



# CONGRESS '24

DADLEUON • DYSGU • ARDDANGOSFA  
DEBATES • LEARNING • EXHIBITION



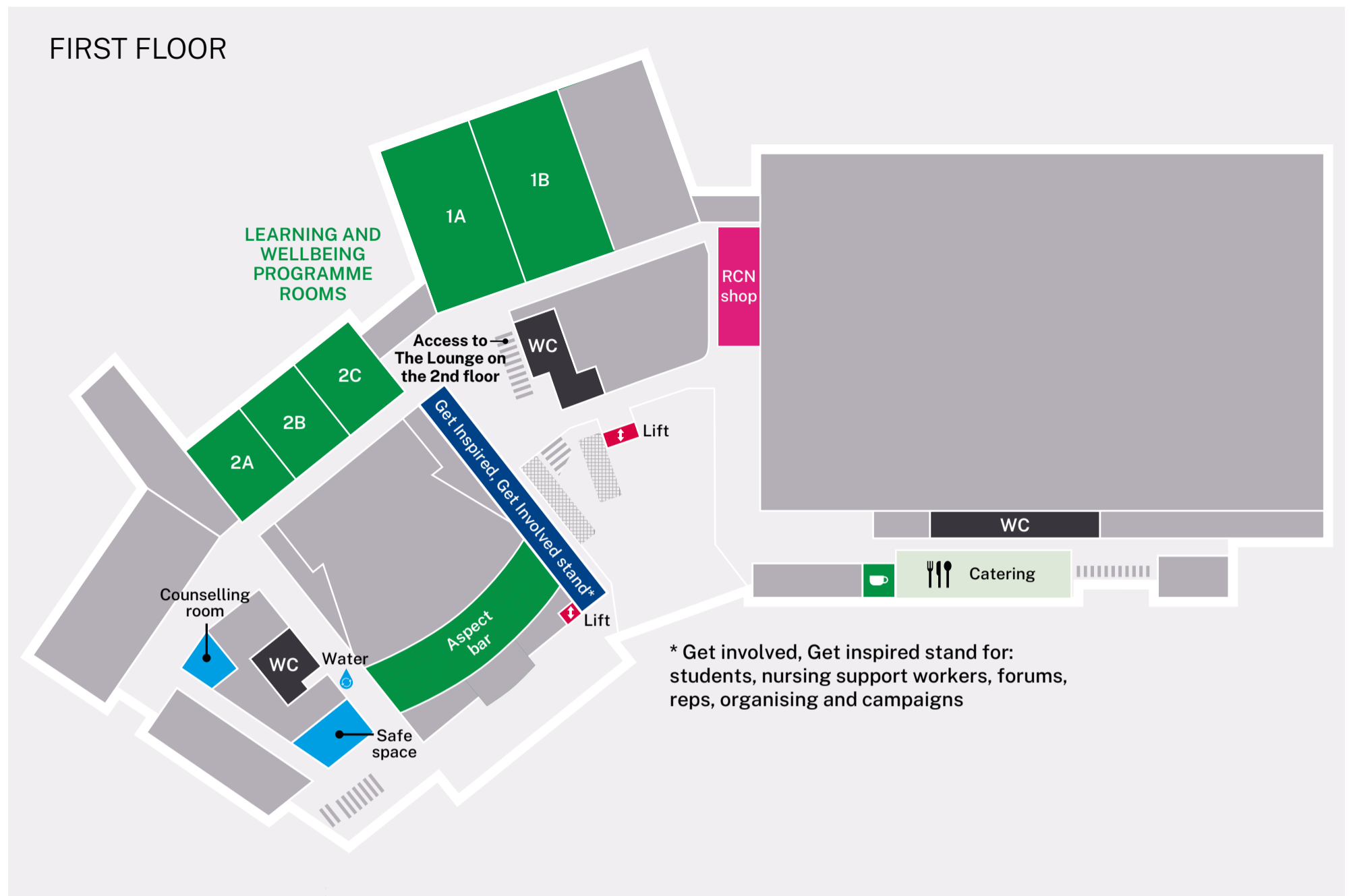
Royal College  
of Nursing

## PROGRAMME GUIDE

ICC Wales, Sunday 2 – Thursday 6 June 2024

# FLOOR PLAN

## FIRST FLOOR



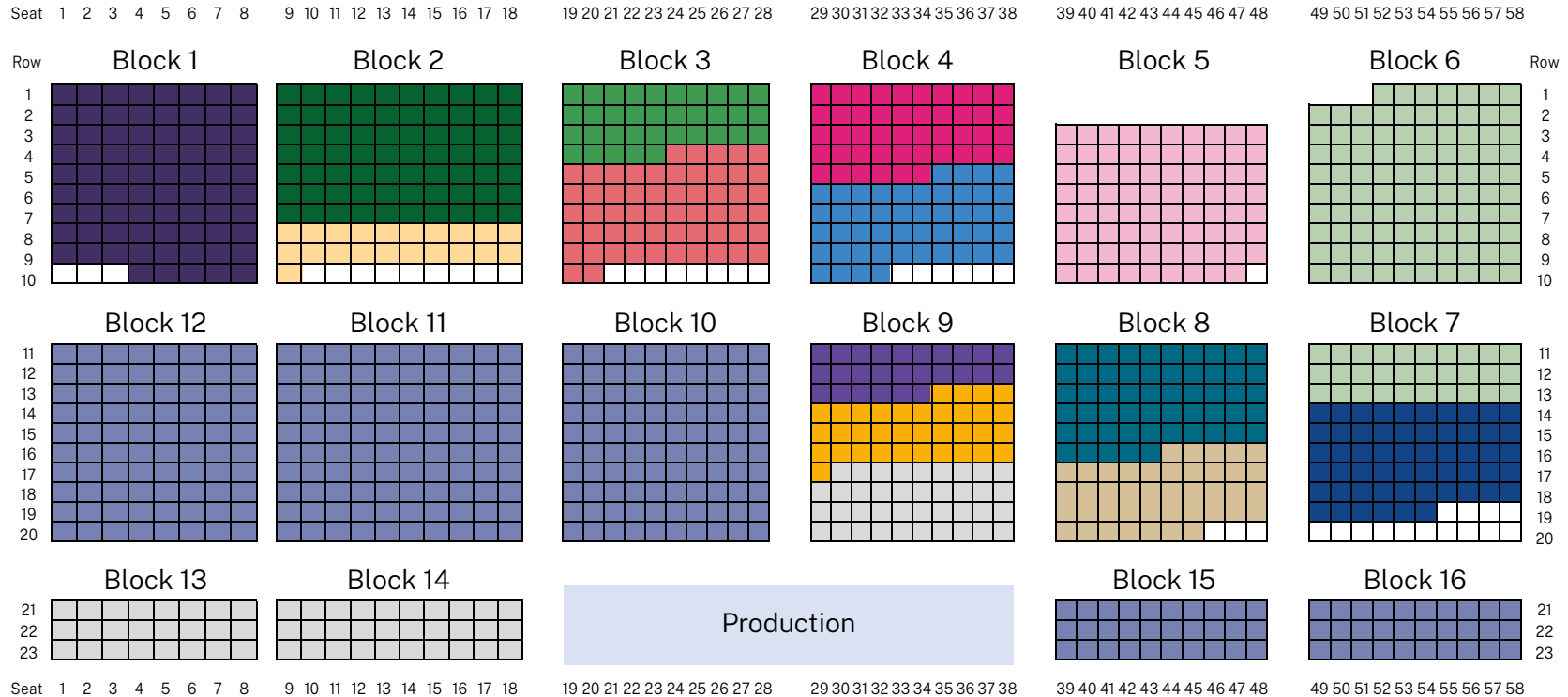
## GROUND FLOOR



# SEATING PLAN AND KEY

STAGE

Agenda Committee



Trade Union Committee  
Professional Nursing Committee

Council Executive Team

Press

- Forum seats
- Wales
- Scotland
- South West
- East Midlands
- Observers, guests, staff
- Northern Ireland
- London
- North West
- Northern
- Committees
- West Midlands
- Yorkshire & the Humber
- Eastern
- South East
- Non-voting members

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## Confident, curious and committed?

Whether you are a nurse, nursing support worker, or nursing student, you have skills that are valuable to our committees, and can help lead the RCN.

We are looking for new members to join:

- ✓ Council
- ✓ Country and Regional Boards
- ✓ UK Representatives Committees
- ✓ UK Nursing Support Workers Committee
- ✓ UK Students Committee
- ✓ Forum Steering Committees

By getting involved you'll have the opportunity to make a real difference for the nursing profession.

We're keen to represent the full breadth of our membership in our elected roles and are committed to increasing diversity in our committees. We're particularly keen to encourage interest from members who work outside the NHS and those who identify as belonging to a minority group.

You can meet the RCN elections team at the governance desk in the 'Get Involved, Get Inspired' area. We'll talk you through the opportunities that are available to you and guide you through the process, especially if it's your first time putting yourself forward for an RCN committee role.

[rcn.org.uk/elections](https://rcn.org.uk/elections)



**LEAD**  
**INSPIRE**  
**GOVERN**



# WELCOME TO NEWPORT

## Croeso i Gasnewydd!

It is our pleasure to welcome you to Newport and to RCN Congress 2024.

Newport is no stranger to passionate instigators for change. In 1839 the Newport Rising, the last large-scale armed rising in Wales, saw Chartists take up the fight for democracy and the right to vote with a secret ballot.

We hope our debates will be a little less riotous, but with more than half a million members, the RCN has more power in its hands than ever before. As the spotlight turns on nursing this week, we will be using our voice to raise awareness of the crisis in our profession and asking you to decide how we use our influence to create change. Our unprecedented challenges need to be faced with a strong RCN. In this general election year, we must pull together to become an unstoppable force, delivering on our professional and trade union duties for members - no matter the sector or setting they work in.

The 13 months since we met in Brighton have been busy, with members and staff working on safe nurse-to-patient ratios (including the 2 summits), the forthcoming RCN Institute and academies, options for a new nursing pay and career structure, combatting corridor care and launching our EDI strategy – and that’s just the tip of the iceberg, find out more on our website, below.

The RCN is at its best when this work is led by the people it represents. If you’re passionate about taking a leading role in building the College and improving nursing, please do come and speak to us about standing in our branch, board, forum and committee elections. We’ve got a number of key positions coming up for election this year and we’re working hard to make sure our governance roles reflect the diversity of our membership. If there’s something holding you back from putting your name forward, come and have a chat to see how we can break down barriers together.

A huge amount of work goes into planning and delivering RCN Congress. We would like to thank the Agenda Committee, who select a balanced and engaging programme from your many fantastic suggestions spanning the full breadth of the College’s work. Similarly, the Welsh Board, also made up of members like you, deserve our thanks along with the RCN’s many staff who put all-year-round time and energy into this one-week event.

Enjoy your time in Wales and be sure to fully engage in all that Congress has to offer through the debates, exhibition, networking opportunities and learning sessions. We hope you return to your workplaces invigorated and inspired to be even more active in achieving the RCN’s ambition for our profession.



**Sheilabye (Sheila) Sobrany**  
President



**Pat Cullen**  
General Secretary and Chief Executive

# WHAT IS CONGRESS?

RCN Congress combines debating sessions, keynote speakers, learning and wellbeing events, lectures and the chance to connect with employers, innovators, educators and others in our exhibition.

## The debates - page 35

The Main Hall is home to the business agenda of Congress, comprising the debates and the Report of Council. The debate sessions are an opportunity for RCN members to share their opinions with RCN Council, and to influence the future work of the College. There are 2 types of debates:

**Resolutions** – RCN members vote on resolutions and a majority vote influences the future work of the RCN.

**Matters for Discussion** – these are not voted on, but allow delegates the opportunity to explore issues and share views.

There are also emergency agenda items. These are for submissions on issues which arise after the closing date for submissions has passed.

More information on debates, how to participate in them, and how to vote, can be found in the Debates section of this guide.

## The exhibition - page 29

We have a wide variety of exhibitors for you to meet, from health care providers, recruitment agencies and charities to publishers and training companies.

## The Learning and Wellbeing programme - page 13

The **Learning and Wellbeing Programme (LWP)** is a dynamic line-up that brings together a programme which has been overseen by a member-led group with representatives from across the UK. Don't miss our breakfast sessions with coffee and pastries which start at 8am on Tuesday and Wednesday and include events such as:

- An introduction to pain management
- Principles of effective management and leadership
- Dealing with work-related stress.

Complementing the LWP, we have sponsored sessions, student and nursing support worker events, plus activities and networking events.

There are also health and wellbeing sessions running online throughout Congress, check out [rcn.org.uk/congress](https://rcn.org.uk/congress) during the week.

## The RCN's commercial activity

The RCN welcomes industry support to deliver educational initiatives and events for the nursing profession. Financial support is accepted where there is clear alignment in objectives and strong grounds that the collaboration will add value to the RCN's member offer.

The RCN works to ensure that all commercial activity is ethical, mutually beneficial and complies with the Bribery Act and relevant codes of practice, such as the Association of British Pharmaceutical Industries and the Association of British Healthcare Industries.

Sponsorship or exhibition-led activity does not imply endorsement by the RCN of any products and services displayed by the sponsors or exhibitors at an RCN event.

We have 3 **speakers** this year. The RCN's General Secretary and Chief Executive, Professor Pat Cullen, gives her annual keynote address to Congress on Monday.

Linda Silas, President of the Canadian Federation of Nurses Unions joins us on Tuesday, she is recognised as the foremost advocate of nurses in Canada. And on Wednesday we have an 'In conversation with...' session with Gareth Thomas CBE, former rugby player for Wales with over 100 caps. Gareth works tirelessly to remove the stigma surrounding HIV.

Our **annual lectures** are very popular events at Congress. This year's John Goodlad Memorial Lecture is titled 'Is asbestos a thing of the past?'

Our Mary Seacole Lecture will be presented by Professor Emmanuel Ogbonna and he will be discussing the urgency and necessity of anti-racism for all.

The 2024 Mona Grey Lecture will focus on the RCN's safety critical work on nurse-to-patient ratios in every health and social care setting across the UK.

## Congress themes for 2024

This year, all Congress sessions have been assigned at least one theme which come under the new RCN Institute of Nursing Excellence academies.

Themes for this year are:

- Nursing Practice Academy - Clinical and practice development - education, learning, research, digital transformation.
- All Academies - Wellbeing, mental health and self-care.
- Nursing Leadership Academy - Leadership and management.

- Nursing Practice Academy - Regulation, quality improvement and innovation.
- Activism and Nursing Workforce Academies - Workforce – recruitment and retention, organising for change, safe staffing, pay, terms and conditions.
- International Nursing Academy - may apply to any of the themes.

In addition to this year's themes, we have also indicated where refreshments are available, and where sessions are suitable for:

- nursing support workers
- students
- networking.

## New to Congress?



If you are a first-time attendee, a first-time speaker, or simply need a bit of encouragement to approach the microphone, then come and speak to the Agenda Committee. They have all faced their first moment at the mic and know all there is to know about Congress. They'll be able to answer any questions you may have about main hall business. You will recognise them by their distinctive polo shirts.

The Agenda Committee will be happy to talk to you at any point during Congress week.

The RCN registration desk in the foyer is available to answer any general questions you may have.





# MEET THE RCN AT CONGRESS

## Registration desk

Here, you'll meet some of the RCN staff who are usually 'behind the scenes'. They'll be able to check your event registration and help you with any aspect of Congress – whether it's the debate programme, directing you to one of the Learning and Wellbeing Programme events, or if you have got any concerns or questions about anything at Congress.

## RCN: Institute of Nursing Excellence stand

The RCN Institute of Nursing Excellence is made up of 5 new academies, each with a specific focus to drive improvements and innovation. The academies share a collective aim to support our members in being brilliant nursing professionals. See page 31 for more information.

## RCN Get Involved, Get Inspired!

Visit the Get Involved, Get Inspired stand at the Woodland Suite Foyer on the first floor balcony.

Specialist RCN staff will be there to talk to you about nursing support worker and student membership as well as how you can become involved in RCN campaigns, organise for change or put yourself forward as a candidate for RCN Council, committee, board or forum or become an RCN representative. See page 33 for more information.

## Certificates of attendance

A certificate of attendance will be available to all members to download at the end of Congress from MyRCN: [rcn.org.uk/MyRCN/Congress-certificates](https://rcn.org.uk/MyRCN/Congress-certificates)

Alternatively you can collect a printed copy from the registration desk on the ground floor. The certificate will certify your attendance at Congress and support you on reflecting your learning to contribute to your CPD or revalidation.

## Evaluation

Following the close of Congress 2024 we will email you an evaluation survey, we would really appreciate delegate feedback.

To say thank you, you will be entered into a free prize draw to win £100 of Amazon vouchers. Your feedback will help us continue to improve future Congress events.



# RCN forums - meet your forum and find out more

Throughout Congress you can come to the Get Involved, Get Inspired stand, Woodland Suite Foyer, first floor to meet RCN Forum committee members to hear what their latest achievements are and what work they have planned for the coming year – find out how you can get involved. If you're not yet a member of a forum, it's the perfect opportunity to find out how you can join and hear how they can benefit you.



