I needed to join a nursing organisation when I came to the UK from Malawi last year, but after the first meeting of the RCN Scotland Overseas Nurses Network, there was no doubt in my mind that joining the RCN was a must. I can’t express how much the staff and representatives have helped me during this time. I’m now working as a staff nurse in Edinburgh in my chosen field and it’s been with the help of the RCN and some excellent advice and guidance. I’ve also been supported in developing my media, influencing and activist skills so I can make a real difference to nursing in Scotland and internationally.”

Isaac Ziba,
RCN member and Surgical Staff Nurse, Western General Hospital, Edinburgh
As a result of pressure from the RCN and other staff organisations the Government announced a commitment to a fresh start in March. On the basis that the retirement age was open for discussion, the RCN withheld its response to the proposals. We continue to put pressure on the Government, working with other staff organisations to ensure the pension scheme provides the best and most appropriate outcome for nurses.

Along with our pan-European alliances, we continued to lobby the European Parliament on the Working Time Regulations to safeguard the health and safety of nurses and patients. The European Parliament re-visited the European Commission’s proposal to amend certain aspects of the regulations, namely the retention of the opt-out clause, extending the reference period up to 12 months and the definition of working time.

This year members and staff lobbied MEPs through face-to-face meetings, briefings and letters explaining that long hours adversely affect nurses and the care they provide. MEPs took note of the RCN’s viewpoint that on-call time must count as part of the number of hours worked in an average week to allow a work/life balance. As part of our relationship with our pan-European alliances, the European Public Services Trade Union organised a demonstration in Brussels in March calling for the removal of the opt-out clause from the regulations. The rally attracted over 75,000 people from all 25-member states, with Council member Mike Travis representing the RCN (pictured above right).

Talking Agenda for Change

Agenda for Change continued to be a significant focus for the organisation and we played a pivotal role in the final stages of negotiations. Summer 2004 saw the review of the early implementer sites in England and four pilot sites in Scotland, prior to finalising the terms of the agreement. Unsocial hours proved a substantial sticking point and it was agreed to ‘uncouple’ the issue from the agreement and continue to use the Whitley system in the interim, with the aim of negotiating new arrangements by April 2006.

Information was frequently uploaded to the RCN’s Agenda for Change website as negotiations progressed. The site still regularly receives over 110 hits per month. Articles were published in RCN Bulletin and Newsline throughout the year to ensure members were engaged with the RCN’s work and informed of the latest developments.

November 2004 saw the Agenda for Change agreement being signed by the majority of NHS organisations. The final package reflected the strategy developed by RCN Council to deliver a new system that both rewards nurses and improves patient care and we continue to work with the Government and trade unions to develop a robust and effective system for unsocial hours payments.

We worked in partnership with key employers in the independent sector such as Marie Curie Cancer Care, Sue Ryder Care, and Prisons Healthcare to facilitate the development of Agenda for Change. Key elements were introduced as a result of this work and our work with the Ministry of Defence has seen the adoption of Agenda for Change for civilian medical staff.

Agenda for Change dominated regional activity throughout the RCN, with many offices focusing on implementation and the support of members. A sub committee of the RCN East Midlands Board developed an implementation plan, resulting in lead stewards being on full time release in their trusts to progress job matching and evaluation panels. In July a conference was held for human resources and project leads where the RCN was established as the lead union for Agenda for Change in the region. In the RCN London region, 93 Agenda for Change representatives worked with stewards, learning representatives and safety representatives who took on additional responsibilities in the run up to October.
Influence

and lobby governments and others to develop and implement policy that improves the quality of patient care, and builds on the importance of nurses, health care assistants and nursing students to health outcomes

With over 380,000 members, the RCN is the largest association for nurses, nursing students and health care support workers in the UK and we strive to ensure nursing issues are at the centre of the policy and political decision making process. Conferences and events, meetings, political lobbying and media relations have enabled us to engage decision makers, influence the future of health care and make nurses a force for positive change.

Talking politics

The RCN continued to develop effective working relationships with representatives from political parties in the UK. In a year that saw an incredible amount of RCN political activity, we strived to raise awareness of nursing issues and push for constructive progress for nurses.

At Congress 2004 in May, Secretary of State for Health Dr John Reid and then Shadow Secretary of State for Health and Education Tim Yeo addressed delegates. John Reid acknowledged nurses’ ability to initiate change while they care and referred to successes like the reduction in deaths from premature heart failure, while Tim Yeo outlined the principles of the Patient Passport, which was overwhelmingly rejected by Congress, and later in the year abandoned by the Conservatives.

RCN Council members joined participants of the Clinical Leadership Programme to highlight nursing issues at the party political conferences in September and October. Politicians and party advisers learned about nurses’ views on pay and conditions, nurse leadership, and violence in the workplace.

Our annual general meeting and conference in October saw the launch of the RCN manifesto for the next general election which was developed in consultation with members at workshops and via the RCN website. Its development was led by RCN Council member Barbara Tassa and focused on three themes: improving public health; supporting nurses and patients; and improving services. The General Election campaign urged members to get involved by lobbying their local party candidates, as well as a dedicated area to the election on the RCN website. In the months before the election, many members took up the challenge and met with local candidates to inform them of the priorities for nursing for the next Government.
The RCN campaign for a ban on smoking in enclosed public places capitalises on how nurses are uniquely placed to promote the ban on smoking. As a powerful lobbying force, the RCN has been successful in persuading politicians from all parties of the importance of this issue. This momentum, together with the efforts of members in localised lobbying as well as working with patients and families in the course of their roles, has resulted in the issue of a smoking ban being escalated to the top of everyone’s agenda.

Julia Fearon,
RCN member, Children’s nurse and Independent Complementary Therapy Practitioner and Chair of RCN Complementary Therapies in Nursing Forum

These priorities included a ban on smoking in public places, access to a school nurse for every child and the recruitment and retention of nurses. As a result of the campaign, Labour included access to school nurses in their own manifesto and the Liberal Democrats pledged a total ban on smoking in all enclosed public places.

The Right numbers strand of RCN Scotland’s three-year Right for nurses, right for patients campaign was launched by over 250 members in March at the Scottish member conference. The future of nursing. Council member and RCN Scotland Board Chair Jane McCready, together with Scottish members, presented a signed charter to Roseanna Cunningham MSP, Health Committee Convener, calling on the Scottish Executive to legislate for the introduction of a mechanism to ensure appropriate staffing levels in Scotland.

RCN Wales launched the Role models for health campaign in January, in response to the Welsh Assembly Government’s Health challenge Wales campaign. The RCN campaign was aimed at improving public health with nurses taking up the challenge to lead a healthy lifestyle with a balanced diet, exercise, giving up smoking, stress management and establishing a life/work balance. Thirteen out of the 14 NHS trusts in Wales signed up to the Role models for health campaign, and identified an occupational health nurse to be their ambassador.