## MONDAY

TIME	FORUM
8:15–8:35am	<b>Women's Health Forum</b>
8:40–9am	<b>Nurses in Management and Leadership Forum</b>
11–11.20am	<b>Public Health Forum</b>
11:25–11.45am	<b>Perioperative Care Forum</b>
12.45–1.30pm	<b>Forum World Café Event in the Lounge on the second floor</b>
1:30–2pm	<b>Pain and Palliative Care Forum</b>
3:30–3:50pm	<b>Gastrointestinal Nursing Forum</b>
3:55–4:15pm	<b>General Practice Nursing Forum</b>

## TUESDAY

TIME	FORUM
8:15–8:35am	<b>Digital Nursing Forum</b>
8:40–9am	<b>Midwifery Forum</b>
10:45–11:05am	<b>Fertility Nursing Forum</b>
12:15–12:45pm	<b>Learning Disability Nursing Forum</b>
12:45–1:15pm	<b>Neuroscience Forum</b>
1:15–1:45pm	<b>Bladder and Bowel Forum</b>
3:15–3:35pm	<b>Advanced Nurse Practitioner Forum</b>
3:40 - 4pm	<b>District and Community Nursing Forum</b>

## WEDNESDAY

TIME	FORUM
8:15–8:40am	<b>Critical Care and Flight Nursing Forum</b>
8:40–9am	<b>Research Forum</b>
10:45–11:05am	<b>Education Forum</b>
11:10–11.30am	<b>Cancer Forum</b>
12:15–12:45pm	<b>Ophthalmic Nursing Forum</b>
1:15–1:45pm	<b>Society of Orthopaedic and Trauma Nursing Forum</b>
3:15 - 4pm	<b>Children's and Young People (CYP) Acute Forum</b> <b>CYP Continuing and Community Care Forum</b> <b>CYP Professional Issues Forum</b> <b>CYP Specialist Care Forum</b> <b>CYP Staying Healthy Forum</b>

## THURSDAY

TIME	FORUM
8:15–8:40am	<b>Older People's Forum</b>
8:40–9am	<b>Defence Nursing Forum</b>
10:45–11:05am	<b>Emergency Care Forum</b>
11:10–11.30am	<b>Nursing in Justice &amp; Forensic Health Care Forum</b>
12:30–1pm	<b>History of Nursing Forum</b>
1–1:30pm	<b>Mental Health Forum</b>
1:30 - 2pm	<b>Rheumatology Nursing Forum</b>

# YOUR ELECTED MEMBERS

## Agenda Committee

The Agenda Committee recommends the Congress agenda to RCN Council.

BJ Waltho, Chair of Congress

Linda Bailey, Vice Chair of Congress

Josie Gordon

Vicky Keir

Claire Manley

Stuart Quarterman

The Chair of Council and the General Secretary and Chief Executive are also members of the Agenda Committee.



## RCN Council

RCN Council provides leadership and direction for the organisation. It ensures that the RCN always has a clear vision and strategic plan, acts as a guardian of the RCN's assets and holds management to account.

Sheilabye Sobrany, President

Tracey Budding, Deputy President

Paul Vaughan, Chair of Council and Northern

Theresa Porrett, Vice Chair of Council and Eastern

BJ Waltho, Chair of Congress

Jeremy Benton, South East

Anne Campbell, Northern Ireland

Jasmin Clark, Scotland

Prof Julie Green FRCN, West Midlands

Maggy Heaton, North West

Nettie Jones, South West

Paul Lee, East Midlands

Sam Moffat, Student

Kevin Morley, Nursing Support Worker

Carol Popplestone, Yorkshire & the Humber

Steve Watson, Wales

Carol Webley-Brown, Honorary Treasurer and London

## RCN Trade Union Committee

The Trade Union Committee works to ensure that the RCN develops as a modern progressive trade union, making a positive difference to the working lives of nursing staff.

The committee is accountable to RCN Council and makes decisions on its behalf on all the RCN's trade union functions and activities.

Denise Kelly, Chair and Northern Ireland

Jackie Davies, Vice Chair and Wales

Usman Adeyemo, Student

Mark Butler, West Midlands

Ann-Marie Fredericks, South East

Dennis Greer, Nursing Support Worker

Tobias Kunkel, Scotland

Jane Matthews, South West

Helen Oatham, Eastern

Sharon Osborne, East Midlands

Karen Sanders, London

Roaqah Shahar, Northern

Mike Travis, North West

Rhian Wheeler, Yorkshire & the Humber

## RCN Professional Nursing Committee

The RCN's Professional Nursing Committee fulfils a vital role in helping the RCN to achieve its purpose as a Royal College.

The committee is the decision-making body of the RCN on professional issues and provides leadership on the work of the RCN in this area. It is accountable to RCN Council.

Rachel Hollis FRCN, Chair and Yorkshire & the Humber

Colin Baker, Vice Chair and South West

Oladunni Akinbulumo, North West

Alisha Brown, Student

Aquiline Chivinge, East Midlands

Mary Codling, South East

Tracie Culpitt, Nursing Support Worker

Donna Gallagher, Northern Ireland

Martha Gill, Scotland

Tim Grace, Northern

Sonia Henry, London

Raymond McMorro FRCN, West Midlands

Dr Carolyn Middleton MBE FRCN, Wales

Alison Paterson, Eastern







# BE BOLD BE CURIOUS BE BRILLIANT

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**Unleash your potential with the RCN Institute**

**ACADEMY OF NURSING LEADERSHIP**

Lead the way

**ACADEMY OF NURSING PRACTICE**

Strive for excellence

**ACADEMY OF NURSING WORKFORCE**

Recognise value

**ACADEMY OF INTERNATIONAL NURSING**

Connect through nursing

**ACTIVISM ACADEMY**

Be the change

To find out how we can help you excel, visit [rcn.org.uk/RCNInstitute](https://rcn.org.uk/RCNInstitute)

# KEEPING YOU SAFE AT CONGRESS

Here at the RCN, we take the safety and security of our delegates very seriously. If you have any concerns, they will be treated professionally and with respect. In return, we expect that you will share our view on the importance of safety and good conduct. There is a zero tolerance approach and verbal or physical abuse, coercion, sexual harassment, discrimination or any other form of inappropriate behaviour will not be tolerated.

Delegates must uphold the best image of nursing. We're reminding everyone of the requirements of the NMC Code, the RCN Code of Conduct and the RCN Respect Charter.

To support you whilst attending Congress, we have put the following measures in place.

- Please see the plan at the front of this guide for wellbeing info which includes:
  - staff, including mental health first aiders, will be present in the main hall at all times to support and direct you to the wellbeing hub should you need it.
  - a quiet/prayer room on the ground floor, Office 1
  - a safe space on the first floor, meeting room 5 – where you can talk to members of RCN staff if you encounter any challenging situations
  - a counselling room on the first floor, Office 2 – where you will be able to book in sessions with a qualified counsellor via the RCN staff in the safe space (note that bookings are on a first-come first-served basis and we will also be able to direct you to other counselling services if that is more appropriate).
- Congress will be supported by appropriate levels of security staff, and venue stewards will be visible around the venue for advice.
- There is also a confidential helpline run by HealthHero which RCN members and staff have access to. Callers can speak to highly trained staff who can offer support, signpost to resources, and assist with the escalation of formal complaints. Members can contact them on: 0800 783 1157, RCN staff should call: 0800 358 4858.
- There is a 24-hour phone line, provided by the independent organisation Victim Support, for the whole of the Congress period. You can contact them on 08 08 16 89 111 to report any concerns and speak to a trained individual at any point.
- They can also be contacted online via **victimsupport.org.uk**
- You can also contact the Samaritans on freephone 116 123.
- We are not providing free alcohol to attendees at events and senior RCN staff will also be in attendance at these events.

If you are raising concerns, or supporting anybody else to do so, you will be informed about the action being taken and, where necessary, signposted to further services or the police.

If you are worried, you are actively encouraged to tell us. You can go to the registration desk to report any concerns or email **complaints@rcn.org.uk** or approach any member of RCN staff during the event.

Most importantly, look after yourself and each other whilst you are here.

## A reminder about COVID-19

While COVID-19 rules and regulations have been lifted in Wales, the virus has not gone away. We're asking all attendees to protect yourself and others from COVID-19 and other infections and viruses while at Congress by:

- not attending Congress if you are unwell. You should not attend if you have any symptoms of norovirus (or have not fully recovered from recent norovirus infection), respiratory illnesses (including but not limited to influenza like illness, COVID-19, other viral respiratory illnesses such as coughs and colds)
- wear a face covering in indoor public places and on public transport if you feel this is helpful to protect you
- regularly washing your hands or using an alcohol hand rub (note the wearing of gloves is not necessary, hand hygiene is sufficient)
- taking a lateral flow test if you have symptoms of COVID-19. Do not attend Congress if the test is positive regardless of whether you have symptoms.

The RCN and the ICC Wales have provided frequent hand sanitiser stations to protect all attendees throughout the venue.

Help us to care for you and others and reduce the risk of spreading infection. There will be thousands of people attending Congress across the five days of meetings and events providing an opportunity for infection to spread to others – both RCN members and staff.

If you become unwell during Congress, please let us know at the registration desk or by calling us on 0345 772 6100.

## Finally...

Congress 2024 will be memorable for all the right reasons. It will be a fantastic week of debates, learning and inspiring speakers.

Keeping us all safe in Newport is everybody's business and we thank you in advance for the support you have shown us.







## RCN Respect Charter

our commitment to  
working together



Royal College  
of Nursing

These declarations outline how all RCN stakeholders including staff, members and customers, regardless of their role, must approach working with each other at all times.

1. We acknowledge that our personal behaviour has an impact on others.
2. We value our differences and recognise that we will not always share the same views.
3. We grow from our mistakes by working and learning together.
4. We respect and preserve confidentiality.
5. We treat everyone with courtesy and respect, and act with integrity at all times.

In the event of these commitments being breached, incidents will be handled in accordance with our disciplinary policy, other relevant policy or framework.

# PROGRAMME

Pride  
in nursing

#PrideInNursing  
Royal College  
of Nursing




The following pages detail what is happening over the five days of Congress – from the debates, the Learning and Wellbeing Programme and the exhibition, along with information about the networking events you can attend whilst in Newport.

## IN THIS SECTION:


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# SUNDAY 2 JUNE


TIME	EVENT	ROOM	SUITABLE FOR
4–8pm	<b>Registration desk open</b>		
4–5.30pm	<b>Exhibition opening / President’s reception</b>	Main Hall (Exhibition)	• Networking
5.30–7pm	 <p><b>Opening and awards ceremony including welcome from RT Hon Vaughan Gething MS, First Minister of Wales</b></p> <p>Doors will open at 5pm, with the event starting promptly at 5.30pm.</p>	Main Hall	• Networking



# MONDAY 3 JUNE

TIME	EVENT	ROOM	SUITABLE FOR
All day	<b>Health and wellbeing sessions</b>	Online: <a href="https://rcn.org.uk/congress">rcn.org.uk/ congress</a>	<ul style="list-style-type: none"> <li>Wellbeing, mental health and self-care</li> </ul>
7.30am–6pm	<b>Registration desk open</b>		
8.30am–4.15pm	<b>Exhibition and networking open</b>		<ul style="list-style-type: none"> <li>Networking</li> <li>Refreshments</li> </ul>
9–9.30am	<b>Welcome and introduction to Congress and Report of the Agenda Committee</b>	Main Hall	<ul style="list-style-type: none"> <li>All</li> </ul>
9.30–11am	<b>Debates</b> See page 39	Main Hall	<ul style="list-style-type: none"> <li>All</li> </ul>
11–11.45am	<b>Refreshment break - exhibition viewing and networking</b>		<ul style="list-style-type: none"> <li>Networking</li> <li>Refreshments</li> </ul>
11.45am–12.30pm	 <p><b>Keynote Speaker: Professor Pat Cullen, RCN General Secretary and Chief Executive</b></p> <p>As a general election draws closer, Pat will reflect on the unprecedented challenges facing nursing, and how the RCN continues to strengthen its position of leadership across all aspects of the profession.</p>	Main Hall	<ul style="list-style-type: none"> <li>All</li> </ul>
12.30–2pm	<b>Lunch interval and exhibition viewing</b>		<ul style="list-style-type: none"> <li>Networking</li> <li>Refreshments</li> </ul>

TIME	EVENT	ROOM	SUITABLE FOR
12.45-1.30pm	<b>John Goodlad Lecture: Is asbestos a thing of the past?</b> Liz Darlison MBE, CEO of Mesothelioma UK	Auditorium	• All
12.45-1.30pm	<b>Evidence-based interventions to reduce falls in people aged 65 and over</b>	1A	• Clinical and practice development • All
12.45-1.30pm	<b>Health literacy</b>	1B	• Clinical and practice development • All
12.45-1.30pm	<b>Benefits of joining diaspora associations for international educated nursing staff</b>	2A	• Wellbeing, mental health and self-care
12.45-1.30pm	<b>Showcasing excellence, sharing success – a discussion with RCN Nurse of the Year winners from across the UK</b>	2B	• Clinical and practice development • All
12.45-1.30pm	<b>Meet my RCN Forum at the World Cafe</b>	The Lounge, 2nd floor	• Clinical and practice development • Networking
12.45-1.30pm	<b>RSV: learn about the impact of the virus</b>	 2C	• All
2-3.30pm	<b>Debates</b> See page 39	Main Hall	• All
3.30-4.15pm	<b>Refreshment break – exhibition viewing and networking</b>		• Networking • Refreshments

TIME	EVENT	ROOM	SUITABLE FOR
3.35–4.05pm	 <b>A tale of 2 halves – my career as a disabled employee</b> Come and hear the inspirational Becky Fell speak about her career as a disabled employee within the NHS.	Auditorium	• All
3.35–4.05pm	<b>Fellows meeting</b>	2A	• Networking
3.35–4.05pm	<b>LGBTQI+ networking session</b>	Aspect Bar	• Networking
4.15–5.15pm	<b>Debates</b> See page 39	Main Hall	• All
5.30–6.15pm	<b>Inside the blackbox: nurses' use of professional judgement in safe staffing systems in England and Wales: Insights from an ethnographic study</b>	Auditorium	• Workforce
5.30–6.15pm	<b>Removing the 'Un': the evolving 'skilled' and 'trained' nursing support worker role</b>	1A	• Workforce
5.30–6.15pm	<b>The importance and challenges for nursing staff to adopt healthier lifestyles and how to support ourselves</b>	1B	• Wellbeing, mental health and self-care
5.30–6.15pm	<b>What's your level? Levels of clinical practice and what it means to you and your career</b>	2A	• Workforce
5.30–6.15pm	<b>Using your voice, power and presence in the media and beyond</b>	2B	• Workforce
5.30–6.15pm	<b>International nurses: how to recognise experience and thrive</b>	2C	• Workforce

TIME	EVENT	ROOM	SUITABLE FOR
6.30–7.30pm	<p><b>Nursing support workers reception</b>  <b>Remember to bring your voucher from your delegate pack, and your Congress delegate badge, to gain access to this event.</b>                      Open to all RCN NSW members.</p>	The Lounge, 2nd floor	<ul style="list-style-type: none"> <li>• Nursing support workers</li> <li>• Networking</li> <li>• Refreshments</li> </ul>
7.30–10pm	<p><b>Country and regional networking receptions</b>  <b>Remember to bring your voucher from your delegate pack, and your Congress delegate badge, to gain access to this event.</b>                      A 2-course meal and soft drink will be provided.</p> <ul style="list-style-type: none"> <li>• <b>Eastern:</b> Coldra Court Hotel, Chepstow Road, Langstone, Newport, NP18 2LX</li> <li>• <b>East Midlands:</b> Coldra Court Hotel, Chepstow Road, Langstone, Newport, NP18 2LX</li> <li>• <b>London:</b> Celtic Manor Resort, Coldra Woods, Chepstow Road, Newport, NP18 1HQ</li> <li>• <b>North West:</b> Celtic Manor Resort, Coldra Woods, Chepstow Road, Newport, NP18 1HQ</li> <li>• <b>Northern:</b> Celtic Manor Resort, Coldra Woods, Chepstow Road, Newport, NP18 1HQ</li> <li>• <b>Northern Ireland:</b> Mercure Newport, Upper Dock Street, Newport, NP20 1DW</li> <li>• <b>Scotland:</b> Celtic Manor Resort, Coldra Woods, Chepstow Road, Newport, NP18 1HQ</li> <li>• <b>South East:</b> Celtic Manor Resort, Coldra Woods, Chepstow Road, Newport, NP18 1HQ</li> <li>• <b>South West:</b> Celtic Manor Resort, Coldra Woods, Chepstow Road, Newport, NP18 1HQ</li> <li>• <b>Wales:</b> Celtic Manor Resort, Coldra Woods, Chepstow Road, Newport, NP18 1HQ</li> <li>• <b>West Midlands:</b> Celtic Manor Resort, Coldra Woods, Chepstow Road, Newport, NP18 1HQ</li> <li>• <b>Yorkshire &amp; the Humber:</b> Celtic Manor Resort, Coldra Woods, Chepstow Road, Newport, NP18 1HQ</li> </ul>		<ul style="list-style-type: none"> <li>• Networking</li> <li>• Refreshments</li> </ul>

# TUESDAY 4 JUNE

TIME	EVENT	ROOM	SUITABLE FOR
All day	<b>Health and wellbeing sessions</b>	Online: <b>rcn.org.uk/ congress</b>	• Wellbeing, mental health and self-care
7.30am–6pm	<b>Registration open</b>		
8.30am–4pm	<b>Exhibition and networking open</b>		• All
8–8.45am	<b>Is this the end of clinical supervision? The RCN future direction explained</b>	Auditorium	• Clinical and practice development <i>Coffee and pastries provided</i>
8–8.45am	<b>Using lie telling as an effective intervention to support personhood in people with moderate to severe dementia</b>	1B	• Clinical and practice development <i>Coffee and pastries provided</i>
8–8.45am	<b>Introduction to pain assessment and management</b>	2A	• Clinical and practice development <i>Coffee and pastries provided</i>
8–8.45am	<b>General Election briefing</b>	2B	• Workforce <i>Coffee and pastries provided</i>
8–8.45am	<b>Singing for solidarity, singing for health – rehearsal</b>	The Lounge, 2nd floor	• Networking <i>Coffee and pastries provided</i>
9–9.15am	<b>Welcome and introduction to Congress and Report of the Agenda Committee</b>	Main Hall	• All
9.15–10.45am	<b>Debates</b> See page 39	Main Hall	• All




TIME	EVENT	ROOM	SUITABLE FOR
10.45–11.30am	<b>Refreshment break and exhibition viewing</b>	Main Hall	• All
11.30–12.15pm	 <p><b>Keynote speaker: Linda Silas, President, Canadian Federation of Nurses Unions</b> Linda Silas has been the President of the 250,000-strong Canadian Federation of Nurses Unions since 2003. As the dynamic leader of Canada’s largest nurses’ organisation, Linda is recognised as the foremost advocate of nurses in Canada.</p>	Main Hall	• All
12.15–1.45pm	<b>Lunch interval and exhibition viewing</b>		• Networking • Refreshments
12.45–1.30pm	<b>Nursing across the nations within NHS blood and transplant (NHSBT)</b> 	2C	• All
12.45–1.30pm	<b>Mary Seacole Lecture: The urgency of anti-racist action, insights from the Welsh experience</b> <b>Professor Emmanuel Ogbonna, Cardiff University</b>	Auditorium	• All
12.45–1.30pm	<b>The RCN Definition of Nursing – why it matters</b>	1A	• Workforce
12.45–1.30pm	<b>Understanding “burnout” and the effects this has on professionals and their health and wellbeing in the working environment</b>	1B	• Wellbeing, mental health and self-care
12.45–1.30pm	<b>An audience with the Chief Nursing Officer and Executive Directors of Nursing from Wales</b>	2A	• Leadership and management
1.45–3.15pm	<b>Debates</b> See page 39	Main Hall	• All
3.15–4pm	<b>Refreshment break and exhibition viewing</b>		• All

TIME	EVENT	ROOM	SUITABLE FOR
3.15–4pm	<b>Retired members' meeting</b>	Aspect Bar	• Retired members
4–5.30pm	<b>Debates</b> See page 39	Main Hall	• All
5.45–6.30pm	<b>Singing for solidarity, singing for health</b>	Auditorium	• Wellbeing, mental health and self-care
5.45–6.30pm	<b>Student member Q&amp;A with senior RCN staff</b>	1A	• Students
5.45–6.30pm	<b>Global nursing and midwifery workforce - an endless supply?</b>	1B	• Workforce
5.45–6.30pm	<b>Follow your compassion: the lived experience of newly registered nurses and midwives across the UK</b>	2A	• Workforce
5.45–6.30pm	<b>Getting a foot in the door: a novel way to develop emerging nurse leaders and promote career opportunities</b>	2B	• Leadership and management
5.45–6.30pm	<b>Making a 'leaderful' RCN: why our members must be activists</b>	2C	• Leadership and management
6.30–7.30pm	<b>Student reception</b> Remember to bring your voucher from your delegate pack, and your Congress delegate badge, to gain access to this event.	The Lounge, 2nd floor	• Students • Networking • Refreshments
7–11pm	<b>Summer BBQ</b> <i>Open to all delegates. Please remember to bring along the ticket from your delegate pack. If you do not have one, please visit the registration desk.</i>	The Plaza	• Networking • Refreshments

# WEDNESDAY 5 JUNE

TIME	EVENT	ROOM	SUITABLE FOR
All day	<b>Health and wellbeing sessions</b>	Online: <a href="https://rcn.org.uk/congress">rcn.org.uk/ congress</a>	• Wellbeing, mental health and self-care
7.30am–6pm	<b>Registration desk open</b>		
8.30am–4pm	<b>Exhibition and networking open</b>		• Networking
8–8.45am	<b>Unlocking opportunities: navigating your path in independent health and social care - breaking in, not breaking out!</b>	Auditorium	• Workforce <i>Coffee and pastries provided</i>
8–8.45am	<b>Work-related stress: moving beyond tokenism and buzzwords to real systematic change</b>	1A	• Workforce <i>Coffee and pastries provided</i>
8–8.45am	<b>How to undertake a HEeADSSS assessment in a young person</b>	1B	• Clinical and practice development <i>Coffee and pastries provided</i>
8–8.45am	<b>The principles of effective leadership and management - meeting NMC Standard 5</b>	2A	• Leadership and management <i>Coffee and pastries provided</i>
9–9.15am	<b>Welcome and introduction to Congress and Report of the Agenda Committee</b>	Main Hall	• All
9.15–10.15am	<b>Report of Council – report on progress of work arising from the debates at Congress 2023</b>	Main Hall	• All

TIME	EVENT	ROOM	SUITABLE FOR
10.15–10.45am	<b>Debates</b> See page 39	Main Hall	• All
10.45–11.30am	<b>Refreshment break - exhibition viewing and networking</b>		• Networking • Refreshments
10.50–11.20am	<b>Disability including neurodiversity networking session</b>	Aspect Bar	• Networking
11.30–12.15pm	 <b>In conversation with Gareth Thomas CBE</b> Gareth Thomas CBE, often fondly referred to as “Alfie”, is a former Welsh professional rugby player, who was the first high-profile sportsman in the world to come out as gay whilst still playing.	Main Hall	• All
12.15–1.45pm	<b>Lunch interval and exhibition viewing</b>		• Networking • Refreshments
12.30–1.15pm	<b>Mona Grey Lecture: staffing for safe and effective care: safety critical nurse-to-patient ratios</b>	Auditorium	
12.30–1.15pm	<b>Understanding sepsis: what’s new and what’s different?</b>	1A	• Clinical and practice development
12.30–1.15pm	<b>Immunisation across the lifespan</b>	1B	• Clinical and practice development
12.30–1.15pm	<b>A celebratory showcase of research in nursing</b>	2A	• Clinical and practice development
12.30–1.15pm	<b>Effective communication skills for leaders</b>	2B	• Leadership and management

TIME	EVENT	ROOM	SUITABLE FOR
1.45–3.15pm	<b>Debates</b> See page 39	Main Hall	• All
3.15–4pm	<b>Refreshment break – networking and last chance exhibition viewing</b>		• Networking • Refreshments
3.20–3.50pm	<b>Regional meetings</b> An opportunity to meet your regional board members. See also Thursday page 26. <b>London Region</b> <b>West Midlands Region</b> <b>Northern Region</b> <b>Eastern Region</b> <b>South East Region</b>	<b>1A</b> <b>1B</b> <b>2A</b> <b>2B</b> <b>2C</b>	• Networking
3.20–3.50pm	<b>BAME/Global majority networking session</b>	Aspect Bar	• Networking
4–5.30pm	<b>Debates</b> See page 39	Main Hall	• All
5.45–6.30pm	<b>Demystifying enhanced practice. What does it mean for you and what is the difference between enhanced and advanced level of practice?</b>	Auditorium	• Clinical and practice development
5.45–6.30pm	<b>Workforce education, how well are we representing people with dark skin tones in clinical skills teaching?</b>	1A	• Clinical and practice development
5.45–6.30pm	<b>Digital transformation in mental health crisis</b>	1B	• Workforce

TIME	EVENT	ROOM	SUITABLE FOR
5.45–6.30pm	<b>How to lead co-produced service transformation that embeds inclusivity and addresses health inequalities</b>	2A	<ul style="list-style-type: none"> <li>• Leadership and management</li> </ul>
7.30pm–11pm	<p><b>End of Congress event</b> Caernarfon Suite , Celtic Manor</p> <p>All RCN members attending Congress are invited to attend this social event. A 2-course meal and soft drink will be provided.</p> <p><b>Remember to bring your voucher from your delegate pack, and your Congress delegate badge, to gain access to this event.</b></p>		<ul style="list-style-type: none"> <li>• Networking</li> <li>• Refreshments</li> </ul>



# THURSDAY 6 JUNE

TIME	EVENT	ROOM	SUITABLE FOR
7.30am–4.30pm	<b>Registration desk open</b> <b>NO EXHIBITION OR LEARNING AND WELLBEING PROGRAMME TODAY</b>		
9–9.15am	<b>Chair’s welcome and introductions</b> <b>Reports of the Agenda Committee</b>	Main Hall	• All
9.15–10.45am	<b>Debates</b> See page 39	Main Hall	• All
10.45–11.30am	<b>Refreshment break and networking</b>		• Networking • Refreshments
10.50–11.20am	<b>Regional meetings</b> An opportunity to meet your regional Board members. See also Wednesday page 24. <b>North West Region</b> <b>Yorkshire &amp; the Humber Region</b> <b>East Midlands Region</b> <b>South West Region</b>	<b>1B</b> <b>2A</b> <b>2B</b> <b>2C</b>	• Networking
11.30am–12.30pm	<b>Debates</b> See page 39	Main Hall	• All
12.30–2pm	<b>Lunch</b>		• Networking • Refreshments

TIME	EVENT	ROOM	SUITABLE FOR
2-3pm	<b>Debates</b> See page 39	Main Hall	• All
3-3.15pm	<b>Congress closing remarks</b>	Main Hall	• All







Royal College  
of Nursing

**Save the date**  
**RCN AGM**

17 July 2024

London and online

**Have  
your  
say**

# EXHIBITION



The Congress exhibition is where you can meet new suppliers, develop your skills and increase your learning, talk with charities, find a new job, and maybe even get a better deal on your pension or household insurance.

There's so much to see and do, one visit to the exhibition won't be enough!

While you are in the Exhibition Hall, don't forget to visit the RCN Institute of Nursing Excellence stand for information on the new nursing academies.

You can learn more about our partners, including the RCN Foundation – a charity that provides grants to support nursing and improve patient care - and RCNi, our media company, which provides up-to-date health care information for the whole of the nursing workforce.

## IN THIS SECTION:

Exhibition A-Z listings

30

# EXHIBITION LISTINGS: A-Z

## Albert Waeschle

[aw-online.com](http://aw-online.com)

## Clinical Education Academy FHFT

[clinicalmedicalacademy.co.uk](http://clinicalmedicalacademy.co.uk)

## Data4NHS

[data4nhs.com](http://data4nhs.com)

## Diabetes UK

[diabetes.org.uk](http://diabetes.org.uk)

## EBSCO

[ebSCO.com](http://ebSCO.com)

## Elsevier

[elsevier.com/en-gb](http://elsevier.com/en-gb)

## Elysium

[elysiumhealthcare.co.uk](http://elysiumhealthcare.co.uk)

## Fidelis

[fideliscare.org](http://fideliscare.org)

## Gedeon Richter

[gedeonrichter.com](http://gedeonrichter.com)

## Haemochromatosis UK

[haemochromatosis.org.uk](http://haemochromatosis.org.uk)

## Hep C U Later

[hepculater.com](http://hepculater.com)

## IMC Locums

[imc-locums.co.uk](http://imc-locums.co.uk)

## Learna

[learna.ac.uk](http://learna.ac.uk)

## Limbo

[limboproducts.co.uk](http://limboproducts.co.uk)



LIVERPOOL VICTORIA

## LV=

[lv.com/RCN](http://lv.com/RCN)

At LV=, our top priority is to do the right thing for our customers, colleagues, and communities. We take great pride in our long-standing relationship with the RCN, and we are pleased to offer quality insurance products at discounted prices to all RCN members. To find out more, visit [LV.com/RCN](http://LV.com/RCN)

## Narcotics Anonymous

[ukna.org](http://ukna.org)

## NHS Blood & Transplant

[nhsbt.nhs.uk](http://nhsbt.nhs.uk)

## NHS Grampian

[nhsgrampian.org](http://nhsgrampian.org)

## NHS Wales

[nhs.wales](http://nhs.wales)

## NMC

[nmc.org.uk](http://nmc.org.uk)

## Nursing Times

[nursingtimes.net](http://nursingtimes.net)

## OET

[oet.com](http://oet.com)

## Oxford Medical Simulation

[oxfordmedicalsimulation.com](http://oxfordmedicalsimulation.com)

## Parkinsons UK

[parkinsons.org.uk](http://parkinsons.org.uk)

## Peak Health Coaching

[peakhealthcoaching.com](http://peakhealthcoaching.com)

## Pfizer

[pfizer.com](http://pfizer.com)

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## Public Health Wales

[phw.nhs.wales](http://phw.nhs.wales)

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## Quilter Financial Advisers

### Quilter

[quilter.com](http://quilter.com)

Quilter Financial Advisers are specialists in the NHS Pension Scheme and all aspects of retirement, savings and financial planning. Whether you're confused about the changes to your pension, looking for a mortgage or need advice on inheritance tax, Quilter Financial Advisers can help.

Come and see us at our stand to find out more and arrange your free initial consultation.

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## RAF/Defence Medical



## RCN Institute of Nursing Excellence

[rcn.org.uk/RCNInstitute](http://rcn.org.uk/RCNInstitute)

The RCN Institute of Nursing Excellence is made up of 5 new academies, each with a specific focus to drive improvements and innovation. The academies share a collective aim to support our members in being brilliant nursing professionals, who:

- provide outstanding care
- lead with confidence
- innovate in brave new ways
- advocate for their patients, service users, clients and colleagues
- research nationally and internationally.

The 5 new academies, each with their own set of goals, are:

- Nursing Leadership Academy
- Nursing Practice Academy
- Nursing Workforce Academy
- International Nursing Academy
- Activism Academy



## RCN Foundation

[rcnfoundation.org.uk](http://rcnfoundation.org.uk)

The RCN Foundation is an independent charity whose purpose is to support and strengthen nursing and midwifery to improve the health and wellbeing of the public. Our support is open to any current and former nurse, midwife, healthcare/midwifery support worker, student and nursing associate.

Come and talk to us at stand E4 to see how we could support you or your colleagues.

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## RCNi

### RCNi

[rcni.com](http://rcni.com)

RCNi's portfolio of products and services support learning, daily practice and professional development. These resources include nursing journals, education and decision support tools, careers services and thought leadership events. Come and talk to us to discover how RCNi can support your nursing career.



### **RCN Get Involved, Get Inspired** [rcn.org.uk](http://rcn.org.uk)

Visit the Get Involved, Get Inspired stand in the Woodland Suite Foyer on the first floor.

Dedicated RCN staff will be available to talk to you about nursing support worker and student membership as well as how you can become an RCN representative, organise for change, or put yourself forward as a candidate for RCN Council, committee, board, or forum. Visit page 33 in this guide for more information.

### **Segetex & Valmy** [segetex.co.uk](http://segetex.co.uk)

### **Society of Occupational Medicine** [som.org.uk](http://som.org.uk)

### **The Brain Tumour Charity** [thebraintumourcharity.org](http://thebraintumourcharity.org)

### **The Christie NHS Foundation Trust** [christie.nhs.uk](http://christie.nhs.uk)

### **The NHS Pension Scheme** [nhsbsa.nhs.uk](http://nhsbsa.nhs.uk)

### **TXM Healthcare** [txmhealthcare.co.uk](http://txmhealthcare.co.uk)

### **UK Covid-19 Inquiry** [covid19.public-inquiry.uk](http://covid19.public-inquiry.uk)

University of  
South Wales  
Prifysgol  
De Cymru

### **University of South Wales** [southwales.ac.uk](http://southwales.ac.uk)

Our healthcare courses will give you the specialist skills, knowledge and education, to prepare you for the next step in your healthcare career. Whether you are a registered healthcare professional looking to enhance your skills, or looking to change your career direction, come and meet us to find out more.

### **Vasculitis UK** [vasculitis.org.uk](http://vasculitis.org.uk)



### **Versapak International Ltd** [versapak.co.uk](http://versapak.co.uk)

Established in 1973, Versapak is a leading manufacturer of secure, antimicrobial medical carriers. Versapak products are high quality, reusable over 2,000 times and have a 5-year guarantee. We make bespoke products that improve the working lives of medical staff. We are trusted by the NHS and other medical establishments worldwide.

### **Wiley** [wiley.com](http://wiley.com)

### **Wisepress** [wisepress.com](http://wisepress.com)



# Get *involved* > Get *inspired*

## Students

[rcn.org.uk/membership/student-members](https://rcn.org.uk/membership/student-members)

You are the future of nursing! Network with your fellow nursing students. Explore learning resources. Get involved and have your voice heard.



Woodland Suite Foyer, First floor

## Nursing Support Workers

[rcn.org.uk/Professional-Development/Nursing-Support-Workers](https://rcn.org.uk/Professional-Development/Nursing-Support-Workers)

The RCN welcomes the nursing support workforce - come and talk to us if you are a health care support worker, health care assistant, nursing assistant, assistant practitioner, nursing associate/trainee nursing associate.



## Campaigns

[rcn.org.uk/Get-Involved/Campaign-with-us](https://rcn.org.uk/Get-Involved/Campaign-with-us)

Our campaigning to secure fair pay and safe staffing across all settings continues. Find out more and get involved today.



## Forums

[rcn.org.uk/get-involved/forums](https://rcn.org.uk/get-involved/forums)

Join one or more of our 35 forums, connect with others working in your specialism, and make a vital contribution to the professional voice of the RCN.



## Representatives

[rcn.org.uk/get-involved/rcn-reps/become-an-rcn-rep](https://rcn.org.uk/get-involved/rcn-reps/become-an-rcn-rep)

RCN representatives provide a vital link between members and employers: supporting colleagues through difficulties, sharing workforce policy, improving health and safety and offering colleagues opportunities for professional learning and development.

Already a Rep? Join our Rep Changemaker community to ensure reps voices and perspectives contribute to new projects. [rcn.org.uk/reps-hub/rep-changemaker](https://rcn.org.uk/reps-hub/rep-changemaker)



## Organising

[rcn.org.uk/Get-Involved/Organising-for-Change](https://rcn.org.uk/Get-Involved/Organising-for-Change)

Organising is an approach to making positive change in your workplace, your profession and for patients. Identify the issues and come together with colleagues to bring about solutions.



## Governance

[rcn.org.uk/get-involved/rcn-elections-and-appointments/current-rcn-elections-and-appointments](https://rcn.org.uk/get-involved/rcn-elections-and-appointments/current-rcn-elections-and-appointments)

Join RCN Council, a national committee, or your local board and you'll work with other members and make a difference to the RCN.



# Are you a rep who would be a great RCN changemaker?



## Date for your diary:

Come and see RCN rep changemakers in action at the Learning and Wellbeing programme fringe: 'Work-related stress: moving beyond tokenism and buzzwords to real systematic change'.

Wednesday 5 June 2024, 8 - 8.45am, Room 1A, ICC

As a rep changemaker you will be invited to take part in new projects that need to include rep voices and perspectives. You can choose what you would like to get involved in, depending on your capacity to help and what matters to you.

In the past year, RCN rep changemakers have:

- spoken at RCN events including the Corporate Induction programme for new staff and the Senior Management Leadership programme;
- worked with RCN Employment Relations Department staff on the development of a wide range of resources for RCN reps and for members;
- raised awareness of the contribution and experiences of RCN reps by sharing their stories in print and online publications; and
- worked with the Activist Learning and Development team to design and develop our learning offer for RCN reps.

If you are a rep who has lots to contribute, whatever stage you are at on your rep journey, we want to hear from you.