Talking smoke free
Banning smoking in public places received overwhelming support at Congress 2004 and it continued to generate substantial interest throughout the year. The RCN across the UK was involved in a number of initiatives to progress smoking bans in a bid to protect people’s health. RCN Northern Ireland joined forces with health care associations, including the British Medical Association, to support a legislative ban on smoking in the workplace and enclosed public places in Northern Ireland. The campaign encouraged people to sign and return a post-paid card which were distributed by RCN activists and members across Northern Ireland. A total of over 35,000 responses were received by the Department of Health, Social Services and Public Safety, making it the largest response to a campaign ever received by the department. RCN Scotland was represented on the CAN! Coalition and as part of the group’s intensive lobbying, postcards of support for smoke free enclosed public places were distributed to members, associates of health care organisations and local MSPs. While the majority of RCN events were already smoke free zones, in September we decided to lead by example and made RCN Congress 2005 a no smoking event.

**FACTFILE**

- 192 consultation responses
- 19,395 visitors to the General Election website
- 1,087 letters to parliamentarians (includes General Election activity)
The Political Leadership Programme provided me with an extraordinary insight into political life at a national level and the speakers were inspirational. On a personal level the programme gave me an insight into the strategies nurse leaders can use to influence the political agenda, locally and nationally, and confirmed my thinking that it is something we should do a lot more.

Melanie Hornețt, RCN member and Nursing and Patient Services Director, Newcastle Upon Tyne Hospitals NHS Trust

Talking policy

During 2004-2005, we responded to a number of consultations affecting nursing and health care. We completed consultations on the Nursing and Midwifery Council’s proposals for advanced practice and the Healthcare Commission’s proposals on new standards for the NHS. Our formal responses were the result of extensive member involvement and we continue to work with the NMC and Healthcare Commission to ensure the best result for nurses.

We also responded to consultations on the regulation of health care staff in England and Wales, nurse prescribers, adult social care, and care planning.

Congress 2004 saw the launch of the RCN’s vision of the future nurse. Led by the RCN Presidential Education Taskforce, it set out the challenges facing nurses and nursing in the future, including the predicted shortfall in the registered workforce, and how the RCN believes these can be addressed. The future nurse: the RCN vision outlined a positive way forward for nursing, positioning the future nurse to address future challenges and opportunities in health care. Information from the future nurse project was used extensively to influence politicians, policy makers and professional colleagues.

In March we completed a review of NHS foundation trusts. Based on the RCN foundation trust scorecard and its use, the survey reflected on the views and experiences of RCN representatives involved in the application process and subsequent working of the 20 foundation trusts established in April and July 2004. The main findings of the survey included trusts’ lack of commitment to partnership working, confusion regarding the role, potential and identity of members of the Board of Governors and the trusts not making extensive use of their powers and freedoms. The survey provided local priorities for action which the RCN is taking forward to influence the trusts’ future development.

“The RCN’s capacity to influence is far reaching and is a positive force for creative change. I attended one of the party political conferences with Council members and staff and was proud to be part of the organisation’s lobbying activities. Without this involvement with political and policy decision makers, nurses would not be part of the discussions and decisions that shape our profession and influence patient care.”

Grant Ciccone, RCN student member and ANS Executive member, West Midlands region
School nursing needed an image re-vamp and the RCN got on the case to help challenge our stereotype as the ‘nit nurse’. The investment that the RCN has made in school nursing across the UK has gone a great way to raise the profile of this important area and put it at the top of the political agenda. The increase in the number of school nurses across the UK is a priority, for us as school nurses, for the RCN, and now it has been made a priority for the Government.

Jackie Baggott,
RCN member and School Nurse, West Lothian,
Broxburn Academy and Feeder Primary Schools

“We closely monitored the progress of the Assisted Dying for the Terminally Ill Bill. Following extensive member consultation, we confirmed the RCN’s position on assisted dying. Members who responded overwhelmingly opposed the notion of assisted dying and reaffirmed the core principles that are at the heart of nursing – valuing life and ensuring patients are well cared for. Members’ feedback formed the basis of the RCN response which was submitted to the Lords Committee in September. In October Deputy President Maura Buchanan gave oral evidence to the Committee.

We completed our evaluation of the RCN Policy Pages, a web based tool enabling members to find a range of information relating to a policy issue on one web page. Following the evaluation, which included feedback from members, the policy pages were made a permanent feature of the RCN website and will continue to facilitate increased member involvement in the development of RCN policy.

“I got involved in the RCN Wales Role Models for health campaign and as a result was motivated to sign up to do the Moonwalk half marathon in London with a colleague from Carmarthenshire Trust. Not only did we raise awareness of the RCN campaign in our workplace, we achieved a change in our lifestyles and at the same time raised a huge amount of money for charity.”

Carole Walters,
RCN member and Discharge Co-ordinator,
Carmarthenshire Trust
Support and Protect

the value of nurses and nursing staff in all their diversity, their terms and conditions of employment in all employment sectors, and the interests of nurses professionally

When members need support and advice in their life and work as a nurse, the RCN, as a professional organisation and trade union, offers a range of services and information which can be accessed in a number of ways making it easier to get expert guidance on issues affecting nurses today.

**Talking recruitment**

The recruitment and retention of nursing staff continued to be a top priority for the RCN. The publication of *A fragile future?* in November highlighted alarming evidence on the state of the nursing labour market. The report, commissioned by the RCN, identified that while overall numbers of nursing have grown, the NHS continues to rely on bank and agency nurses and internationally recruited nurses. This coupled with an ageing workforce and an increase in nurses leaving the profession or leaving the UK to work abroad, signals an increasingly delicate future. In order to stabilise and build the profession’s future the RCN called for a number of actions, including flexible working patterns for staff and for special attention to be given to the needs of older staff. This would include tailored return to nursing courses, salary protection and greater financial and pension advice. The RCN continues to use the report to press for positive changes to protect and build the nursing workforce.

Attempts to recruit and retain nurses continue to be challenged by the reality of working lives in the NHS. The Healthcare Commission’s NHS Staff Survey, published in March, highlighted that violence against staff, unpaid overtime and proposed changes to pensions hinder nurse recruitment and could force nurses to leave the NHS. The RCN continues to address these issues with policy and decision makers.

The number of internationally recruited nurses in the UK continued to grow throughout the year. Following sustained campaigning by the RCN, the Department of Health announced that, for the first time, independent sector employers would be required to follow the Government’s ethical recruitment guidelines. In January the RCN joined leading health unions in calling for recruitment agencies to help prevent the exploitation of internationally recruited nurses. The Independent Healthcare Forum (IHF) and the Registered Nursing Home Association (RNHA) agreed to sign up to the guidelines and we urged the Recruitment and Employment Confederation to follow their example and pledge their commitment to the code.

“Campaigning for a safer workplace is fundamental to the work of the RCN. No nurse should have to face the threat of violence or endure a working environment that compromises the safety of staff or patients. RCN representatives work hard to make sure that the safety and well-being of our members has the highest priority.”