**Use this QR code to sign up today.**



# DEBATES



The debate sessions are the heart of what Congress is all about. Participating in the debates is a great way to get involved in the discussion and have your say in front of the largest nursing audience in the UK.

There are 2 types of debate:

- Matters for Discussion allow you to explore topics and share your views, but no vote is taken at the end.
- Resolutions are voted on following a debate, and are carried if the majority of voting members are in favour.

Congress members can submit proposals for an emergency item during Congress. The Agenda Committee will consider proposals each day.

[rcn.org.uk/congress/submit-an-emergency-agenda-item](https://rcn.org.uk/congress/submit-an-emergency-agenda-item)

## IN THIS SECTION:

How Congress works	36
List of debates	39



# HOW CONGRESS WORKS

The main business of Congress – debates on Resolutions and Matters for Discussion – is generated entirely by RCN members. The full rules for how the business of Congress is managed are set out from page 68.

The RCN Agenda Committee compiles the Congress agenda from member submissions, contributes to the planning of the event and runs Congress on behalf of RCN Council. Its members – including the Chair of Council and General Secretary and Chief Executive – meet twice a day during Congress week to consider emergency submissions which have been submitted.

The Agenda Committee provides a vital link between delegates and the Chair and Vice-Chair of Congress and advises them on your thoughts and opinions. Agenda Committee members are always happy to answer your questions and provide advice to help you participate in debates.

## Where should I sit?

Voting members must sit in their dedicated area indicated in the seating plan at the front of this guide. Seating for non-voting members is also shown on the seating plan.

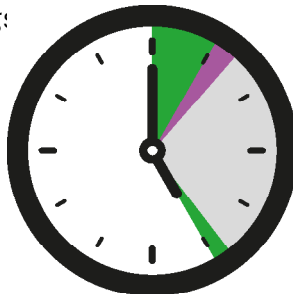
## How long is each debate?

The Chair of Congress is responsible for the timings of debates. Each debate runs for a maximum of 25 minutes, but the Chair may decide to amend the timing of the debates if appropriate.

The **proposer has 5 minutes** to introduce the debate from their perspective.

**Resolutions are seconded** with a 2-minute supporting statement.

Speakers are then given 2 minutes each to put forward their opinions.

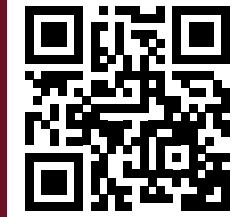


The **proposer returns** to close the discussion; for Resolutions, a vote is then held.

## How to participate in a debate

Any RCN member can speak in a debate.

It's a fantastic opportunity for you to have your voice heard, and it's crucial for a good debate to have as wide a cross section of views as possible. It can be a daunting experience, but you'll soon discover that all speakers – especially those taking the microphone for the first time – receive a very warm welcome.



JOIN THE  
SPEAKER QUEUE  
[bit.ly/rcnqueue](https://bit.ly/rcnqueue)

Speakers will be invited from the queues to speak from the microphone on the stage which will have an accessible ramp as well as steps. A roving mic will be available for those unable to go to the stage to speak, alternatively scan the QR code above.

There will be 2 fixed points in the Main Hall to access the speaker queues. Two members of staff (or ambassadors) will be available in the hall for support. If you find it difficult to access the fixed points, please raise your hand and they will come to you with a roving mic to add you to the queue. It will be at the Chair's discretion to manage the queues to ensure fairness; the number of speakers in the queue will be displayed on the main screen.

Members who are experiencing any difficulty accessing the queues should speak to the Agenda Committee at the front of the Main Hall or any member of staff or ambassador.

All speakers will address their remarks to the Chair. The Chair may ask speakers who come up to the microphone repeatedly, or are not making a contribution, to kindly step aside to give priority to first-time speakers.

## At the podium

When you are at the microphone, introduce yourself with your name, state whether you are a voting or non-voting member, and where you are from (such as branch, forum or committee). Please also let the hall know if you are a first time speaker at Congress.

The Chair of Congress will then let you know how long you have to speak. Look out for the red light on the podium, as that tells you when your time is up. Be factual, and don't say anything you wouldn't want others to hear – remember Congress live streams are accessible to all members who may be viewing remotely.

If you feel like your point has already been made by others earlier in the queue, please leave the queue and give others the chance to speak.

The speaker queue will be cleared at the end of each debate.

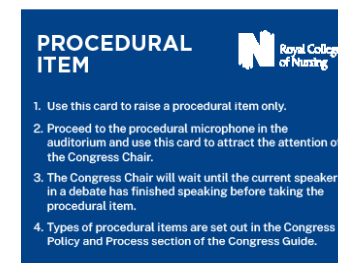
## Procedural items

Procedural items are usually to request that:

- Congress moves on to the next items of business
- the vote is taken
- the debate is adjourned
- the agenda item is referred to Council for further consideration
- the order of agenda items is changed.

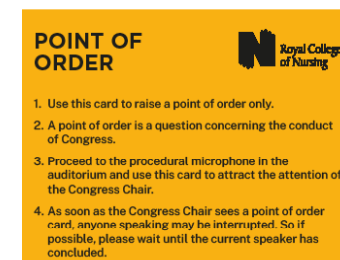
A vote must take place and be passed by a majority for any of the above to happen.

Only voting members may raise a procedural item using the blue card provided in their delegate pack and, should a vote be required, only these members may vote. Again, it is important that voting members sit within their allocated voting area, as votes cast outside this area will not be counted.



## Points of order

Points of order are raised to challenge the conduct of a meeting or to seek clarification from the Chair about an item. Any member can raise a point of order using the yellow card provided in their delegate pack.



## How to vote on a resolution

The Chair will invite voting members to place their vote on a Resolution using the FOR, AGAINST and ABSTAIN pages in their delegate pack.

If the outcome of a vote on a Resolution is difficult to determine, the Chair will ask voting members to vote via a QR code which was trialled at Congress last year. You can scan the QR code shown here using your smart phone or tablet which will take you to a voting site on which you can mark your choice.

Alternatively, enter the following URL into your device: [bit.ly/rcncongress](https://bit.ly/rcncongress). Support will be available at the front of the main hall for any voting members experiencing problems voting electronically. The vote result will be announced on the main hall screen as soon as possible once the vote has closed.



## Do we need to use our smart phones/devices for all votes?

No. Voting will primarily be using the FOR, AGAINST and ABSTAIN cards and only exceptionally via electronic voting in the event the Chair considers the vote too close to call or the topic is particularly sensitive.

In the event that electronic voting is not possible, for example if the WiFi in the hall drops out, as a back up, a vote may be called using the session-specific cards from your delegate packs. Mark your choice (For, Against or Abstain) on the card and post it into one of the boxes which will be passed around. If the Chair of Congress calls for a card vote they will advise which card to use and provide further instruction.

## Who gets to vote?

With over half a million members all around the UK, it's crucial that any votes cast at Congress properly represent the views of the entire membership of the RCN. To achieve this, votes are distributed proportionately between the RCN branches, forums and the 5 UK representative committees. This year there are 774 potential votes eligible to be cast for each Resolution at Congress.

To find out how you could be a voting member at next year's Congress, speak to your local branch or contact: **congressagenda@rcn.org.uk**

## Substituting voting members

If a voting member cannot attend a session, it is possible for a non-voting member from the same entity to take the vote instead. Both members should go to the registration desk before the session to make the necessary arrangements with staff.

## First Report of the Agenda Committee

The Agenda Committee met on 16 and 17 January 2024 to agree the proposed agenda for Congress 2024.

156 agenda items were submitted for the Agenda Committee to consider, a welcomed significant increase from the 87 items submitted in 2023.

There were submissions from 3 boards, 34 branches, and 13 forums. Council, Stewards, Students, Learning Reps, Nursing Support Worker and Trade Union Committees all made submissions.

Some strong themes emerged and these are reflected in the final agenda – the nursing workforce crisis through items on the regulation of the nursing support workforce, internationally educated nursing staff, political influencing and registered nurse substitution, and debates accepted on other current high profile issues including abortion, assisted dying, Artificial Intelligence and the climate crisis.

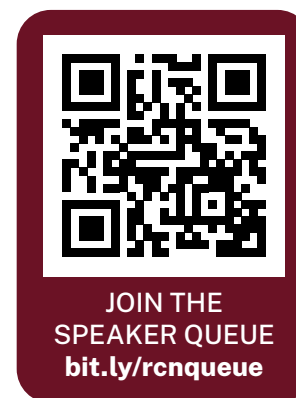
The final list of 26 debates agreed by Council leaves space for a number of emergency items and we encourage members to put forward items on issues that have emerged since the Agenda Committee meeting in January and in what continues to be unprecedented times for the RCN. You can do this on the RCN website or go to the Governance Stand at Congress. The Agenda Committee will meet twice a day during Congress week to consider emergency submissions.

The committee has also been involved in other planning aspects of Congress to ensure a balanced and engaging programme and to support the smooth running of business in the hall, especially with the ICC being a new Congress venue. The Learning and Wellbeing Programme was once again selected by a panel including representatives from the UK Representatives, Students and Forum Chairs Committees and from across the UK; this year the programme similarly saw a healthy increase in the number of submissions.

# LIST OF DEBATES

Listed below are the titles of the debates which will be covered at this year's RCN Congress. We aim to cover about seven debates each day, however the exact running order cannot be confirmed ahead of the event. This is because some debates may be rescheduled, or emergency debates may force others to be postponed until the following day.

- |   |    |   |    |
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| 2. Should nursing support workers be regulated? (Resolution)...                         | 43 | 18. Decriminalising abortion (Resolution) .....                                       | 59 |
| 3. Are you empowered to speak up? (Resolution) .....                                    | 44 | 19. Genomics competencies (Resolution) .....  | 60 |
| 4. Crumbling buildings: the best place for care?<br>(Matter for Discussion) .....       | 45 | 20. Social media and nursing (Matter for Discussion) .....                            | 61 |
| 5. The evolution of AI in health care (Matter for Discussion) .....                     | 46 | 21. Improved health care for the “unseen” (Resolution) .....                          | 62 |
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| 8. Support for newly qualified and student nurses (Resolution)....                      | 49 | 24. How can we achieve a greener health care system?<br>(Matter for Discussion) ..... | 65 |
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| 16. Registered nurse substitution (Matter for Discussion) .....                         | 57 |   |    |



# 1 Definition of nursing

Matter for Discussion

Submitted by the RCN  
Public Health Forum

**That this meeting of RCN Congress discusses how the RCN's Definition of Nursing can be utilised to demonstrate the value of nursing.**

The RCN's 2023 new definition of nursing states: "Nursing is a safety critical profession founded on 4 pillars: clinical practice, education, research, and leadership. Registered nurses use evidence-based knowledge, professional and clinical judgement to assess, plan, implement and evaluate high-quality person-centred nursing care."

This definition of nursing applies to all health, social care, education, and research settings and recognises the breadth, depth, and complexity of nursing across the UK. Having a clear definition enables members of the nursing workforce to demonstrate and explain the value of nursing and the 4 pillars that the profession is founded on. Using the definition of nursing alongside the principles of nursing enables the nursing workforce to define and describe safe and effective nursing care.

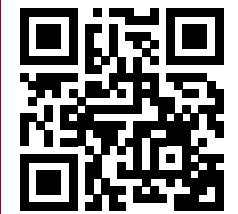
Over the last few years, from the COVID-19 pandemic to industrial action, the nursing workforce has increased its profile with the public and media as a caring profession that wants high standards of care and safe staffing levels for the UK public. Nursing staff provide care, comfort, dignity, compassion and advocacy in a variety of health and social care settings. The nursing workforce touches the lives of people from before birth to the very last breath of life.

In this general election year, it is essential that the value of nursing is clearly demonstrated and understood. This will ensure that nursing gains fair pay, terms and conditions and the required workforce to provide safe and effective care for our population. By discussing this item at Congress, it will raise awareness of the definition of nursing, and hear how members are using it in their

everyday practice and work. It also provides an opportunity to use the definition, alongside other RCN publications such as the 2021 *RCN Nursing Workforce Standards* to promote the value of nursing. In many ways the definition of nursing should be seen as the starting point to demonstrate the value of nursing and provide a clear understanding of what nursing is and how nursing positively impacts on patients, people, communities, and the population at large.



References and reading list available at [rcn.org.uk/congress/congress-events/definition-of-nursing-2024](https://rcn.org.uk/congress/congress-events/definition-of-nursing-2024)



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## 2

## Should nursing support workers be regulated?

Resolution

Submitted by the RCN  
Nursing Support Workers  
Committee

**That this meeting of RCN Congress asks the RCN to lobby the government on the mandatory regulation of the nursing support workforce.**

The context for regulation of health and care professionals is currently going through a period of reform.

The Department of Health and Social Care (2023) has published draft new legislation that will allow the regulation of anaesthesia and physician associates. This legislation acts as a template for the future vision of professional regulation. We are expecting similar legislation to be published for nursing.

Mandatory regulation and core standards of education provide confidence to patients and assurance to registered nurses that any nursing support worker (NSW) has a core level of knowledge and skills that will be applicable in all care settings, underpinned by a clear and consistent regulatory structure if concerns are raised about performance or conduct. It also provides a standardised framework for education and conduct and a career pathway.

In England, the nursing associate (NA) role was launched in 2017 and the Nursing and Midwifery Council (NMC) opened the new part of its register in 2019. However, other nursing support roles are not regulated.

In Wales, there is a requirement to be registered but there are currently unregulated staff including health care support workers (HCSW) at bands 3 and 4. The Chief Nursing Officer (CNO) is reviewing the HCSW role within nursing and midwifery teams and exploring development opportunities and role clarity. In January 2024, the Welsh government issued a written statement with a decision to request, at UK level, an "Order in Council" changing UK legislation and allowing the NMC for the first time to introduce and regulate nursing associates in NHS Wales.

In Scotland, individuals working within social care are required to complete their registration. The CNO has recently launched a national framework for HCSWs. Alongside this is a resource toolkit has been developed to support NHS boards implement the framework.

In Northern Ireland, the Department of Health have issued guidance with a wide range of resources looking to strengthen the role of nursing assistants in NI HSC Trusts.

Mandatory regulation, enshrined in law and underpinned by core standards, could provide a safer platform to ensure that their skills and knowledge are used safely and effectively to ensure that there is clear statutory oversight. The introduction of mandatory regulation and core education standards can provide assurance that the right level of education and training has been obtained carry out the duties they are routinely expected to perform.



References and reading list available at [rcn.org.uk/congress/congress-events/should-nursing-support-workers-be-regulated-2024](https://rcn.org.uk/congress/congress-events/should-nursing-support-workers-be-regulated-2024)



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## 3

**Are you empowered to speak up?**

## Resolution

Submitted by the  
RCN Outer North West  
London Branch

**That this meeting of RCN Congress asks RCN Council to lobby governments for more support for nursing staff raising concerns.**

During the Francis Inquiry into care failings at Mid Staffordshire NHS Foundation Trust it became apparent that staff who had tried to speak up about their concerns had been ignored or victimised. Freedom to speak up guardians were established in England as a result. However, situations where concerns have been ignored and those raising concerns feel victimised do not appear to be unique to Mid-Staffs. Nursing staff are the largest workforce group and pivotal in ensuring patient safety, however as much as everyone has a duty to raise concerns the reality is that it's not always that easy and support is often needed.

Formal support differs across different NHS countries and in independent health and social care employers it is also varied.

In England, NHS trusts have created freedom to speak up guardian roles, but the impact of this role has not been evaluated. With the roles being employed directly by each NHS trust, can they truly give the impartial support that may be required or escalate concerns that an organisation may not want to hear?

Scotland has an independent national whistleblowing officer. This appears to be an improvement with its independence and there is a greater degree of transparency.

In Northern Ireland, Wales and the crown dependencies it appears to be less clear if there is any external/independent support available for nursing staff who may have concerns.

Within England the freedom to speak up guardian role is reported to have been strengthened following the Lucy Letby case but how can a fellow employee of the organisation provide independent challenge to an executive board of their employing organisation?

What is clear is that there needs to be support available for nursing staff in raising concerns to ensure that there are safe, effective and supportive ways that the health care workforce can raise concerns without victimisation and without them being ignored.

It is important to identify what support all nursing staff require to ensure they feel safe and able to raise concerns, helping to ensure that lessons are learnt.



References and reading list available at [rcn.org.uk/congress/congress-events/are-you-empowered-to-speak-up-2024](https://rcn.org.uk/congress/congress-events/are-you-empowered-to-speak-up-2024)



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## 4

## Crumbling buildings: the best place for care?

Matter for Discussion

Submitted by the  
RCN Greater Liverpool  
and Knowsley Branch

### That this meeting of RCN Congress discusses the effect on patient care of the lack of maintenance in regards to the NHS estate

The health and social care estate is aging. A lack of capital spend, alongside maintenance backlogs means that buildings in a poor state of repair present a risk to those being cared for or working on the premises.

Specific risks such as degradation of Reinforced Autoclaved Aerated Concrete (RAAC) and risk of buildings collapsing are well documented. However, many buildings containing RAAC also contain asbestos, which when damaged or disturbed, presents a risk of serious lung disease and cancer to those exposed to fibres.

Other risks in buildings include water ingress causing flooding, unsafe floor surfaces, ceilings collapsing and sewage leaks, which present a risk of infection.

Not only are there risks to health, safety, and wellbeing from working or being cared for in dilapidated buildings, it impacts on staff morale and the delivery of care.

Employers and building owners have legal duties to protect workers and others who use their buildings from risks to their safety and health, but with the NHS needing an estimated £14 billion to return its run-down buildings and equipment to a suitable condition, many NHS organisations are only able to patch up the damage or take buildings out of use (British Medical Association, 2022).

According to a report published by the Department of Health in Northern Ireland, the cost of addressing the backlog of maintenance across the Health and Social Care service was £1.3 billion in 2021-2022. Some £256 million of this total was classed as

high risk and represented 7% of the overall estate freehold value (Department of Health in Northern Ireland, 2023).

At the end of 2022, the NHS Scotland backlog maintenance bill sat at £1.1 million. Furthermore, the Scottish government's capital investment in health spending will see a reduction of at least 10% in the next 2 years, resulting in the postponement of new and replacement health care facilities.

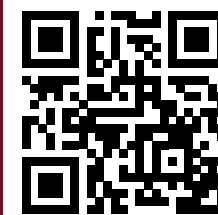
These issues aren't unique to the NHS, the RCN has supported members who have become ill by working in buildings that are owned by private landlords, including a member who developed Aspergillus from working in mouldy conditions (Healy, 2021). Earlier this year, RAAC was also reported in a Marie Curie Hospice, causing it to close (Foot, 2024).

Calling for action to protect members, in 2023, RCN Wales wrote to the Senedd Health and Social Care Committee suggesting an amendment to the Environment (Air Quality and Soundscapes) Bill concerning ventilation in health care settings.

The RCN has a position statement on asbestos and has provided information for representatives and members on the risks from RAAC and asbestos, alongside raising concerns through the NHS Staff Council structures (Royal College of Nursing, 2023a).



References and reading list available at [rcn.org.uk/congress/congress-events/crumbling-buildings-2024](https://rcn.org.uk/congress/congress-events/crumbling-buildings-2024)



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# 5 The evolution of AI in health care

Matter for Discussion

Submitted by the  
RCN Digital Nursing  
Forum

**That this meeting of RCN Congress discusses the potential barriers and opportunities that artificial intelligence can bring to nursing.**

Whilst its application in health care is relatively new, the concept of artificial intelligence (AI) dates back to the 1950s. Concepts such as machine learning (ML) for example facial recognition on mobile phones and natural language processing (NLP) such as predictive text, emerged more recently in the 1990s (O'Connor et al., 2023)

Although AI such as internet search engines, intelligent navigation systems and personal assistants (Alexa, Siri) are now common in modern daily life, there is still a fear around its application in health care. This may be a fear of causing patient harm or that new technology will make roles redundant (Aronson, 2022). However, with the right application, AI has the potential to support the nursing workforce by providing real-time decision support, reducing time spent on administrative tasks, optimising workflows and improving patient outcomes. (Martinez-Ortigosa et al., 2023). In a report by The Health Foundation (Hardie et al., 2021) it was identified, that nurses who had more exposure and understanding of AI and its applications had a more positive impression of how this technology can benefit modern health care.

The aim of this discussion is to get the nursing workforce debating AI and how it will impact our work. The Moravec Paradox theory, whereby tasks that are easy for humans yet difficult for machines (such as empathy), and tasks that are difficult for humans yet easy for machines (such as large-scale data analysis) (Arora, 2023) can demonstrate what AI use could mean in practice, and how we can aim to alleviate fears and identify opportunities.

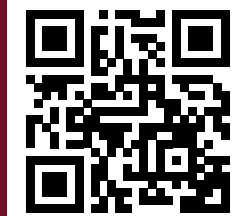
This discussion will also touch on the ethics and sustainability benefits of AI and the role that nursing plays in policy development and preparing patients and society for the change.

AI is only as good as the quality of data that it is provided with, and nurses play a vital role in collecting data for this purpose. Nurses are also best placed to advocate for patients and scrutinise how AI will impact on patient safety such as clinical decision support (Johnson et al., 2023). Thus, putting nursing front and centre for making AI a success transformation.

“By embracing AI, nurses, and health care institutions can harness its potential to enhance nursing practice, improve patient care, and shape the future of health care.” (Rony et al., 2023)



References and reading list available at [rcn.org.uk/congress/congress-events/the-evolution-of-ai-in-health-care-2024](https://rcn.org.uk/congress/congress-events/the-evolution-of-ai-in-health-care-2024)



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# 6 Statutory provision of CPD

## Resolution

Submitted by the RCN  
Cwm Taf Morgannwg  
Branch

**That this meeting of RCN Congress asks RCN Council to lobby governments to place a statutory duty on all employers to provide contractual, fully funded continuing professional development (CPD) to deliver safe and effective care.**

There is significant variation in the quality and quantity of continuing professional development (CPD) for nursing staff in the UK. Revalidation requires individuals to undertake 35 hours of CPD every 3 years and for accurate records to be kept (Nursing and Midwifery Council, 2021). Activities which can be counted as CPD include mandatory training, attending conferences, peer review activities, coaching and mentoring.

Nursing staff have continually raised concerns about access to CPD, as well as the lack of parity with the approach taken for medical staff. As the workforce crisis has grown across the UK, nursing staff find it challenging to get approval to take time to undertake CPD. This leads to challenges for individuals when revalidating and can pose risks for patient safety and staff morale. Lack of access to development opportunities can make it difficult to obtain a promotion or progress towards career goals.

A 2017 RCN survey showed significant numbers of nursing staff were unable to complete their mandatory training (England 14.8%, Northern Ireland 24.7%, Scotland 27.8%, Wales 35.2%) (RCN, 2018). In 2019, an independent evaluation by Ipsos Mori showed nearly half (44%) of nurses and midwives found it difficult to find time for CPD (Ipsos Mori, 2019). There is little information about the quality of CPD undertaken or the impact on the professional and wider service. The NHS Workforce Race Equality Standard (WRES) report in 2021 highlighted that staff from minority backgrounds

are also less likely to receive additional training or CPD, further hampering access to more senior roles (NHS England, 2022).

In the majority of the UK there is a commitment to 'support' CPD, however in Scotland's safe staffing legislation - the Health and Care (Staffing) (Scotland) Act 2019 - there is a duty on health boards to give staff time and resources for relevant training. In addition, RCN Scotland secured a commitment to protected time for learning as part of the Agenda for Change reforms agreed in the 2023/24 NHS Scotland pay deal. Implemented from 1 April 2024, it requires NHS health boards to ensure protected time for statutory, mandatory and profession-specific learning.

Across the UK there is no consistency in the responsibilities the contract holders of commissioned services have to provide CPD. This may mean that staff in some sectors have a different CPD offer compared to their colleagues. Despite this, the NMC is clear that employers have a responsibility to support their staff to meet these requirements, even where there is not protected time.



References and reading list available at [rcn.org.uk/congress/congress-events/statutory-provision-of-cpd-2024](https://rcn.org.uk/congress/congress-events/statutory-provision-of-cpd-2024)



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# 7 Nursing apprenticeships

## Resolution

Submitted by the  
RCN UK Learning  
Reps Committee

**That this meeting of RCN Congress calls on RCN Council to lobby the UK Government for changes to improve the use of the apprentice levy to ensure it is fit for purpose for nursing and nursing associate programmes.**

The *NHS Long Term Plan (2023)* states the ‘what’ and ‘why’ needed for all those in need of its services are able to have timely access and treatment from appropriately trained staff. What it fails to explain is the how; no additional funding and no adjustment to the use of the apprenticeship levy support the plan. The levers it describes, ‘train, retain and reform’, are therefore unachievable. However, enabling the use of the levy to support staff backfill could be transformational.

The government apprenticeship levy is a tax paid by employers. The money collected is stored in a fund which can be accessed to pay for apprenticeship learning and assessment, but crucially not salaries or backfill while apprentices are away training. The NHS is the largest contributor to the apprenticeship fund, contributing approximately £200 million. Any employer with a wage bill of over £3 million pays in 0.5% of their pay costs. A Unison survey (2019) found that 79% of NHS apprenticeship levy funds remained unused.

There are many constraints on the levy, including that it must be spent within 2 years or the money will ‘expire’ and be reallocated to other apprenticeships. The Education Select Committee (2018) recommended using it to fund nursing degrees, however the government rejected the recommendations, along with an increase in the timeframe to 4 years.

The *NHS People Plan (2020)* and *NHS Long Term Plan (2023)*, both make reference to apprenticeships, with the workforce plan stating an aim of, “significantly increasing education and training to record levels, as well as increasing apprenticeships

and alternative routes into professional roles”. Its goals include increasing the number of nursing and midwifery training places to around 58,000 and providing 22% of all training for clinical staff through apprenticeship routes by 2031/32.

Instead, there has been a 26% decrease in applications to three-year nursing degree programmes over the last 2 years and over 43,000 nursing vacancies remain in England, including 10,000 in London. As of March 2023, there were over 112,000 vacancies across the NHS.

There is a chronic shortage of registered nurses. Despite the bursary/financial support in both Scotland and Wales, the numbers are not significant enough to fill the vacancies. Many support workers cannot afford to self-fund through university. The apprenticeship route could be more accessible if organisations were able to utilise levy funding more flexibly. To train a registered nurse via the apprenticeship route costs 3 years of a full salary, usually at Band 3. They are fully supernumerary for the 3 years meaning their salary becomes a cost pressure, while millions of pounds of levy funds remain untouched. There is also no obligation for the employee to stay on completion of the apprenticeship.

It is imperative that appropriate access to the levy funding is remedied if we are to begin reversing the staffing crisis in nursing.



References and reading list available at [rcn.org.uk/congress/congress-events/nursing-apprenticeships-2024](https://rcn.org.uk/congress/congress-events/nursing-apprenticeships-2024)



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## 8

**Support for newly qualified and student nurses**

## Resolution

Submitted by the RCN  
Eastern Board**That this meeting of RCN Congress calls on RCN Council to declare a crisis in working conditions and quality of support available to students and newly registered nurses.**

The poor state of the NHS is frequently reported in the news and many of the reports relate to poor working conditions for nursing staff. This crisis also impacts students and newly registered nurses (NRNs) and is often under-reported. It not only results in poor patient outcomes; it also leads to stress, burnout for staff and retention issues. In 2020, the Society of Occupational Medicine identified from various studies that between 29.2% and 50.8% of nurses were emotionally exhausted. There were 45 recommendations, including a fundamental right to adequate nurse staffing, being able to take breaks and better mental health support.

The RCN's Employment Survey (2021) showed that nursing has become more intense than ever, with 74.1% of respondents reported regularly working beyond their contracted hours at least once a week and 56.8% considering or planning to leave their post. The survey identified the inability to take annual leave and staff continuing to work when unwell was widespread. For students and NRNs this often means reduced support and learning opportunities.

The crisis in working conditions is real and students and NRNs are just as affected. *Nursing Standard* reported in 2021 that attrition rates for students had risen to an all time high of 33%, citing financial pressures, academic expectations, personal and clinical placement issues. Students face enormous pressures in placement during their studies and this has worsened with the increasing shortage of nursing staff in the NHS and the private sector. There are also increasing reports of students' poor mental health.

The RCN's 2022 *Last Shift Survey* identified a higher proportion of students (21%) compared to the rest of the survey sample who mentioned impact on mental health and wellbeing. An NMC survey of registrants leaving the profession (NMC, 2023) identified that physical or mental health ranked second, and burnout or exhaustion ranked third in reasons for leaving.

RCN student ambassadors and the UK-wide network for NRNs are vital in supporting and engaging our members. In Northern Ireland, we run a professional network to support and engage newly qualified registrants. In Scotland, further support is being pursued through the Ministerial Nursing and Midwifery Taskforce, while RCN Wales has called for significant improvement in the support that is available to students, directly with the Welsh government.

A framework incorporating supernumerary status, preceptorship or equivalent, peer and organisational culture of support can help ensure a smooth and comfortable transition for NRNs (Watson, 2021). However, with poor staffing levels, relentless workloads and a lack of national models, preceptorship for many is not as supportive as it should be.

Feeling welcomed into the profession and being equipped to get up and running is the least that can be expected by students and NRNs.



References and reading list available at [rcn.org.uk/congress/congress-events/support-for-newly-qualified-and-student-nurses-2024](https://rcn.org.uk/congress/congress-events/support-for-newly-qualified-and-student-nurses-2024)



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## 9

**Immigration regulations for the nursing workforce**

## Resolution

Submitted by the  
RCN Essex Branch

**That this meeting of RCN Congress urges RCN Council to lobby governments regarding the implications of new immigration rules on the current and future international workforce.**

150,000 Health and Care Worker visas were granted in 2023 (UK Government, 2024). The Nursing and Midwifery Council (2023) reports that 50% of all new registrants in 2022-23 were internationally educated. Over 70,000 care workers were also internationally recruited in the same period (Skills for Care, 2023).

Despite the vital contributions internationally recruited staff make to the health and care sector, the UK Government (2024) has introduced new immigration rules that will separate families and make the UK an unattractive place to live and work. Immigration policy is held by central government and not devolved across the 4 countries.

From 11 March 2024, care workers will be unable to bring partners and children with them to the UK. Nurses and other health workers with Indefinite Leave to Remain (ILR) or British citizenship will also need to meet a new salary threshold of £38,700 to bring family to the UK (NHS Employers, 2024).

The Cavendish Coalition, a group of health and social care organisations, has called for the government to reverse these changes, warning they will be 'ruinous' to staff recruitment and retention and lead to falling care standards across the UK (NHS Employers, 2023).

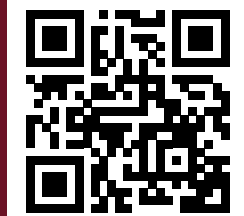
These changes will also add to the pressures already placed on internationally recruited staff and their families:

- application fees for the Health and Care Worker visa were increased by 15% in October 2023, while applications for ILR rose by 20% to £2,885 per person
- obtaining family visas is already challenging. Members who are single parents often report difficulties in bringing their children to the UK through the 'sole responsibility' rule due to the high burden of evidence that is required
- health workers on temporary visas have a 'no recourse to public funds' condition applied to their visa, meaning they cannot access certain benefits, including child support.

The RCN should continue to lobby the government to abandon these changes. The UK immigration system must value and respect the contribution of internationally educated nursing staff, not separate them from their loved ones.



References and reading list available at [rcn.org.uk/congress/congress-events/immigration-regulations-for-the-nursing-workforce-2024](https://rcn.org.uk/congress/congress-events/immigration-regulations-for-the-nursing-workforce-2024)



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# 10 Support for internationally educated nursing staff

Matter for Discussion

Submitted by the RCN  
Dorset Branch

## That this meeting of RCN Congress discusses what needs to be done to support internationally educated nurses and midwives to settle in the UK.

The current nursing workforce remains in crisis with approximately 50,000 vacancies in the NHS and 3,500 in social care. The UK is reliant on the internationally educated nursing workforce with more than 1 in 5 nurses and dual registrants on the NMC register being trained internationally. These professionals, from diverse backgrounds, play a vital role and contribute to the smooth functioning of the health care system, bringing with them knowledge, experience and diversity that will support health care delivery to our diverse population.

As we strive to reduce health inequalities across communities, the knowledge, skills and experience that this workforce brings with them can have a transformative effect on the way in which we engage with, listen and respond to people from diverse backgrounds that hold different health belief models.

The delivery of safe and effective care is at the heart of nursing and the internationally educated workforce has highlighted specific issues that need to be addressed. These include ensuring that they work in safe spaces and are free from the corrosive impact of bullying, harassment, discrimination based on race and the intersection with other protected characteristics, such as religion and belief. The trauma they experience impacts on health and wellbeing which then affects performance, decision making and capability.

Exploitative terms and conditions are commonly reported by internationally educated members. Restrictive immigration policies, including the 'sole responsibility rule' relating to children of single-parent households, keeps them separated from their

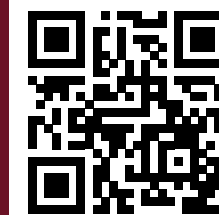
children for extensive periods of time. Those on work visas are also unable to access public funds. This remains a key risk to their financial stability.

There are several barriers to this workforce finding affordable and decent housing. Staff report discriminatory practices such as being refused rentals upon arrival to view a property. Internationally educated recruits also describe facing unaffordable deposits and that furnishings and fixtures seen on viewing a property are replaced with poorer quality items. There is also variation in support provided by employers. The RCN is aware of a best practice example where a trust partners with a lettings agency and provides quality apartments that they manage for staff and their families.

Internationally educated nurses' knowledge, experience, commitment and dedication to UK care delivery and patient wellbeing is seen across all sectors and the development of resources to support them addressing challenges will ensure a resilient workforce.



References and reading list available at [rcn.org.uk/congress/congress-events/support-for-internationally-educated-nursing-staff-2024](https://rcn.org.uk/congress/congress-events/support-for-internationally-educated-nursing-staff-2024)



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## 11

**Assisted dying**

## Resolution

Submitted by the  
RCN Greater Liverpool  
and Knowsley Branch

### That this meeting of RCN Congress supports the principles of assisted dying.

Assisted dying is a highly emotive subject and there is a range of views within the membership based on factors that include professional and personal experiences, religious and cultural beliefs, and other ethical reasons. Given the multiple different and nuanced opinions, the RCN currently has a neutral position. This resolution seeks to explore the general debate and what the principles of assisted dying should look like in anticipation they become embedded in UK legislation. If legislation is going to be made it is essential the College is involved and able to influence any proposed principles.

Dying is a fundamental part of life, and an area where nursing care can make a significant difference to the person who is dying, as well as to their family, friends, and carers. It is an area intrinsically associated with nursing care. Any proposed legislation for assisted dying may have implications for our members.

Proposed changes to legislation on assisted dying is being discussed and is at different stages of development in various parts of the UK:

- Jersey's States Assembly is preparing to debate their policy proposals for assisted dying in May 2024.
- In Scotland the member's Bill on assisted dying is imminently being voted on prior to introduction to Members of Scottish Parliament for consideration.
- In the Isle of Man, the assisted dying Bill passed its second reading in the House of Keys in October 2023.

In February 2024 the House of Commons Health and Social Care Committee published a report following an inquiry that looked at

the written and verbal evidence gathered from over 68,000 people on the issue of palliative care, suggested improvements to the service and assisted dying. While the survey was aimed specifically at people in England and Wales, the report draws on data from across the UK. The focus from the report was the human element; a desire to achieve good palliative and end of life care and support people to have a 'good death'.

The current developments with the assisted dying legislation being progressed in the Republic of Ireland, Jersey, the Isle of Man and Scotland, indicate that the RCN needs to consider how the voice of nursing can influence and ensure the principles around assisted dying are considered and support nurses.

If the UK Government is going to be considering assisted dying legislation, then the RCN should have a voice in influencing the Bill and any principles set out within it to ensure the protection of both the patient and the health care staff supporting them.