Robert Moore,
RCN member, Northern Ireland Board member and safety representative
I applied for retirement on the grounds of ill health, which went to appeal. An RCN officer assisted me with the appeal process, which was successful and as a result, I joined the RCN Work Injured Nurses’ Group (WING) and received information on the benefits available to me. I was an RCN steward before retiring, but am now on the WING Committee as I feel I can offer much needed assistance and support to other nurses who have or need help with illness or disability.

Nancy Dovey, RCN member, Chair of London Branch and WING Committee member

FACTFILE

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<th>Enquiries to the Career and Welfare Service</th>
<th>£66,603 value of Benevolent Fund awards/loans</th>
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RCN Northern Ireland worked extensively during the year to support the estimated 1,500 internationally recruited nurses practising in Northern Ireland. Their support group enabled nurses to network with colleagues, access specialist advice from the RCN, raise employment matters and other issues of concern and raise awareness of the contribution made by internationally recruited nurses to health and social care in Northern Ireland. We also built a high media profile in Northern Ireland in terms of speaking out against racism and celebrating the work of internationally recruited nurses. RCN Scotland launched its Overseas Nurse Network in November, which was followed by a conference in February where over 80 delegates held the NMC to account on unacceptable delays in registration. The group has been extremely active since its inception, addressing issues of concern for internationally recruited nurses. RCN Scotland has also been at the forefront of calls for the adoption of a Code of Practice for Ethical International Recruitment in Scotland.

We produced a number of publications to make the transition and experience of internationally recruited nurses in the UK more positive. Success with internationally recruited nurses. RCN good practice guidance for employers in recruiting and retaining draws on research commissioned by the RCN that showed the many problems EU/international nurses encounter mean that they are often unhappy and therefore difficult to retain. The publication set out the key issues faced by this growing group of nurses and suggests good practice for managers, in both the public and independent sectors, to facilitate a new workforce whose well being and professional status is at the forefront of recruitment policies. We also published Internationally recruited nurses – good practice guidance for health care employers and RCN negotiators which highlighted the key considerations and RCN principles for ensuring the ethical recruitment and employment of internationally recruited nurses.
Talking safety

The RCN lobbied for tougher action against people who assault nurses and the need for a specific offence was included in the RCN’s manifesto for the general election which generated a great deal of interest. The RCN continues to call for further protection against violence for healthcare staff following the introduction of the Emergency Workers (Scotland) Bill. The RCN is calling for the Bill, which currently covers all health care workers in emergency settings, to be extended to cover all health care workers at all times in a bid to reduce the number of violent attacks against nurses and other staff. In England the RCN worked with organisations including the NHS Counter Fraud and Security Management Service and the Suzy Lamplugh Trust in the drive to make the NHS a safer place to work.

In June over 110 safety representatives from around the UK attended the first of their two national conferences. With a number of prominent speakers, delegates heard about the impact of environmental pollutants associated with health care activities and the results from the Commission for Architecture and the Built Environment’s research on the effect the built environment can have on recruitment and retention. RCN safety representatives were key participants in this research.

We produced Working with care: improving working relationships in health care. Self-assessment tools for healthcare teams, a set of tools designed to encourage healthcare staff to examine their interactions with colleagues and to increase awareness of negative interactions. The suite of tools is aimed at changing the workplace culture to be more caring of staff and less accepting of bullying behaviour.

Talking MRSA

MRSA and infection control were headline news during the year and we launched our own Wipe it out campaign to ensure a safe environment for health care staff, patients and visitors. Launched just outside the period of this review at RCN Congress in April 2005, the campaign materials and resources aim to promote better and safer practice around MRSA and healthcare associated infections and featured our 10 minimum standards for infection prevention and control. These standards included the sufficient provision of uniforms for all staff and students; mandatory infection control training, and 24-hour cleaning teams in all acute health care facilities. RCN safety representatives and members of the Infection Control Nurses’ Association were core to the campaign and were sent a campaign pack with door signs, leaflets and posters to put in their workplace.

A comprehensive website was developed (www.rcn.org.uk/mrsa) to provide members and the public with up to date information and resources, and included details of how they could get involved in the battle against healthcare acquired infections.
Talking support

Members logged on to the RCN Discussion Zone for support and networking with colleagues. The zone continued to grow and develop with over 3,300 members now able to benefit from the wide range of facilities, such as private messaging, polls and file attachments.

The Agenda for Change gateway increased further in popularity and a number of online question and answer sessions were held in conjunction with the RCN Employment Relations department. New gateways were introduced and linked to other RCN website developments such as the MRSA, Congress and the AGM. An employment issues and support forum gateway was launched in May. This is the only place on the Discussion Zone where members are able to seek anonymous online peer support and advice for workplace issues, which they may be struggling to discuss on a face to face basis elsewhere.

Four professional zones were introduced to the RCN website to give members from individual sectors a resource tailored to their specific needs. The zones: primary care and public health; students; management; and mental health contain information, news and views as well as links to discussion zones and online journals. The latest zone to be launched was the Management Zone, which brought together news and resources for nurse managers across a wide range of specialties.

RCN forums and field of practice networks were important in supporting members and provided opportunities to link up and forge relationships with colleagues in their areas, enabling best practice and information sharing throughout the UK. We used forum publications and newsletters to keep members informed of the latest issues and developments and included guidance on postnatal health of women following caesarean section; nurses employed in independent or boarding schools, paediatric diabetes and sexual health competencies. Forum membership in Scotland increased by over 10 per cent, with one in five members now being a forum member, up from one in six the previous year.

In March we launched the RCN Work Injured Nurses’ Group (WING) guide for injured, ill or disabled nurses offering support and information to members who have an injury, physical or mental illness or disability that affects their employment and career. Outlining how RCN WING can be of help and what other RCN services are available, it has proved a vital resource for members and activists.

The RCN Counselling Service introduced a system of daily priority counselling appointments to enable a greater level of responsiveness to members with high levels of distress or need. The total number of counselling sessions rose by 11 per cent on last year with 2,270 taking place. Despite this increase counselling access times were maintained, with members waiting an average of just eight days for an appointment.

The RCN Benevolent Fund continued to provide financial support to members by granting awards for disability equipment, childcare and housing costs, respite breaks and assistance with debts during illness.

“I was punched very hard in the face at work by a visitor. I took a couple of days off and came back with a black eye and a couple of loosened teeth. As a result of this attack, the visitor was banned from entering the hospital again by hospital managers. I have been an RCN steward for seven years, and now combine my nursing with working with assaulted and abused staff on behalf of the RCN and trying to create a safe working environment for all health care staff.”

Gareth Phillips,
RCN member,
RCN lead steward,
North Wales NHS Trust

I became involved in the RCN Union Learning Fund/Internationally Recruited Nurses Project to help internationally recruited nurses in the West Midlands region to have a smooth transition into nursing in the UK. Once mandatory courses were completed there were limited opportunities to undertake further training. We now support internationally recruited nurses with training and information ranging from addressing the gap in relation to clinical practice, for example grading and treatment of pressure sores, to career progression and cultural awareness. Not only is it making their experience of nursing more positive, it’s raising awareness of cultural diversity throughout the nursing workforce in the region.

Olga Moloi,
RCN member
Having lived in the UK for 10 years, my application for indefinite leave to remain, made by a solicitor on my behalf, was refused on the grounds that it was made too early. My colleague had introduced me to the RCN and suggested I get advice on the issue. The RCN Immigration team offered practical assistance and support which proved to be vital, and based on their advice, my subsequent application was successful. With the team's help, we made applications for naturalisation as British citizens and our certificates were granted earlier this year. The RCN did an excellent job and helped me reach a positive outcome for me and my family.

RCN member
Talking advice

Our team of specialists at RCN Direct were on hand to assist members with queries 24-hours a day. Over 180,000 calls were handled throughout the year with enquiries ranging from member records and publication requests to employment issues such as contracts, bullying and harassment, grievances, shifts, Agenda for Change and maternity leave.

The RCN Immigration service supported members with advice on a range of immigration and nationality issues, including changes to the proposed changes to the immigration rules, increased fees for most immigration and nationality applications and indefinite leave to remain claims and tax credits. The team maintained their 97 per cent success rate on applications made to the Home Office.

In the weeks after the horrific earthquake and Tsunami in Asia in December, the RCN offered practical advice and guidance to members who were affected by the disaster or who expressed an interest in assisting the massive aid effort. The RCN fact sheet on aid work was requested by many members and we uploaded an extensive list of agencies and contact details onto the RCN website. We advised nurses to contact the International Council for Nurses (ICN) for further advice and RCN President Sylvia Denton wrote to the nursing organisations of the countries affected offering our condolences and support, and asking how we could be of assistance.

Talking diversity

The rich culture of the nursing profession is fundamental to its future development and the RCN remains committed to ensuring individuals in the profession are supported, protected and valued for the work they do. Events recognising and celebrating nursing’s diversity took place throughout the RCN.

The RCN Yorkshire and the Humber region finalised their Taking diversity forward series of seminars. Running in May and June, they covered diversity in service provision, changing laws and practical solutions, and education and training to promote culturally competent health and social care. The RCN South East region worked to establish a network of diversity and equality supporters. The network, made up of RCN members, act as diversity champions and receive regular updates and share good practice. The RCN Northern region noticed a significant rise in the number of members from the black and minority ethnic communities in the region and as a result the Northern Diversity and Equality Group focused raising its profile with nurses in the area and on recruiting RCN representatives to provide advice and support to these members in their workplace.

At Congress 2004, diversity events were at the forefront of activities. Among the diversity related events were the RCN Eastern region’s event on gypsy travellers and the London Equality Network’s event on organ donation which featured the work of the African Caribbean Organ Donation Project.

The RCN backed the campaign for a statue of Mary Seacole in London and in February RCN Regional Director Bernell Bussue spoke at the launch of Guy’s and St Thomas’ Hospital’s Mary Seacole Bicentenary celebrations. The event was the first of several celebrations organised by Mary Seacole Bicentenary London 2005, which the RCN London region is heavily involved in, and a series of further events are planned later this year.
Continued learning and progression are key to the nursing profession and are important factors in motivating and retaining staff. During 2004/2005 we provided a range of new and improved resources to assist members in their personal and professional development.

**Talking learning**

In May the Presidential Election Taskforce published *Quality education for quality care: priorities and actions*, which focused on the challenges that exist in the areas of pre-registration nursing education; CPD and lifelong learning; regulation; and higher education. The publication included RCN priorities to develop comprehensive nursing education policy and continues to be used to influence government, higher education institutions, employers and regulators.

An Education Strategic Plan has been developed incorporating the four identified themes. The strategy has been implemented through working with the Education Advisory Panel, a collaboration of members and staff, and members of the RCN education forums, as well as the RCN Association of Nursing Students. The RCN continues to work very closely with higher education unions on issues such as funding, pay and teacher workloads.

The RCN Institute’s distance learning courses brought flexible learning a step closer to the profession and hundreds of nurses enrolled on our Diploma, BSc and MSc courses throughout the year. A special 10th anniversary ceremony was held in February to mark the graduation of over 150 students from the distance learning programmes and research degrees. Among the graduates were recipients of three special prizes sponsored by Help the Aged. Help The Aged’s Director of Policy, Research and International Development Paul Cann, presented the winners with £500 each and congratulated them on their contributions to gerontological nursing.

The RCN’s first ever sexual health skills distance learning course was launched in September. Designed specifically for nurses where sexual health does not form the major part of their role, it bridges the gap between clinical need and nursing’s ability to meet it. In the first six months of the course, the only one of its kind in the UK, 469 nurses enrolled.

The continued development of the RCN learning representative role resulted in members receiving further support in their workplaces for training and continuing professional development. Learning representative numbers in the RCN East Midlands region soared by 10 per cent, with members keen to assist in the application of the Knowledge and Skills Framework. Learning representatives across...
Winning the Nurse of the year nursing older people award has really been a positive experience for me, both on a personal and professional level. Not only has it given me much more confidence in my own abilities and shown me that people have faith in my work, it has had a tremendous impact on the nurse and therapist-led practice development unit that I helped establish at United Lincolnshire Hospitals Trust. It has introduced the work of the unit to new audiences and it now enjoys national and international recognition. I have spoken at RCN Congress and a number of other events and am writing a chapter in a forthcoming book, all of which I would never have imagined myself accomplishing!

Maureen Catterson,
RCN member and Ward Sister, Lincoln County Hospital
Talking development

Following a resolution at Congress 2004, where the lack of parity with other health professionals was raised as a particular concern, we worked to secure guaranteed time for continuing professional development (CPD). The role of learning representatives in working with employers to secure resources is of paramount importance and a plan was developed at the first National Learning Representatives’ conference in November to press for change. The plan involved lobbying activities and collating first hand experience of local success stories. An event on negotiating time for CPD was held at Congress 2005.

The first RCN conference on men’s health took place in October. Chaired by Jackie Burns, then Vice Chair of RCN Council, it was attended by 120 delegates who extended their knowledge of sexual health, men at work, young men and suicide, male rape, and testicular cancer.

There was no shortage of opportunities for professional development at RCN Congress 2004. Over 4,000 descended on Harrogate, West Yorkshire to influence RCN policy and hear about the latest developments in nursing. The debates at Congress were also available to people who could listen in via the web-cast on the RCN website.

The RCN Institute in Wales went from strength to strength and held 64 study events last year. Topics included integrated care pathways, mental health and respiratory disease with delegates coming from both the NHS and independent sector.

As the nurses of tomorrow, RCN nursing students were provided with ample opportunities to develop on both personal and professional levels, with many students accompanying RCN Council members and members to high profile events and conferences throughout the year. At RCN Congress 2004, students were well represented with over 1,200 attending on Students’ Day, where they heard about nursing issues and mingled with other members from around the UK. Gary Seaton, President of the European Nursing Students’ Group (ENSG), and member of the ANS Executive, hosted a conference in London with student representatives from 15 European countries, covering topics such as the Bologna process, practice hours, finance and accommodation.