References and reading list available at [rcn.org.uk/congress/congress-events/assisted-dying-2024](https://rcn.org.uk/congress/congress-events/assisted-dying-2024)



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## 12

**Access to controlled drugs in care homes**

## Resolution

Submitted by  
the RCN Pain and  
Palliative Care Forum

**That this meeting of RCN Congress calls on RCN Council to lobby governments to amend the law to improve access to controlled drugs in care homes.**

Care homes without nursing cannot store controlled drugs unless they are prescribed for individual residents as per the Misuse of Drugs Act 1971. This means there are challenges with access to controlled drugs in residential homes which can impact negatively on the ability of staff to provide the best care possible at the end of life. It is important to acknowledge the challenge is due to the legal position of storage of controlled drugs in these homes.

Care homes with nursing are permitted to hold stocks of controlled drugs in schedules 3, 4 and 5 without a Home Office license (CQC, 2023). Stock of controlled drugs in schedule 2 can be held in care homes with nursing where the home is wholly or mainly maintained (50% or more) by a public authority, out of public funds, by charity, or voluntary subscriptions (Home Office, 2014). Otherwise care homes with nursing must apply for a UK Home Office Controlled Drugs license (Jones, 2023). However, this is a prolonged process with associated costs and in itself is prohibitive. Awareness and uptake levels of the license are unknown but likely to be low.

This is a system problem as opposed to any criticism of staff providing clinical care. The consequence of the current situation is a delay in alleviation of symptoms posing a risk of unnecessary suffering by the resident and distress to families and staff.

To address the legal issue, the UK law needs to be changed to better allow storage of controlled drugs within all care home settings. The Royal Pharmaceutical Society and the Royal College of GPs are also proposing to challenge the current legal position. The argument is strengthened if supported by the RCN.

There are approximately 441,000 people in about 16,700 care homes in the UK (Berg, 2024). Approximately 70% are residential (without nursing) and 30% are care homes with nursing (Berg, 2024). While UK-wide statistics on deaths in care homes are problematic because of definitional differences between the nations, it is estimated that between 17% and 21% of all deaths registered in the UK in 2022 were registered in care homes (ONS 2023). Accessing prescribed medication for end of life is complex and lengthy, especially out of hours, causing unnecessary suffering and risk of inappropriate admissions.

There is a growing body of evidence regarding this issue (Finucane et al 2014, Bowers et al 2020, 2022 and 2023). A change in the law would have a significant impact on thousands of people dying in care homes (with and without nursing), who are a vulnerable group. It would also support bereavement care and staff wellbeing. It would comply with all the policies and guidelines in the 4 countries to support comfort and preserve dignity.

We have a duty of care as nurses to those in care homes to facilitate equitable access to high quality care – the current legal system restricts our ability to provide that for some at the most vulnerable time of their lives and we only have one chance to get it right – please support this resolution.



References and reading list available at [rcn.org.uk/congress/congress-events/access-to-controlled-drugs-in-care-homes-2024](https://rcn.org.uk/congress/congress-events/access-to-controlled-drugs-in-care-homes-2024)



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## 13

## Redefining learning disability nursing

Matter for Discussion

Submitted by  
the RCN Learning  
Disability Nursing  
Forum

**That this meeting of RCN Congress discusses whether the title ‘registered nurse in learning disabilities’ remains appropriate for contemporary practice.**

‘Registered nurse in learning disabilities’ (RNLD) skills have been highly valued in a wide range of services, including but not limited to autism, prisons, dementia, neuro rehab, epilepsy, acquired brain injury, children’s care, mental health, social care, and acute care.

Since the 1980s, there has been a considerable paradigm shift in policy, provision, and care for people with learning disabilities, moving from hospital-based to community-based services (Beebee, 2024). Since then, the NHS has employed significantly fewer RNLDs.

The Royal College of Nursing (RCN, 2016) has been campaigning about RNLD’s challenges for almost a decade. In 2021, the College reported a 42% decline since 2009 in the number of RNLDs employed by the NHS in England (RCN, 2021). RCN Wales also called for more RNLDs in a paper it published in 2022 (RCN, 2022). Some Universities have ceased student RNLD programmes due to the declining number of applicants year after year (Council of Deans, 2017).

The title ‘registered nurse in learning disabilities’ may create barriers for the profession when practising in non-learning disabilities settings. RNLDs report being denied nursing jobs due to misconceptions about their qualifications. An autistic person may refuse to see an RNLD if they do not have a learning disability.

The title of RNLDs has been used since the 1990s. Before then, it changed approximately every 30 years, reflecting the values and practices of the time. Previous titles have used language now considered unacceptable, including ‘registered mental sub-normality nurses’ and ‘registered nurses for mental handicap’.

Contemporary thinking regarding learning disability is beginning to experience challenge about whether it is correct to consider a disability in social constructs such as intellect and learning.

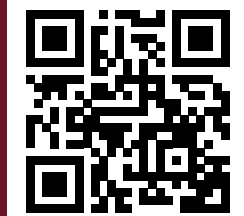
Conversely, there are concerns that if RNLDs broaden their sphere of practice, people with learning disabilities may lose access to the only health care professionals trained specifically to meet their needs at the point of registration. People with learning disabilities have significantly more complex needs, with a 20-30-year shorter life-expectancy (LeDeR, 2023).

Supporting individuals with learning disabilities requires unique approaches. The methods used for other client groups may not always be effective for this particular group, and skills specific to RNLDs may not necessarily transfer to others. It is essential to consider whether expanding the definition of RNLDs to include a broader audience would reduce their ability to support those who need them the most.

This matter for discussion calls upon Congress to consider whether ‘registered nurses in learning disabilities’ require a refreshed definition of scope and purpose.



References and reading list available at [rcn.org.uk/congress/congress-events/redefining-learning-disability-nursing-2024](https://rcn.org.uk/congress/congress-events/redefining-learning-disability-nursing-2024)



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# 14 Digitised patient records: a data security risk?

Matter for Discussion

Submitted by the  
RCN UK Stewards  
Committee

**That this meeting of RCN Congress discusses the risks involved in the digitalisation of patient records.**

Patient data has huge benefits for health care. It can be used to improve diagnosis; understanding of disease; treatment and prevention; policy; service planning; patient safety and individual care. Where data is used for purposes beyond individual care it is usually anonymised, meaning that information that identifies an individual patient has been removed or pseudonymised.

However, digital patient records remain accessible to staff providing care to individuals helping to streamline care and make treatment more efficient. With 1.6 million patient interactions every day in the NHS, digital records have become integral to good care.

Access to patient data is strictly controlled and individuals can opt out of having their data shared beyond that needed for their care. Handling information in a secure and confidential manner that allows organisations and individuals to manage patients' personal and sensitive information legally, securely, efficiently and effectively is managed by an information governance (IG) framework. In turn, IG is governed by the Data Protection Act 2018, which is the UK implementation of the General Data Protection Regulation (GDPR). In the NHS access is monitored and audited.

However, sharing patient data is not without risk. Easy access to records provides the possibility for confidential information to be shared in a way that was not possible with paper records or stand-alone electronic records – and patient data isn't just at risk from cyberattack or hackers. Over the past 5 years a number of incidents have been reported of staff accessing the records of high-profile patients. Ed Sheeran, Sir Alex Ferguson, and Catherine Princess of Wales have all reportedly experienced having their private medical

records accessed or attempted to be accessed by staff without valid reason (Embury-Dennis, 2018; Halliday, 2018; Coker, 2024).

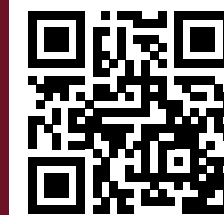
Breaches of patient confidentiality can trigger the disciplinary process and may lead to dismissal for gross misconduct, they can also have the potential for criminal conviction. Section 5 of the NMC Code 'Respect people's right to privacy and confidentiality' also sets out standards for nurses, midwives and nursing associates, meaning those breaching the rules could be subject to sanctions including being struck off.

Despite the penalties in law, within the workplace and via the regulator, nursing staff have still been tempted to look at digitised patient records for people not in their care. Outside the headlines there is no way of measuring how many staff are accessing the records of friends, family and neighbours out of concern or curiosity.

How then do we encourage staff not to stray beyond the boundaries and that good intentions are not reason enough to access a person's private data? Is the risk of digitised records too great? Or do the benefits outweigh the risks? What more can be done to protect our patients' right to privacy.



References and reading list available at [rcn.org.uk/congress/congress-events/digitised-patient-records-a-data-security-risk-2024](https://rcn.org.uk/congress/congress-events/digitised-patient-records-a-data-security-risk-2024)



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## 15

**Virtual wards: the pros and cons**

Matter for Discussion

Submitted by the  
RCN General Practice  
Nursing Forum

**That this meeting of RCN Congress discusses the impact of virtual wards on the work, education and development of the nursing workforce and on patients.**

Led by NHS England (2022), with clinical guidance from professional groups, a national programme for virtual wards was established, aiming to expand virtual wards and hospital at home services (NHS England and NHS Improvement, 2022).

NHS Scotland hospital at home models have expanded with similar services in Wales and Northern Ireland (Royal College of Physicians, 2023). The Scottish Government (2023) announced funding to increase capacity by more than 150 virtual beds and Healthcare Improvement Scotland's evaluation (2022) shows hospital at home services contributed to 27% reduction in length of stay.

The broader work introduced by NHS England uses the term 'virtual wards' and includes models based on remote monitoring and advice, including face-to-face care provided by hospital at home models. These are used across the UK to support patients to stay at home and discharge patients from hospital sooner.

Analysis by the Southeastern Health and Social Care Trust in Northern Ireland demonstrated that staff gained knowledge and clinical skills in supporting patients with complex chronic disease, reported higher levels of satisfaction, and benefitted from an environment of continuous improvement and development (Sheasby, 2023).

In Wales in 2023, the Minister for Health and Social Services expressed how focus needs to shift to strengthening community-based services helping patients live at home independently as long as possible (Welsh Government, 2023).

The National Institute for Health and Care Excellence (NICE, 2017) investigated the benefits of virtual wards. They reported the savings per patient for each study, by up to £9,081 per patient.

NHS England commissioned Skills for Health (2022), to develop a core skills and capabilities framework to inform workforce education, training, and career progression, including informing local workforce models. This framework hopes to create a standard of practice for staff within virtual wards and urgent community response teams.

NHS England has created a virtual ward online hub, focusing on patients, clinical conditions and supporting family members, but less on education and skills needed to nurse in a virtual ward. Consideration should be given as to whether staff receive appropriate training to use technology for remote management and future workforce training needs. Are staff equipped with innovative technology or older less appropriate tools to manage remote patients in this new landscape? And is there a risk that virtual wards become remote, with minimal impact on clinical time saving, and patient outcomes?

In Wales, a workstream on virtual wards exists within the Strategic Programme for Primary Care. It aims to address the community infrastructure needed to provide 24/7 wraparound primary and community care. If virtual wards are to live up to their potential, it's essential to invest in education and development of the nursing workforce. This will have a positive impact on patients' outcomes and provide a pathway for nursing's career development.

Considering the impact of education and technology, are we enabling the nursing workforce of the future to gain experience and understanding within virtual wards? And have we taken the time to listen to the patients receiving virtual care?



References and reading list available at [rcn.org.uk/congress/congress-events/virtual-wards-2024](https://rcn.org.uk/congress/congress-events/virtual-wards-2024)

# 16 Registered nurse substitution

Matter for Discussion

Submitted by the  
RCN Outer North West  
London Branch

**That this meeting of RCN Congress discusses what safeguards are required to protect against nurse substitution across all settings.**

The RCN's 2024 position statement on registered nurse substitution makes it clear that the substitution of registered nurses with the nursing support workforce or other allied health professionals is becoming increasingly prevalent. Substitution can occur by replacing a registered nurse or field-specific registered nurse. The development of new roles has been a key policy agenda of governments in pursuit of the modernisation of the NHS. February 2024 saw the Welsh government publish *The Future of the Band 4 Nursing Workforce in Wales* which considers whether a band 4 nursing role is desirable, appropriate and adds value. However, safeguards are required to ensure the delivery of safe, effective, evidence-based, compassionate care to patients in all health and social care settings.

In 2016, when the role of the nursing associate (NA) was first being developed by Health Education England with the then Chief Nursing Officer of England, the role of a nursing associate was not to replace the role of the registered nurse (RN). The Nursing and Midwifery Council (2023) states that the "NA role contributes to the core work of nursing, freeing up RNs to focus on more complex clinical care". Despite the assurances at the time, we are beginning to observe increasing examples of where NAs are replacing RNs in establishments thereby reducing the skill mix. The concern about substitution is that an NA is at risk of practising outside their scope, with inadequate support and supervision, inappropriate delegation, and risk of exploitation in terms of pay and working conditions.

Some nursing roles including leadership roles are being advertised as roles that no longer require an NMC registrant. Hence, allied health professionals can now take them up. The concern about substitution is that RNs working in those environments no longer have direct access to RN leadership. This may impact on them being able to revalidate and engage in professional reflective practice as part of their NMC requirement to practice safely and effectively.

Substitution of field-specific registered nurses is also a concern and has been observed in learning disability, mental health, midwifery, and community services. The vast knowledge, skills, and expertise that RNs in their fields of nursing bring to their work is so important and is evident in the quality of care and care experience patients/people receive. A holistic, person-centred, high quality and compassionate care.

Without action, clear role definitions and legal protections, workforce substitution will continue undiscussed and unplanned which compromises care safety and quality. Although the RCN position statement calls on employers to protect against role substitution, more safeguards are required in these challenging times of cost pressures and workforce availability. This is an ideal opportunity to discuss what safeguards are required and what is needed to protect patients/people and the nursing profession.



References and reading list available at [rcn.org.uk/congress/congress-events/registered-nurse-substitution-2024](https://rcn.org.uk/congress/congress-events/registered-nurse-substitution-2024)



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## 17

**Patient flow: is it patient-focused?**

Matter for Discussion

Submitted by  
the RCN South  
Birmingham Branch

**That this meeting of RCN Congress discusses whether the continuous focus on patient flow is a detriment to patient health and safety.**

Last year Congress resolved to tackle corridor care (RCN, 2023); this discussion goes beyond corridor care to question whether health care's preoccupation with patient flow impacts patient care.

Maintaining patient flow through the hospital is necessary to avoid overcrowding in wards, and patients waiting in emergency departments and ambulance bays which we know leads to poorer patient outcomes (Bacler-Silva et al., 2021). It is therefore said to promote efficient, safe, and effective care of patients. However, as pressure on services across health and social care increases and hospitals become more overcrowded (RCN, 2020), so does the burden on staff to speed up patient flow. This pressure to move patients on within hospitals, or discharge them out, is passed from department to department which can result in health care staff being so focused on patient flow that they lose focus on the patient.

The need to maintain patient flow can have troubling consequences for patient care; we know that it can result in corridor care, which can put patient safety and dignity at risk. It also risks the provision of safe and effective care in a myriad of other ways too.

For example, the risk of delirium increases when a patient is moved between units or even different bed spaces (Goldberg et al., 2015). Frequent changes in staff surrounding a patient (NICE, 2023) and disturbed sleep, which is likely to occur if a patient is moved at night (Kuroda et al., 2022), also increase delirium risk.

Frequently moving patients, and moving them from hospitals to non-acute settings, can make it harder for relatives and friends to visit; something which is recommended by NICE (2023).

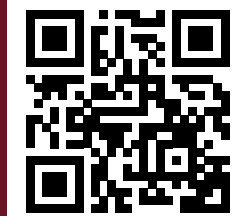
Moving patients may also create infection control issues if they come into contact with more people and surroundings, resulting in them spreading these infections (Boncea et al., 2021) around and between health care facilities (Donker et al., 2017).

Wanting to make space for patients could also lead to inappropriate and unsafe discharges where the required community nurses or package of care not yet in place or there has not been a medical review.

All this and more may, of course, negatively impact the already threatened physical and mental health and wellbeing of staff, including moral injury from not being able to provide high levels of patient care.



References and reading list available at [rcn.org.uk/congress/congress-events/patient-flow-2024](https://rcn.org.uk/congress/congress-events/patient-flow-2024)



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# 18 Decriminalising abortion

## Resolution

Submitted by the  
RCN Women's Health  
Forum

**That this meeting of RCN Congress requests that RCN Council support calls for the decriminalisation of abortion across the UK.**

It is a criminal offence in England, Wales and Scotland for a woman to procure her own abortion. It is only legal if 2 doctors decide that she meets the grounds of the Abortion Act (1967). In Northern Ireland, abortion is already decriminalised, allowing a woman to decide to end her own pregnancy without fear of prosecution.

However, there are a small number of women who end a pregnancy outside of these parameters. They are often vulnerable women, many with complicated obstetric histories or mental health problems. However, rather than being supported in this situation, some women face criminalisation and face one of the harshest penalties for abortion in the world.

In England, in 2023, a woman was sentenced to 28 months in prison for using abortion pills to end her own pregnancy. This type of prosecution is not in the public interest, and after public outcry and calls from professional organisations, the woman was released from prison early. Nevertheless, 2 other women await similar trials.

In England and Wales, Labour MP Dame Diana Johnson has proposed an amendment to the Criminal Justice Act preventing the prosecution of women who end a pregnancy outside of the 24-week limit. MPs are expected to vote on it soon. The Scottish government has committed to reviewing abortion laws to ensure they are a health care matter rather than one of criminal law. It intends to publish proposals for reform before the end of the current parliamentary session in 2026. In Northern Ireland, while abortion has been decriminalised in the first 12-weeks, the RCN has highlighted the commissioning of abortion services remains incomplete and ultimately unsatisfactory.

To ensure that abortion can be managed as a health care issue with care and compassion and not as a potential crime, we are asking the RCN to support calls on the UK Government to decriminalise abortion across the UK with pending or current prosecutions suspended. Many organisations, including the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists, already support this campaign.

Decriminalisation would mean that abortion, like any other health care procedure, would be subject to regulatory and professional standards, rather than criminal sanctions. Abortion services will continue to be tightly regulated, with staff responsible to their professional regulators, and the rights of conscientious objection upheld. However, abortion should be treated as a health, rather than a criminal issue.

We therefore ask that the RCN actively backs the campaign for total decriminalisation of abortion in the UK and issues a position statement as such.