Talking leadership

The importance of nurse leadership was a focal point for the RCN. Following our success of obtaining guaranteed seats for nurses on the boards of foundation trusts, several RCN Council members took on these roles. Barbara Tassa, Council member for RCN West Midlands was the first nurse in the country to be appointed on a board of directors in May last year.

In February Mike Travis, Council member for the RCN North West region became only the second nurse in England to be appointed to a hospital trust board of governors when he took his seat on the board of Aintree Hospital Foundation Trust. Mike started

The RCN MSc in Nursing had a significant impact on my practice. What I learned about research helped me develop the home treatment service for people with acute mental health problems, an alternative to psychiatric hospital admission in Orkney. It equipped me to question my practice, which has been very liberating and has facilitated positive changes in service delivery.

Shirley Ward, RCN member and Community Mental Health Nurse, Orkney
his appointment in April 2005, just outside the period of this review.

Our clinical leadership programmes continued to attract nurse leaders throughout the UK. Over 400 nurses took part in the clinical leadership programme in Scotland, with 330 completing the Inspired to lead leadership course. The clinical leadership programme ran in 80 per cent of trusts in Scotland and has been awarded funding by the Scottish Executive for a further two years. This success also extended to Wales, where funding for the clinical leadership programme has been secured from the Welsh Assembly for a further three years. In an evolving profession where nurses are taking on more responsibilities, the programme is helping nurses develop their leadership abilities, improve team and organisational skills and provide effective patient-centred care.

The first regional Primary Care Leadership programme was delivered in the London region and finished in March. Tools and techniques developed in the Political Leadership programme were utilised during the five-day programme and applied to participants’ work based projects. A two-day pilot political leadership programme for newly appointed and aspiring nurse directors was launched in February. Sponsored by the RCN Nurses in Operational Management and Nurses in Executive and Strategic Roles Forums, it was attended by 25 delegates from different sectors of health care. Following its success, work is underway to run this programme for the benefit of more nurses at director level. Many strategic health authorities in England have expressed interest in implementing this initiative on a regional level.

A pilot programme for nursing students was also delivered and an international project was completed in the RCN Yorkshire and the Humber region to develop the lobbying capability of the Polish Nurses’ Association. Political leadership graduates were also key to our general election campaign, lobbying candidates throughout the UK.

We launched the third clinical leadership toolkit in November. Designed for participants on the clinical leadership programme it is a resource for local facilitators leading the programme in their own organisations.

The RCN Quality Improvement Programme (QIP) was involved in a number of initiatives including a joint conference with the National Patient Safety Agency (NPSA) in November and the development of clinical practice guidelines on peri-operative fasting. Work continued on the management of pressure ulcers, which is due for launch in autumn 2005. The fortnightly clinical governance e-bulletin has gone from strength to strength and is circulated to over 1,600 members. The bulletin updates members on new developments on improving the quality of care and helps members locate clinical guidelines such as care pathways and audit tools.

“The Political Leadership Programme really opened my eyes to the ways in which I, as a nurse, can influence and shape health care policy and practice within Scotland and the UK. Undertaking the programme has been one of the best personal development activities that I’ve engaged in for a long time.”

Dr Charles Hendry, RCN member and Senior Lecturer, University of Dundee
Effective CPD relies on health care organisations being able to provide adequate resources, both time and money, and unfortunately there is no guarantee that nurses have access to appropriate development opportunities. The RCN is committed to the provision of a valuable service by using learning representatives to help members effectively tackle these obstacles and help them to identify learning opportunities and plan career development, and has made good progress in facilitating a supportive learning network for RCN members.

Steve Kelsey, 
RCN member and Chair, UK Learning Representatives’ Committee
Talking excellence

The National Collaborating Centre for Nursing and Supportive Care (NCC-NSC), based at the RCN Institute in Oxford, continued to work on national clinical guidelines. One of seven collaborating centres funded by the National Centre for Clinical Excellence (NICE) it published the NICE national guidelines on the assessment and prevention of falls in older people in November, and guidelines on the short-term management of disturbed/violent behaviours in psychiatric in-patient settings and emergency departments in February.

The innovation of nurses was recognised in the Nursing Standard Nurse of the Year awards in October, when individuals were rewarded for their outstanding contribution and dedication to the profession. Melanie Brock was the overall winner of Nurse of the Year for her work in school nursing. Melanie, who works as a School Nursing Sister at a health centre in Stoke on Trent, was presented with the award for her work in tackling teenage pregnancy. Aoife Bradley, a cancer genetics nurse from Belfast City Hospital was Northern Ireland Nurse of the Year.

In October, the 2004 Mary Seacole Award went to four front line staff for their work on improving the health needs of black and minority ethnic communities. The winners, Pamela Inniss, Shahida Hanif, Brenda O’Connor and Julia Nwaiwu were each awarded a bursary of £6,250 from the then Minister for Public Health, Melanie Johnson MP.

Talking research

The RCN Institute’s research programmes received a boost during 2004-2005, with the team securing over £1.5 million of external funding to conduct research on key practice and patient related topics. Research included a national evaluation of the role of the modern matron funded by the Department of Health, and an exploration of nurses’ involvement in nutritional care funded by NHS Estates.

Work progressed on the Virtual Institute of Research in Healthcare Practice which was launched outside the period of this review in June 2005. A collaborative venture between seven partners, including the RCN Institute, its aim is to conduct and disseminate high quality, relevant research that makes a difference to health care and which builds research capacity in the health care professions.

In March, 625 nurse researchers gathered in Belfast for the RCN International Research Nursing Research conference. Delegates came from New Zealand, Canada, Hong Kong and Taiwan to hear keynote addresses from influential speakers including Professor Mi Ja Kim, University of Illinois and Professor Kader Parahoo from the University of Ulster. Topics included writing for publication, research ethics, and supporting nursing research in NHS trusts.

The RCN Library and Information Service worked to further develop the range of services available to members. In January, the online catalogue of books and reports was re-launched, having been made more user friendly with additional functionality. Visitors to the online catalogue can now read book reviews and view images of the books to make locating them easier. In addition to the selection of full-text journals and the British Nursing Index, members can now access MIDIRS via the RCN website, enabling members to access over 100,000 references to articles, reports and other publications relating to midwifery, pregnancy, childbirth and early infant care.

During 2004/2005 the Library and Information Services team conducted an information needs analysis of nurses in the UK. RCN learning representatives assisted with the survey and we received over 1,700 responses providing us with useful information about members’ current information needs. The results indicated that nursing staff with the best access to information are more likely to change practice and that there is a demand for information skills training at all levels. The feedback from the survey continues to inform the Library and Information Services team on improvements for members.

“The issue I had was dealing with the lack of sufficient childcare – I have three children, am currently in the third year of my nursing course and I had considered leaving. My RCN student steward supported me by providing all the relevant information on how I could get help with childcare, and gave me friendly and supportive advice. My situation was highlighted by BBC local radio, and although the situation has not changed much, people are far more aware of some of the difficulties faced by nursing students.
The RCN was there when I needed it, its representatives have been extremely kind and supportive, as well as being knowledgeable.”

Jemma Johnson, 
RCN student member, 
University of Central England
Build

The RCN’s work to create an effective member-led organisation continued apace throughout the year, with many initiatives and projects aimed at providing a better service and an efficient, sustainable organisation.

Talking transformation

2004/05 saw the continuation of the organisation’s commitment to the aims set out in the RCN Strategic plan. Detailing the priorities for the organisation, it gives members and staff a clear vision of our focus until 2008. Following its meeting in January, RCN Council agreed to a number of minor amendments to the plan. The amendments were made following a review of the first 18-months and included minor changes to improve the clarity of the plan. Over half the milestones originally set have now been achieved.

The South West region developed a new approach to implementing the aims in the Strategic plan. RCN members and staff developed a structured team approach and elected Board champions and lead officers to take issues and topics forward. Each team prioritises its work and regularly reports back to the Board on progress and achievements. Team working was also fundamental to the work of the West Midlands region, where they re-evaluated the patches of RCN officers and aligned them to reflect the boundaries of the strategic health authorities in the area, providing members’ with a regular point of contact and a smoother service.

We switched on our new membership database in October, improving our capacity to deliver services to members throughout the UK. With significant development of the database to ensure it was tailored to the organisation’s needs, RCN staff worked tirelessly to transfer the three quarters of a million records held on existing databases. The new system provides a single point of reference for records on a system that is widely available throughout the organisation. The introduction of the database heralds a new technological era for the organisation with the capability of performing payments and journal subscriptions, as well as members updating their own personal details through the website.

Our web experts worked to build the functionality and information available on the RCN website. Of particular pertinence during the year was the development of the AGM, Congress, MRSA and General Election websites, which helped to inform both staff and members of RCN priorities and activities connected with these key areas.
For the first time we introduced an online booking facility on the Congress website in the run up to Congress 2005, making it easier for members to book their place.

After months of hard work by our internal communications working group, we launched a re-designed intranet for RCN staff. The new communications channel was developed to replace the existing site, making it easier to find information within the organisation on a daily basis. The launch marked an exciting time in communications within the RCN, as it will enable internal communications to develop further and be more effective.

Talking change
Our internal structure evolved during the year, with changes in RCN Council and at local levels. RCN President Sylvia Denton was re-elected for a further two years, following the presidential elections in July. Maura Buchanan was also re-elected as our Deputy President and Sue Jones elected as Vice-Chair of Council.

Following Jacquie Burns stepping down as Council member for the North west region due to ill health, Les Storey was elected to push forward the priorities of nurses in the region, while Jennifer Booth was elected as Council member for the South east region. We also welcomed Richard Cummins, who joined Chris O’Brien as our Student members of Council.

Following Tina Donnelly’s appointment as Director, RCN Wales the RCN Wales Vision for the future was launched in January, which detailed how the organisation in Wales is to fulfil its long term aims, and is closely linked to the Strategic plan.

Council consulted regional and national boards on a new standard board constitution, which would align aims and objectives throughout the UK, but still allow for localised regulations. The proposals involved each Board consisting of the relevant Council members, a student representative, and representatives from the UK Stewards’ Committee and UK Safety Representatives’ Committee. In addition, it would also include a representative from the newly formed UK Learning Representatives’ Committee. The results of the review were approved by Council in July 2005.

FACTFILE

| 55  | RCN conferences and events were organised |
| 9,900 | delegates attended RCN conferences and events |
| £769,000 | generated in sponsorship |

I moved to Australia from England in March 2003 and find it really important to keep in touch internationally, especially within my specialties of district nursing, education and research. The RCN online facilities for members enable me to access journals, important for my day to day work of developing a graduate nurse programme for my organisation in Perth, and I am also able to keep in touch with issues during RCN Congress by using the website. I am planning some further study, so appreciate the value it will continue to give me.

Caroline Vafeas,
RCN member and Project Nurse, Perth, Australia
As Chair of the Governance Support Committee it has been very rewarding to see how much the regional boards, in particular, have developed since devolution. The Board constitution has been through a vital consultation from Council’s Governance Support Committee to the national and regional Boards. The similarities and differences of the Boards around the UK are well supported by the new Constitution and it signifies an exciting time for the organisation.

Sue Jones,
RCN Council member, South West region, Regional Board Chair, and Chair of Governance Support Committee
Talking services

The commercial potential of the RCN grew significantly following the decision to focus on the development of sponsorship and fundraising. Partners were found for a number of projects including major campaigns such as Kimberly Clark for the *Wipe it out* campaign on MRSA, and Pfizer who enabled us to progress our work in the field of older people.

We launched a new credit card in conjunction with Liverpool Victoria, with special member benefits of an interest free period of 12-months on RCN conferences, RCN Institute courses and NMC fees. The agreement involves Liverpool Victoria donating money to the RCN Benevolent Fund each time a card was used. Many members benefited from the card, which resulted in £18,000 being raised to support the Benevolent Fund in the first six months.

Our Events team were kept busy organising a range of conferences and events during the year. The busy calendar involved the annual conference of the RCN Research Society, the second largest conference after Congress, a gastroenterology and stoma care conference, and cancer care conferences. The events team generated delegate and exhibition sales of over £2 million in 2004/2005.

The RCN Publishing Company once again increased the number of subscriptions to all of its 11 specialist nursing titles. *Nursing Standard’s* total audited paid-for circulation increased by an average of over 1,000 copies per week, year on year. Its *Nursing the future* campaign, to enhance the image and reputation of nursing and midwifery in the UK, was acclaimed and supported by many politicians and leading figures in nursing.

For the second consecutive year, *Nursing Standard* won the Direct mail campaign of the year category at the Periodical Publishers’ Association Subscription Awards.

“I have attended a number of RCN conferences over the years and have become a regular at Congress. They are always very well organised and are responsive to the needs of members. In particular, the RCN Research Society conference has helped me to explore aspects of data collection and analysis, and the papers relating to nursing practice have expanded my understanding, and prompted me to challenge my own practice and care delivery.”

Sheila Dunbar, RCN member and Senior Lecturer Practitioner

“"I was delighted to be given an opportunity to serve on RCN Council. Council is moving into an exciting phase where the new ways of working are now having an impact and will continue to result in a more effective and dynamic governance that meets the needs of our members”.

Les Storey, RCN Council member, North West region and member of Nursing Development Committee
These summary accounts are prepared for distribution to the full membership. As they are a summary only, members seeking a detailed understanding of the financial affairs of the charity can refer to the full accounts including the Auditors’ Report and the Trustees’ Report, copies of which are available from the General Secretary, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN or from the RCN website at www.rcn.org.uk. The full accounts were approved on 27 July 2005 and will be filed with the Charity Commission. The full accounts have been audited and received an unqualified opinion. The Statement of Financial Activities shows that the RCN’s net incoming resources for the year ended 31 March 2005 amounted to £195,000. This, together with unrealised gains in the value of investments of £1,010,000 has resulted in an increase in the group’s funds of £1,205,000.