References and reading list available at [rcn.org.uk/congress/congress-events/decriminalising-abortion-2024](https://rcn.org.uk/congress/congress-events/decriminalising-abortion-2024)



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# 19 Genomics competencies

## Resolution

Submitted by the  
RCN Greater Bristol  
Branch

### That this meeting of RCN Congress calls on RCN Council to support the introduction and embedding of genomic competencies within the nursing profession.

Every single person has a genome; it's what makes us unique. Genomic medicine is the study of an individual's DNA, their genes and how they influence the growth, development, and working of the body (GEL, 2024). Genomics grants us a greater understanding of how our genetic makeup impacts on our health and how we will respond to treatments (NHSE, 2022).

With advancing technology, we can read all of the information in a person's DNA at once. This novel approach allows us to better understand health, make diagnoses, treat disease, and care for our patients (GEL, 2024).

The field of genomics is rapidly advancing and is affecting all areas of health care. It isn't just specialist nurses who are dealing with genomics; across nursing there needs to be an understanding of its relevance within all roles. Genomics is now included in the NMC Standards: '2 At the point of registration, the registered nurse will be able to: 2.2 demonstrate knowledge of...genomics' (NMC, 2018). Genomics awareness is increasingly important and will rely on nursing practice across the health and social care sector to positively impact services (GEP, 2022). As the RCN is the leading national and an international authority in representing the profession, it is incumbent on the College to establish a place within the genomics arena.

In nursing, the term 'genomics' might seem unfamiliar, but in reality, nursing is vital to the delivery of genomic medicine and is already contributing to incredible advances. While there are numerous sources of education and training aligned to nursing in genomics, the existing 'easy to follow' (Carpenter-Clawson et al., 2023) nursing

competencies need to be embedded within the workforce to ensure nursing can meet the challenges of the future genomics agenda.

Across the UK, steps are already being taken to do this. In England the NHS Genomic Medicine Service Alliance is helping to embed genomics into patient care pathways. The Scottish government has set out an aim to support the workforce across all sectors to communicate about genomics in an accessible way and to include it in clinical pathways and standards (Scottish Government, 2023). *The Genomics Delivery Plan for Wales 2022-25* (Welsh Government, 2022) calls for a multidisciplinary approach to genomics education.

The NMC Standards state that nurses are 'responsible and accountable for keeping their knowledge and skills up to date through continued professional development' (NMC, 2014). With this directive in mind and in line with the UK Government pledge to 'maintain and extend our leadership position,' in 'the provision of world-leading genomic health care,' (UK Gov. 2020) the RCN can become a forerunner in collaborating across the devolved nations to meet the UK Government's vision for excellence.

Therefore, we ask RCN Council to support the introduction and embedding of genomic competencies within the nursing profession, across all health care settings.



References and reading list available at [rcn.org.uk/congress/congress-events/genomics-competencies-2024](https://rcn.org.uk/congress/congress-events/genomics-competencies-2024)



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# 20 Social media and nursing

Matter for Discussion

Submitted by the  
RCN UK Stewards  
Committee

## That this meeting of the RCN Congress discusses the advantages and risks of social media for the nursing workforce.

One of social media's primary advantages is that nursing staff can connect and communicate with their colleagues and other health care professionals worldwide, accessing a wealth of information on health care topics that can be useful in their practice. This communication can lead to knowledge sharing and building, and maintaining professional relationships which contribute to improved patient care and outcomes.

Social media is an ideal platform to help advance nursing practice by disseminating research and knowledge or influencing through campaigns related to the profession. It is a powerful tool for public health initiatives and awareness raising, for example, helping to decrease instances of preventable illness. It also supports access to CPD resources, as well as research and clinical experience with health professionals globally.

In Northern Ireland, social media has played a key role in promoting and disseminating information in relation to the strike action taken by RCN members in December 2019, January 2020, December 2022, and January 2024. And across the UK more widely, RCN members were mobilised around issues of nursing pay and strike action on social media channels.

However, social media also presents risks for the nursing workforce. It has the power to misinform, which can be particularly harmful for nursing when inaccuracies are more subtle and do not immediately provoke scepticism. Fact checking and reputable sources are essential when using any information.

Another risk for the profession is the potential for breaches of patient privacy. Trust is vital for our profession, so nursing staff must be conscientious about what they share on social media, including encrypted messaging sites such as WhatsApp. Even seemingly innocuous information can be used to identify patients and any breach of the *Nursing and Midwifery Council Code*, or workplace policies could result in disciplinary action or be used against them in legal proceedings.

Furthermore, nursing staff must remember that social media platforms, even private messages, are not confidential and information shared about colleagues or patients could result in sanctions.

To mitigate risks, the nursing workforce should adhere to professional codes of conduct, maintain strict patient confidentiality, verify the accuracy of information before sharing, and use privacy settings to control who can view their content. In addition, ongoing education and training on social media use in health care can help nursing staff navigate social media platforms responsibly.

It is important to note that many nursing staff choose not to use social media for both personal and professional reasons. Unfortunately, this can result in a lack of access to job advertisements and information, creating a sense of information poverty and inequity. As a result, nursing staff who do not use social media may feel they are at a disadvantage compared to those who do.

Therefore, while social media can be a valuable tool for communication and learning, nurses and other nursing professionals must ensure it's used responsibly and be mindful of the potential risks.



References and reading list available at [rcn.org.uk/congress/congress-events/social-media-and-nursing-2024](https://rcn.org.uk/congress/congress-events/social-media-and-nursing-2024)



## 21

**Improved health care for the “unseen”**

## Resolution

Submitted by the RCN  
Dorset Branch

**That this meeting of RCN Congress asks RCN Council to lobby the government to mandate specialist accessible health care for people who experience rough sleeping.**

People who sleep rough often sleep outside in doorways, parks or bus shelters. They can experience trauma, mental health issues, brain injury, along with poor access to food, shelter, and hygiene facilities. The underlying causes of people sleeping rough include societal and economic factors, such as inequality, poverty and deprivation, unaffordable housing, unemployment, exclusion, and discrimination.

Individuals who sleep rough may face difficulties accessing health care – an address is usually a prerequisite for accessing support. Individuals might not have a phone or internet to complete online e-consult forms and connect with their GP, or access to a place to charge their phone or adequate credit. They may not be in the same area as their GP and not have access to transport. Moreover, mental health services are usually located in hubs, which could pose a challenge for individuals who need to travel to access these services.

People who are rough sleeping have some of the worst health outcomes and are more likely to experience and die from preventable and treatable medical conditions, and to have multiple and complex health needs. 84% of people who sleep rough in England are male, and 80% aged over 26. The average age at death is 44 years (men) and 42 years (women), compared to 76 and 81 years in the general population. 35% of deaths for people who sleep rough are caused by alcohol or drugs, compared to 2% in the general population. Although this study was undertaken in England, it is likely that these trends can be broadly applied across the UK.

In England, the rough sleeping strategy set an ambition to

end rough sleeping by 2027, supported by local authority implementation. With the evolution of integrated care systems – bodies with a clear mandate to improve health outcomes for the population, there is an opportunity to provide better support to people who are rough sleeping to access the right health care service at a time and place that meets their needs.

In Wales, the Government publishes monthly statistics on rough sleeping and provides additional funding to strengthen services for rough sleepers, including outreach and access to emergency accommodation. In Scotland, numbers of rough sleepers increased during 2022/23 (Scottish Government, 2023), although these are still below pre-pandemic levels. In Northern Ireland, the Belfast Inclusion Service brings health care out of clinical settings and into the community and on the streets, with the intention of wrapping care around the people who need it most, where they need it. The services include dental care, nursing care, podiatry and mental health counselling for those sleeping rough or in hostel accommodation.



References and reading list available at [rcn.org.uk/congress/congress-events/improved-health-care-for-the-unseen-2024](https://rcn.org.uk/congress/congress-events/improved-health-care-for-the-unseen-2024)



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# 22 Nursing staff working in social care

## Resolution

Submitted by the  
RCN CYP Continuing  
and Community Care  
Forum

**That this meeting of RCN Congress recognises the value of, and need for, senior nursing leadership within social care across the UK.**

Social care covers many different areas. Support is given in everywhere people live and work, whether this is a residential setting, a person's home, workplace, college or school. There are no restrictions on where social care is provided, and it will likely affect every one of us at some point in our lives.

The type of care can range from short term, for example, supporting daily activities such as meal preparation, to the care of complex long-term conditions.

Many nurses who work in social care are not managed/supported by a senior nurse and can be lone workers. This means they often do not have the clinical support and guidance so badly needed when looking after some of the most vulnerable in our society.

Historically, there has been a lack of representation of senior nurses working in social care, but this has changed. In 2023 Deborah Sturdy, Chief Nurse for Social Care in the Department of Health and Social Care, set up Social Care Nursing Advisory Councils (SCNACs) across England to represent nurses working in social care. Specific social care research and higher education are also now being recognised though more work is needed.

In Wales, the government is in the process of creating a National Office for Social Care. RCN Wales responded to a 2023 consultation questioning how the national office would relate to the chief nursing officer, and where nursing advice would come from. It also suggested a new role of chief nurse for adult social care.

RCN Scotland has responded to the Scottish government's proposals for a National Care Service by calling for senior nurse

leadership on the National Care Service Board. It called for clear clinical and professional governance structures and processes with nursing leadership to be embedded within the reformed structures.

In Northern Ireland, standards are currently restricted to nursing homes. Care standards for nursing homes, published by the Department of Health, specify that the manager of a registered nursing home must, among other requirements, be a first level nurse with current registration on part 1 of the NMC register.

This item proposes that the RCN lends its weight to the development and support of senior nurses within social care. Support can be provided in a number of ways:

- reflecting social care nursing in all RCN literature and policy, recognising it is outside the NHS
- working with SCNACs, regional and country colleagues to raise the profile of social care nursing
- ensuring sector representation on Council and in appropriate specialist forums
- an RCN Institute offer specific to social care nurses
- working with higher education institutes and the NMC to ensure social care nursing specialist practitioner qualifications are mainstream and undergraduate placements core to all nursing programmes
- supporting emerging work on advanced practice in social care nursing.



References and reading list available at [rcn.org.uk/congress/congress-events/nursing-staff-working-in-social-care-2024](https://rcn.org.uk/congress/congress-events/nursing-staff-working-in-social-care-2024)



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# 23 Political influencing

Matter for Discussion

Submitted by the RCN  
West Yorkshire Branch

## That this meeting of RCN Congress discusses how we effectively promote the nursing agenda in an election year.

The next General Election must be held by January 2025, with the expectation it will be held in Autumn 2024. Based on current polling, a change of government with a new set of policy priorities is expected. The election will be contested with many new constituency seats following boundary changes resulting in changes in the number of MPs from each UK nation; England will have an increase of ten seats, Wales will have a reduction of 8 seats, Scotland will have a reduction of 2 seats, and seats in Northern Ireland will be unchanged.

Over 100 current MPs will be stepping down at the next election, and so there will be a large number of new MPs entering parliament for the first time. Both a potential change of government and new MPs presents the RCN with a significant opportunity to use its influence and secure positive change for the nursing profession.

The RCN will campaign and engage without fear or favour with political parties contesting the election on the issues that matter most to us. The RCN will always adhere to the Respect Charter and other legal regulations which govern us while campaigning. The RCN is not politically affiliated to and does not endorse specific political parties or candidates. We are also a wide-ranging membership with a diverse range of political views. Our actions will be governed by the Lobbying Act, a piece of regulation which sets out how an organisation can campaign during an election period.

Health care and wider health and care services consistently poll as the top issues that matter to voters, second only to the economy. As professionals with experience of the health and care system,

we are an expert voice in debates about the state of these services and the wider nursing profession.

On average, there are approximately 800 RCN members per parliamentary constituency, equivalent to 800 chances for direct engagement with candidates in each constituency. At the 2019 General Election, dozens of seats were won with a majority of 1,000 votes or less. RCN members and the wider nursing profession have the power to influence the outcome in many constituency elections.

RCN members must have the knowledge, confidence, and resources during the election period to campaign locally in our own networks and communities. The future of the health and care system will be core to this General Election campaign – let's take this opportunity to raise the voice of nursing.



References and reading list available at [rcn.org.uk/congress/congress-events/political-influencing-2024](https://rcn.org.uk/congress/congress-events/political-influencing-2024)



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# 24 How can we achieve a greener health care system?

Matter for Discussion

Submitted by the RCN  
Dorset Branch

**That this meeting of RCN Congress discusses how health care staff can reduce the carbon footprint of health care.**

The climate emergency is internationally recognised as a health emergency. The impacts of tackling climate change can also bring health benefits whilst protecting our vulnerable ecological environment.

Climate change brings direct and immediate consequences for our patients, the public and health and care services. Nursing as a profession will be directly impacted. For example, evidence demonstrates how the effects of rising temperatures are already emerging, with global heat-related deaths increasing by 85% in people over 65, a third of which are attributable to anthropogenic [human] changes (Lancet, 2023). Heat has direct consequences for labour productivity and pressures on health systems. The resulting effect on health care workers is a real risk.

Health and care systems globally account for 5% of greenhouse gas (GHG) emissions. In England alone, the NHS is estimated to be responsible for 40% of the public sector carbon footprint. The NHS contribution to climate change is described in 2 ways and reflects wider health and care impacts – by direct emissions it can control, and emissions it does not control but can influence. Direct emissions include energy use, travel and transport, water usage, waste management, and use of high intensity GHG medicines such as desflurane and pressurised metered dose inhalers (NHS England, 2020).

Addressing emissions offers the greatest challenge and the greatest opportunity to reducing health care's carbon footprint. It requires scrutiny on the use and procurement across all areas of health care, including medicines, consumables, medical devices,

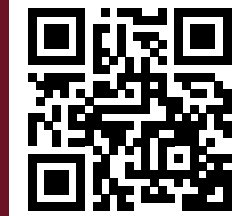
food/catering, buildings, and IT. There is an urgent need to educate and build capacity in sustainable nursing practice.

All UK countries have pledged to achieve a net zero climate impact by 2045 with devolved action to achieve this. In Scotland, the 2022-2026 Climate Emergency and Sustainability Strategy requires health boards to publish an annual report on progress towards the goals and actions outlined in the strategy. Boards are required to establish a climate emergency response team to work with clinicians to make clinical services environmentally friendly. RCN Wales published *Promoting Efficiency and Saving Money in Health and Social Care in Wales* (2023) (including carbon efficiency) which details case studies of small-scale initiatives which, if rolled out across Wales, could reduce NHS Wales's estimated carbon footprint of 1 million tonnes CO<sub>2</sub> equivalent.

The need to support plans to address these critical challenges at UK and international levels is recognised. Health care needs to move to sustainable models of care, by redirecting its workforce to create, embed and evaluate our impact as the largest global profession delivering care.



References and reading list available at [rcn.org.uk/congress/congress-events/how-can-we-achieve-a-greener-health-care-system-2024](https://rcn.org.uk/congress/congress-events/how-can-we-achieve-a-greener-health-care-system-2024)



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# 25 The value of reps

Matter for Discussion

Submitted by the  
RCN Greater Liverpool  
and Knowsley Branch

## That this meeting of RCN Congress discusses the RCN's 'offer' to its trade union representatives.

For most member enquiries in the workplace, our reps are the key to representation. They identify issues, are there for members when needed and lead complex and sometimes fraught negotiations with employers to improve the quality of the working environment for the benefit of our members and many health care professionals.

We must support our current reps and be ready to welcome many more into the roles of steward, learning rep or health and safety rep. The RCN's *Five-Year Strategic Plan* commits us to increasing our rep numbers and that is necessary. To do this we must examine the RCN's offer to those members who step forward to volunteer as a rep. We must invest in our rep community so that they are supported as individuals and collectively so that being a rep is a rewarding experience that results in lasting change for members.

One way to improve our offer to reps is to create better communication and networking opportunities. Previously, there were ways to do this and we should explore how we repeat and build on this, making the most of new technology where suitable. Reps need to be able to engage at different scales depending on the issue – for example at the level of their workplace, their branch, their region and UK-wide. What are the current success stories?

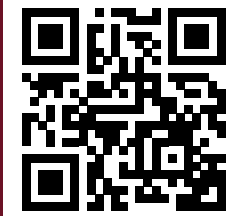
Investing in the knowledge and skills of our reps is paramount. Should we consider a route for reps to acquire relevant qualifications and certificates from external bodies, such as the Institution of Occupational Safety and Health for health and safety reps, and employment law diplomas for stewards? There is a review currently underway to improve the ongoing learning and development offer for all reps – how can we ensure that it is successful and provides the additional attention reps deserve?

Support and supervision also requires discussion. What would a more responsive and agile future look like to ensure reps are supported correctly and by their peers? As we increase our rep numbers, it is also critical that we don't contribute to an unsustainable workload for RCN staff in the region and country teams.

The creation of the RCN Activism Academy is a fantastic opportunity to get this work right and it should be shaped by the views of RCN activists. What improvements do reps expect to see via the Activism Academy?



References and reading list available at [rcn.org.uk/congress/congress-events/the-value-of-reps-2024](https://rcn.org.uk/congress/congress-events/the-value-of-reps-2024)



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# 26 The future of RCN boards and branches

Matter for Discussion

Submitted by the RCN  
Eastern Board

## That this meeting of RCN Congress discusses the future of boards and branches.

RCN country and regional boards play a vital role in the governance of our organisation. RCN branches play a vital role in the internal democracy and life of our organisation. Both are important in different ways.

Now is an opportune moment to examine the purpose and the status of both boards and branches across the UK. Industrial action engaged thousands of previously unengaged members in new ways, but the part played by the local boards and branches in that process was very uneven and inconsistent. Even following this surge in activism, many of our boards struggle to hold competitive elections for their seats, and some of our branches remain in decline and unable to attract new leadership.

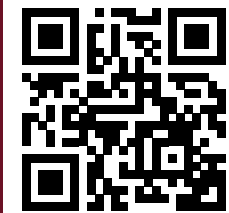
One issue that many members observe is the lack of clarity about the purpose of our boards and branches. What can we do as an organisation to better communicate the goals and mission of our structures to our members, and make them attractive to get involved? Should we strengthen the remit of branches to make them more central to our transition to organising? They could have a new lease of life co-ordinating the activity of member-led workplace teams.