Income
Subscription income increased by £4,733,000 due to continuing increases in membership numbers and the increase in subscription rate as of January 2005. Publishing income also increased by £157,000, but was offset by an increase in publishing costs of £371,000. However RCN Publishing Company Limited still achieved a surplus of £930,000.

Other income increased by £836,000, an increase of 8%, mainly due to income from conferences and Department of Health funded organisations.

Expenditure
Total general expenditure, including publishing costs, amounted to £75,048,000. This represents an increase on the previous year of about 6.5%. Expenditure on charitable activities increased by 10%. Expenditure in relation to Agenda for Change was £888,000 higher than in the previous year.

Overall resources increased by £1,205,000, bringing total funds under management to £34,114,000, of which £25,721,000 is unrestricted.

The level of the RCN’s “free reserves” (described by the Charity Commission as unrestricted funds which are not committed or held as tangible fixed assets), rose from £4.9 million at 31 March 2004 to £6.3 million at 31 March 2005. Council has reviewed the RCN’s reserves policy and determined that free reserves should ideally be maintained at an ongoing level equivalent to a minimum of 12 weeks’ normal expenditure. £6.3 million amounts to 4 weeks’ forward expenditure, which was in line with the previously determined policy.

Investment performance
Total gains of £1,010,000 were entirely made up of unrealised gains arising from improvement in stock market conditions. The investment fund managers overall have performed ahead of the benchmark set for them and Council is satisfied with their performance.

Risk management
Council has proceeded with the implementation of a formal risk management process to assess the risks to which the RCN may be exposed and the implementation of risk management strategies. This has involved 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.
Independent Auditors’ statement to the Trustees of the Royal College of Nursing of the United Kingdom

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

Respective responsibilities of trustees and auditors

The trustees are responsible for preparing the review of the year and summary accounts 2004/2005 in accordance with applicable law.

Our responsibility is to report to you our opinion on the consistency of the summary accounts within the review of the year and summary accounts 2004/2005 with the full financial statements and trustees’ report. We also read the other information contained in the review of the year and summary accounts 2004/2005 and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary accounts.

Our report has been prepared pursuant to the requirements of the Charities Act 1993 and for no other purpose. No person is entitled to rely on this report unless such a person is a person entitled to rely upon this report by virtue of and for the purpose of the Charities Act 1993 or has been expressly authorised to do so by our prior written consent. Save as above, we do not accept responsibility for this report to any other person or for any other purpose and we hereby expressly disclaim any and all such liability.

Basis of opinion

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

Opinion

In our opinion the summary accounts are consistent with the full financial statements and trustees’ report of the Royal College of Nursing of the United Kingdom for the year ended 31 March 2005.

BDO Stoy Hayward
Registered auditors
London
July 2005
## Patron and Council members 2004-2005

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| **Council members April 2004 – March 2005** | President Sylvia Denton OBE FRCN  
Deputy President Maura Buchanan |
| Eastern Midlands Section     | Evelyn Nicholls  
Vicky Cotterill                                                        |
| Eastern Section              | Anthony Inman  
Susan Burt                                                              |
| London Section               | Judy McRae  
Mahama Seidu                                                            |
| North West Section           | Jacqueline Burns  
(resigned November 2005 – Vice Chair of Council until November 2004)  
Mike Travis  
(Chair of Membership Representation & Diversity Committee)  
Les Storey  
(from January 2005)          |
| Northern Section             | Cate Woolley-Brown  
Wendy Burke                                                             |
| South East Section           | Sandra James  
Jenny Booth  
(from October 2004)                                                    |
| South West Section           | Sue Jones  
(Vice Chair of Council from November 2004)  
Alan Mawbey                                                            |
| West Midlands Section        | Barbara Tassa  
(Chair of Public Policy Committee)                                     |
|                              | Diane Rawstorne  
(Chair of Nursing Development Committee)                               |
| Yorkshire & Humber Section  | John Hill  
Stacey Hunter                                                           |
| RCN Northern Ireland Section | Dorothea Bradley  
Robert Sowney                                                           |
| RCN Scottish Section         | Jane McCready  
(Nurse Honorary Treasurer & Chair of the Organisation Committee)  
Susan Finlay                                                             |
| RCN Welsh Section            | Eirlys Warrington  
(Chair of Council)  
Gaynor Jones                                                             |
| Students Members of Council  | Hilary Rowell  
(untill October 2004)                                                   |
|                              | Christopher O’Brien  
Richard Cummins                                                          |
|                              | (from October 2004)                                                    |
| Chair of RCN Congress        | Dave Nunn                                                               |
### Attendance list at RCN Council meetings

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✓ = present        × = absent     ● = not on Council at that time

Note: ✓ and × denote the sessions attended at each Council meeting
## RCN Fellows and Honorary Fellows

### RCN Fellows

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<thead>
<tr>
<th>Year</th>
<th>Name and Title</th>
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| **1976** | Miss Barbara Noel Fawkes OBE FRCN FRCN (NSW)  
Dame Catherine Mary Hall FRCN  
Miss Winifred Emily Hector FRCN  
Prof Baroness Jean Kennedy McFarlane FRCN  
Miss Doreen Norton OBE FRCN |
| **1977** | Prof Christine Muriel Chapman CBE FRCN  
Dr Sheila Margaret Collins OBE FRCN  
Miss Marjorie Grace Gardener OBE FRCN  
Mr John Greene OBE FRCN  
Dr Lisbeth Hockey OBE FRCN  
Mrs Barbara Jean McNulty FRCN  
Miss Mary Kathleen Robb OBE FRCN  
Miss Muriel Skeet FRCN |
| **1978** | Prof Annie Therese Altschul CBE FRCN  
Dame Sheila Margaret Quinn FRCN  
Miss Elizabeth Raybould OBE FRCN  
Mrs Hilda Barbara Saunders FRCN  
Prof James Patrick Smith OBE FRCN |
| **1979** | Miss Patricia Mary Ashworth FRCN  
Mr Stanley John Holder OBE FRCN  
Dr Susan Elizabeth Manthorp Pembrey OBE FRCN |
| **1980** | Prof George Castledine FRCN  
Dame Phyllis Muriel Friend FRRCN  
Dr Sylvia Rose Lelean Morcom FRCN  
Mrs Betty Nicholas FRCN  
Miss Peggy Dina Nuttall OBE OSJ FRCS  
Miss Ellen Louisa Perry FRCN  
Miss Flora Eileen Skellern OBE FRCN |
| **1981** | Miss Margaret Gibson Auld FRCN  
Miss Gaynor Nurse FRCN  
Miss Grace Mary Owen FRCN  
Mrs Dorothy MacBride Radwanski OSU FRCA  
Miss Beatrice Brysson Whyte OBE FRCP  
Prof Dame Margaret June Clark FRCN  
Miss Angela Mary Gould OBE FRCP  
Prof Jennifer Mary Hunt FRCP  
Mr Robert Tiffany FRCP |
| **1982** | Miss Jacqueline Flindall FRCP  
Dr Charlotte Regina Kratz MBE FRCP |
| **1983** | Prof Senga Bond FRCP  
Rev Anthony John Carr FRCP  
Prof Jennifer Wilson-Barnett FRCP |
| **1984** | Mrs Harriet May Cassells FRCN  
Mr Trevor Clay FRCN  
Baroness Cox of Queensbury FRCN  
Prof Alan Pearson FRCN  
Dr Monica Eileen Baly FRCP  
Dame Kathleen Annie Raven OSJ FRSA FRCP  
Mrs Elizabeth Ann Jenkins FRCP |
| **1985** | Prof Christine Muriel Chapman CBE FRCN  
Dr Sheila Margaret Collins OBE FRCP  
Miss Marjorie Grace Gardener OBE FRCP  
Mr John Greene OBE FRCP  
Dr Lisbeth Hockey OBE FRCP |
| **1986** | Prof Annie Therese Altschul CBE FRCP  
Dame Sheila Margaret Quinn FRCP  
Miss Elizabeth Raybould OBE FRCP  
Mrs Hilda Barbara Saunders FRCP  
Prof James Patrick Smith OBE FRCP |
| **1987** | Miss Patricia Mary Ashworth FRCN  
Mr Stanley John Holder OBE FRCP  
Dr Susan Elizabeth Manthorp Pembrey OBE FRCP |
| **1988** | Prof Justus Akinbayo Akinsanya FRCP  
Mrs Barbara Mildred Saunders FRCP  
Prof David Thomas Sines FRCP |
| **1989** | Mrs Sylvia Denton OBE FRCP  
Miss Pamela Hibbs CBE FRCP  
Mr Malcolm Ross OBE FRCP |
| **1990** | Mrs Dorothy Crowther FRCP  
Prof Alison Lydia Kitson FRCP  
Prof Stephen Graham Wright MBE FRCP |
| **1991** | Prof Justus Akinbayo Akinsanya FRCP  
Mrs Barbara Mildred Saunders FRCP  
Prof David Thomas Sines FRCP |
| **1992** | Mrs Dorothy Crowther FRCP  
Prof Alison Lydia Kitson FRCP  
Prof Stephen Graham Wright MBE FRCP |
| **1993** | Prof Margaret Alexander CBE FRCP  
Prof David Robert Thompson FRCP |
| **1994** | Prof Jennifer Ruth Pryse Boone OBE FRCP  
Miss Sue Buff OBE FRCP |
| **1995** | Prof Jane Jennifer Ann Robinson FRCP  
Ms Ruth Sims OBE FRCP  
Ms Barbara Stilwell FRCP |
| **1996** | Prof Philip J Barker FRCP  
Prof Alison Tierney FRCP |
| **1997** | Prof Sarah Ryan FRCP  
Rev Tom Keighley FRCP  
Prof Christine Webb FRCP |
| **1998** | Mrs Mary J Brydon OBE FRCP  
Prof Kevin Gournay CBE FRCP  
Prof David Jones OBE FRCP  
Dame Gillian Oliver FRCP  
Prof Robert J Pratt FRCP  
Prof David Rye OBE FRCP |
| **1999** | Miss Alison Binnie FRCP  
Prof Mel Chevannes CBE FRCP  
Dr Robert Crouch OBE FRCP |
| **2000** | Prof Martin Bradley FRCP  
Mrs Jill Evans OBE FRCP  
Mr Les Storey FRCP |
| **2001** | Prof Jean Faugier FRCP  
Prof Dame Betty Kershaw FRCP  
Ms Linda Nazarko FRCP  
Mr Malcolm Rae OBE FRCP  
Dr Susan Read MBE FRCP  
Ms Neslyn Watson-Drueé MBE FRCP |
| **2002** | Mrs Diane Campbell FRCP  
Ms Anne Casey FRCP  
Professor Dawn Freshwater FRCP  
Ms Elizabeth Jenner FRCP  
Mr Gary Jones FRCP  
Dr Anne Marie Rafferty FRCP  
Mr Roderick Thompson FRCP |
| **2003** | Mr David Benton FRCP  
Prof Hugh McKenna FRCP  
Prof Ruth Northway FRCP  
Dr Sarah Ryan FRCP |
| **2004** | Prof Elizabeth Anionwu CBE FRCP  
Dr Sue Bale FRCP  
Patricia Bottrell MBE FRCP  
Alicia Fawcett-Henesy FRCP  
Elizabeth Fradd FRCP  
Dr Monica Grey OBE FRCP  
Helen Hamilton FRCP  
Rev Tom Keighley FRCP |
| **2005** | Prof Christine Webb FRCP |
Honorary Fellows

1976
Miss Margaret Currie Neilson Lamb FRCN
Dr Helen Kathleen Mussallen CC FRCN
Miss Juanita Bennett Rule OBE FRCN
Miss Hilda Majorie Simpson OBE FRCN
Dr Elizabeth Elaine Wilkie OBE FRCN

1977
Miss Alice Clamageran FRCN
Miss Eileen Mary Rees OBE FRCN

1978
Miss Virginia Henderson FRCN
Mrs May Margaret Durrant Williams OStJ FRCN

1979
Chief Kofoworola Abeni Pratt FRCN

1980
Dame Ruth Nita Barrow FRCN

1981
Dr Dorothy Catherine Hall FRCN
Mrs Jadwiga Izycka FRCN
Dame Cicely Mary Strode Saunders OM FRCN FRCP

1982
Miss Ingrid Margaretha Hamelin FRCN

1983
Sister Frances Dominica Ritchie FRCN

1984
Dr Vernice Doris Ferguson FRCN

1985
Prof Rebecca Bergman FRCN
Prof Wang Xiuying FRCN

1986
Dr Amelia Mangay Maglacas FRCN

1987
Prof Thelma Joan Wells FRCN

1992
Prof Margretta Styles FRCN

1993
Ms Marie Manthey FRCN

1994
Prof Patricia Benner FRCN
Dr Norma Lang FRCN

1997
Ms Gabriela Bocec FRCN

1998
Prof Linda H Aiken FRCN

2000
Mr Nigel Kee FRCN
Ms Peggy Vidot FRCN

2002
Dr Claire Fagin FAAN FRCN

2003
Dr Gloria Smith FAAN FRCN

2004
Prof Sabina De Geest FRCN

Acknowledgements
Thanks to all the patients and staff who appear in this review

Main photography: Justine Desmond Photography
Design: hrsgraphics.com
By working in partnership, we can ensure nurses continue to be a powerful force in the pursuit of quality patient care.

RCN President Sylvia Denton