Another issue is a lack of succession planning. Dedicated members make sacrifices to keep their local branches going, but when they decide to move on who is there to pick up the baton? What more can we be doing as members to ensure that branches especially do not fall derelict? Many believe that combining failing branches together would make the new single branch even more remote and inaccessible to ordinary members. It would be positive to hear what other approaches have been tried and worked.

There are places where thanks to the hard work of RCN members, both boards and branches are thriving, inclusive and dynamic. What can we do to improve the overall picture so that that is the norm? Should we consider amending the purpose of boards or branches to accomplish this? Whatever happens a debate on the future of boards and branches is necessary. Change can be difficult but if it leads to more engaged members, better equipped to raise the voice of nursing and support each other to make the change we need for our profession, we must be willing to consider it.



References and reading list available at [rcn.org.uk/congress/congress-events/the-future-of-rcn-boards-and-branches-2024](https://rcn.org.uk/congress/congress-events/the-future-of-rcn-boards-and-branches-2024)



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# APPENDIX



In this section we've included information on our Congress Regulations, Policy and Process, as well as some helpful advice on amenities in and around the venue.

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# RCN CONGRESS: REGULATION, POLICY AND PROCESS

The following pages set out the purpose, conduct and rules of Congress. If you are a voting member or wish to speak on any of the resolutions or matters for discussion, please do familiarise yourself with the content – it will help you understand how the business of Congress works.

## Regulation on RCN Congress

RCN Council will consult the membership through its governance structure and at Congress before it makes any amendments to this regulation.

RCN Congress is the representative meeting of members and will meet annually.

RCN Congress can ask RCN Council to take action on any matter that fall with the RCN objects (Royal Charter 3. Objects). RCN Council can either take the action or report back the reasons for not taking action by means of its Report to Congress to the next meeting of Congress.

A policy and process document will set out in more detail the purpose, conduct and rules of Congress.

Agreed by RCN Council 2 December 2015.



# RCN CONGRESS – POLICY AND PROCESS DOCUMENT

## 1. Definition and purpose of Congress

- 1.1 Congress is the annual representative meeting of members which focusses on influencing the policy and future direction of the College (RCN Royal Charter)
- 1.2 Its purpose is to:
- promote the objects of the RCN as laid down in the Royal Charter
  - promote the profession of nursing
  - express views and opinions on matters of importance to nurses and the nursing profession
  - express views and opinions, and influence the health and social care services the nursing profession provides to the people of the United Kingdom
  - express views and opinions, and influence health care policy for the people of the United Kingdom
  - be involved in international matters relating to nurses, nursing and health care
  - to exert political pressure to further these aims
  - participate in and influence the policy-making agenda of Council
  - express views and opinions, and influence the organisation of the RCN
  - recommend action by Council or its committees and boards
  - initiate immediate action subject to the agreement of Council members present and meeting in formal session
  - provide a variety of educational

- opportunities for nurses
- facilitate membership networking.

## 2. When will Congress be held?

- 2.1 A meeting of RCN Congress will be held at least once in every calendar year. It is the responsibility of the Chief Executive & General Secretary to give at least 28 clear days' notice of the date, time and place of the meeting.

## 3. Who can attend Congress?

- 3.1 All RCN members (nurse members, nursing support worker member and student members in any payment plan), have the right to attend and speak on any matter before Congress.
- 3.2 RCN members employed by the RCN at the time Congress takes place are permitted to speak at the invitation of the Chair.

## 4. Who can submit items for the agenda?

- 4.1 Any member can submit items to be considered for inclusion on the Congress agenda on behalf of the entities listed below:
- Boards
  - Branches
  - Council
  - Forums
  - Nursing Support Workers Committee
  - Learning Representatives Committee
  - RCN Professional Nursing Committee
  - RCN Trade Union Committee
  - Safety Representatives Committee
  - Stewards Committee
  - Students Committee

However, each submission should be authorised from one of the following officers from the relevant submitting entity:

- the chair, vice chair, secretary, convenor or treasurer of a branch
- a forum committee member
- the chair or vice chair of the UK Stewards' Committee, UK Safety Representatives' Committee or UK Learning Representatives' Committee
- the chair or vice chair of the RCN Students' Committee, or the student member of Council
- the chair and vice chair of the Nursing Support Workers Committee or the Nursing Support Workers member of Council
- a board chair or vice chair
- the Chair or Vice Chair of Council
- the Chair or Vice Chair of the Professional Nursing Committee or Trade Union Committee

In addition, the Chief Executive & General Secretary may submit items in order to facilitate the business of Congress.

## 5. Who can vote?

- 5.1 Only members of the following representative bodies can vote at Congress, as follows:
- Branches are represented on the basis of one vote for every 1,000 members or part thereof.
  - Forums are represented on the basis of one vote for every 1,000 members or part thereof.

- Nursing Support Workers have seven votes.
  - Learning Representatives have seven votes.
  - Safety Representatives have seven votes.
  - Stewards have seven votes.
  - Students have seven votes
- 5.2 Members may only vote on behalf of one of the above entities at any one time.
- 5.3 The registration process for Congress identifies who is voting on behalf of which entity during the mornings and afternoons of each day. If voting members change after the initial registration it is the responsibility of the voting entity to ensure that a) the individual voting members are aware of the change and b) to ensure that the registration team are properly notified of the change.
- 5.4 Members of Governance bodies, ie Council, Boards and the RCN Professional Nursing and Trade Union Committees are not entitled to vote. The purpose of their role at Congress is to listen to the views of members in order to inform effective decision-making. Where Board members hold a dual role – for example they are on a board and are also voting on behalf of their branch they must declare this as a conflict of interest when they register to vote. Council and the Professional Nursing and Trade Union Committee Members cannot vote on behalf of their branch, or forum, or representative committee.
- 5.5 The Chair, Vice Chair of Congress and members of the Agenda Committee cannot vote (except that the Chair of Congress has a casting vote in the event of a second equality of votes).
- 5.6 Any member employed by the RCN at the time of Congress is not entitled to vote.
- 6. Allocation of voting places and funding to attend Congress**
- 6.1 The process for allocating voting places and the associated funding arrangements are set out in a separate policy and process document.
- 7. The role of Council and Officers of the meeting**
- 7.1 Council hosts Congress and remains in session throughout the week. Council makes the key decisions on Congress including the dates and location of Congress.
- 7.2 Council also agrees the agenda and programme, on the recommendation of the Agenda Committee.
- 7.3 Congress is presided over by the Chair and Vice Chair of Congress. The Chair of Congress is a non-voting member of RCN Council – this is because they are elected by the representative bodies rather than being directly elected by the membership as required for a trade union executive voting member under the Trade Union and Labour Relations (Consolidation) Act 1992.
- 7.4 The role and remit of the Chair and Vice Chair of Congress are set out in role descriptors.
- 7.5 The Agenda Committee is elected by the representative bodies at Congress. Its role and purposes is set out in its terms of reference.
- 7.6 The rules for the election of the Chair and Vice Chair and the Agenda Committee are set out in election procedures for these roles which are agreed by RCN Council in advance of an election year.
- 7.7 Should a mid-term vacancy arise for any of these roles the RCN's process for filling casual vacancies applies.
- 7.8 Terms of office are of two years duration and the RCN's regulation (agreed by Council in July 2014) on terms of office applies to these roles.
- 8. Management and rules of the meeting**
- 8.1 The Chair of Congress is responsible for the conduct of the meeting. If they are absent the Vice Chair will assume their role. If both are absent the Agenda Committee may elect one from amongst themselves to assume the role of Chair.
- 9. Quorum**
- 9.1 One hundred and fifty voting members must be present for the meeting to be quorate.
- 10. Order of business**
- 10.1 The times of starting and adjourning each session will be set out in the order of business. Once the programme has been published the order and timing of business can only be varied by agreement of the Agenda Committee.
- 11. Auditorium arrangements**
- 11.1 Seating arrangements will be detailed in the Congress brochure, and members should ensure they are seated in the correct area. Distribution of papers and publications in the debating hall is not permitted without the permission of the Chair.
- 12. Agenda items – proposing and seconding**
- 12.1 Once the agenda has been published items can only be withdrawn with the

- agreement of a majority of voting members.
- 12.2 Resolutions and matters for discussion should be proposed by a voting member from the body which submitted it. In addition, resolutions should be seconded by a voting member from a different body, as defined in paragraph section 4 above.
- 12.3 In the absence of a proposer from the body which submitted the item, a voting member from another-body may propose it instead.
- 12.4 Agenda items put forward by Council, the Professional Nursing Committee, Trade Union committee, and country and regional boards would normally be proposed by the Chair of those entities or by another member from those entities.
- 12.5 Members of Council, the Professional Nursing Committee, Trade Union committee, and country and regional boards may also propose or second items put forward by any other submitting entity if required (for example in the absence of a proposer from the body which submitted it).
- 12.6 Agenda items submitted by the Chief Executive & General Secretary would normally be proposed by themselves and, if a resolution, seconded by either a voting member from the entities listed in paragraph 5 or a member of Council, Trade Union Committee, Professional Nursing Committee or country/regional board.
- 12.7 The proposer (and seconder) will set the scene for the ensuing debate, and may therefore present different facets of the arguments for and against the item.
- 13. Agenda items – voting and summing up**
- 13.1 Resolutions will require a majority of voting members to be carried; there will be no vote on matters for discussion.
- 13.2 At the conclusion of debate on a resolution or matter for discussion the proposer will have the right of reply. The right of reply is to sum up and clarify points raised in the debate. New information must not be introduced.
- 13.3 Agenda items – the difference between resolutions and matters for discussion**
- Resolutions require a vote on an issue, and often include a call for action; matters for discussion highlight issues of importance but do not require a vote.
- 13.4 Agenda items – emergency items**
- Emergency agenda items refer to an issue that has arisen since the closing date for the receipt of agenda items. They may be submitted to the Agenda Committee at any time after the closing date for agenda items - either before or during the course of Congress. The Agenda Committee considers each submission during their meetings at Congress and decide whether to recommend that they are included on the agenda. The voting members present at the next session of Congress must vote in favour of an item being accepted on to the agenda.
- 13.5 Emergency agenda items can only be submitted by those bodies defined in section 4 above and the rules in Section 12 apply to proposing and seconding emergency items.
- 13.6 Emergency items may also be submitted from the floor of Congress during the meeting itself.
- 13.7 All emergency agenda items will require the agreement of a majority of voting members in order to be accepted onto the agenda.
- 14. Agenda items – amendments**
- 14.1 An agenda item may be amended by a proposal which removes, adds or replaces words. An amendment must not change an agenda item so that its original purpose is lost and should only be made to aid clarity.
- 14.2 Amendments should, whenever possible, be submitted in writing to the Agenda Committee in advance of Congress or during the course of Congress. Amendments may also be proposed from the floor, using a Procedural Item card.
- 14.3 The Chair will decide whether the amendment is relevant and whether it should be put to the vote.
- 14.4 An amendment must be proposed by a voting member, and seconded by a voting member from a different body. To be accepted, an amendment will require the agreement of a majority of voting members.
- 14.5 Once an amendment has been proposed and seconded, no further amendments can be proposed until the vote on that amendment has been taken. Once an amendment has been accepted, the agenda item is amended immediately and replaces the previous version.
- 15. Agenda items – voting**
- 15.1 The voting method is determined in advance of Congress each year.
- 15.2 A simple majority is required for a vote to be passed.
- 15.3 In the case of an equality of votes, a second vote will immediately be taken.

If there is still an equality of votes, the Chair will have a casting vote.

## 16. Time limits

- 16.1 The time for debating an agenda item will be 25 minutes including procedural items. Proposers of agenda items will be allocated 5 minutes. All subsequent speakers, including seconders, on an agenda item will be allocated 2 minutes. Persons invited by the Chair to provide supplementary information will be allocated 5 minutes. The proposer of any agenda item will be allocated 2 minutes for the right of reply.
- 16.2 Voting members may propose a variation to time limits using a procedural item card. This must be seconded by a voting member from a different representative body. To be passed, the variation of time limits will require the agreement of a majority of voting members.
- 16.3 The Chair may, exceptionally, grant an extension, or reduction, of time to an individual. The Chair may also extend or reduce the total debating time.

## 17. Procedural items

- 17.1 Procedural Item cards may only be used by voting members registered to vote during that session. The Chair will recognise the procedural item card at an appropriate time, and will decide whether a procedural item is put to the vote. The Chair may ask the proposer of the procedural item to clarify the reasons for its introduction, and will take into consideration views from the floor.
- 17.2 A procedural item must be proposed by a voting member and seconded by a voting member from a different body. To be passed, a procedural item will require the agreement of a majority of those voting.

17.3 Procedural items should be used for:

- **Proceeding to next business** – however before a vote is taken, the proposer of the agenda item has a right to speak on the procedural item. If the procedural item is passed, the proposer has a right of reply to the agenda item. Discussion on the agenda item then ends immediately. No vote is taken on the agenda item. If lost, debate on the agenda item resumes.
- **Requesting that the vote is taken immediately** – however, before the vote is taken, the proposer of the agenda item has a right to speak on the procedural item. The vote on the procedural item is then taken. If passed, the proposer has a right of reply to the agenda item. Discussion on the agenda item then ends immediately, and the vote on the agenda item is taken. If lost, debate on the agenda item resumes.
- **Adjourning the debate** - before a vote is taken to adjourn the debate, the proposer of the agenda item has a right to speak on the item. The vote on the procedural item is then taken. If passed, the current debate is then adjourned, to be concluded at a later time during Congress. If lost, debate on the agenda item resumes.
- **Referring the agenda item to Council for further consideration** - before a vote is taken, the proposer of the agenda item has a right to speak on the item. The vote on the procedural item is then taken. If passed, the proposer of the agenda item has a right of reply to the agenda item. Debate then stops and the agenda item is referred to Council for further consideration. If lost, debate on the agenda item resumes.

- **Changing the order of agenda items** - before a vote is taken on the procedural item, the proposer of the procedural item must specify the new order of agenda items. If passed, the new order of agenda items will take effect. If lost, the order of agenda items remains unchanged.

## 18. Points of order

- 18.1 A point of order card is used to challenge the conduct of the meeting, or to seek clarification from the Chair. As soon as the Chair sees a point of order card, anyone speaking may be interrupted.
- 18.2 Point of order cards may be used by anyone who is registered and attending Congress.

## 19. Speaking

- 19.1 Speakers will first state their name and whether they are attending that session as a voting member, or as a non-voting member. If they are attending as a voting member they should say which body they are from.
- 19.2 Members must declare if they are a Council or Board member and be aware of potential conflicts of interest. Council and Board members must ensure that they abide by decisions corporate of Council or their Board.
- 19.3 Likewise Agenda Committee members must declare who they are and be aware of potential conflicts of interest.
- 19.4 All speakers will address their remarks to the Chair. The Chair may ask speakers who come up to the microphone repeatedly or are not making a contribution to give priority to first time speakers.



## 20. Reporting from Congress

- 20.1 All members who register to attend Congress will receive a report on action taken on items debated the previous year. If the item was defeated the report will state so and explain that no action was taken. A report on matters for discussion will only be included if there is ongoing RCN work on that particular issue – where this isn't the case the report will say so.
- 20.2 Members may ask questions on the report of Council, but a continuation of the previous year's debates will not be allowed. If Congress feels that an item from a previous year is of such importance that it requires further

debate, then it should be submitted as a draft emergency agenda item for consideration by the Agenda Committee.

- 20.3 Members are reminded that the AGM is an opportunity to ask questions about the running of the organisation – from 2014 the AGM is held during Congress week.

## 21. Agenda Committee Reports

- 21.1 The Agenda Committee will report regularly in the following ways:
- The First Report, covering all meetings of the Committee since the last Congress, will be disseminated ahead of Congress.
  - The Second Report, arising from the Agenda Committee meeting

immediately before Congress, will be presented following consideration of the first report.

- Subsequent reports from meetings during Congress will be presented at appropriate times throughout the week.

### Agreed and approved by RCN Council, December 2015

Reviewed and updated by RCN Council July 2017, July 2018, November 2018

Amended to reflect the change of name from Health Practitioners to Nursing Support Workers agreed by members at the AGM on 20 May 2019.

# AT THE ICC WALES

## The ICC Reception Desk

ICC Wales staff run the reception desk located on the ground floor. This will be open during Congress hours.

## Cloakroom

The ICC Wales cloakroom is located on the lower ground floor. It is open throughout Congress and is free to use. Please note that items cannot be left in the cloakroom overnight. The cloakroom will close 30 minutes after the last session has ended. The ICC Wales does not accept responsibility for the loss or damage from any cause to any articles left in this cloakroom.

## Filming and recording

RCN Congress and exhibition is recorded and broadcast in a number of ways. The recording may be webcast, used in video content, or otherwise shared by others.

By speaking in the Main Hall, you agree to allow us to make such a recording and to broadcast it. If you do not wish to have your comments recorded or broadcast, please make your points privately before or after the session has ended. Please contact the Agenda Committee for help if required.

The RCN reserves the right to reproduce any of these recordings in print and multimedia materials of the RCN's choosing in the future.

Photographers will be present at Congress. Photos taken may be used as part of the marketing/communications for the RCN in a number of media, including print, web and social media. These photos will be added to the RCN's photographic library. The RCN commits to using all images and video sensitively. If you do not wish to be photographed or filmed, please make this clear to the photographer, or contact **corporate.communications@rcn.org.uk** and we will do our best to make sure your image is not used.

Main Hall debates, keynotes and Learning and Wellbeing Programme sessions are being filmed to open up the Congress educational programme to those who can't make it to Newport. These will be streamed live on our website.

## First aid/medical

ICC Wales will have trained first aiders on standby at all times. Should you need medical assistance, please immediately inform an RCN or venue employee and a trained first aider will come to assist. The medical room is located on the ground floor next to the RCN Wales stand near the registration desk.

Hospitals, doctors and dentists If you need medical attention, please contact a member of staff immediately, or visit the ICC Wales reception desk located on the ground floor.

## Food and drink

The ICC Wales has a selection of meals available for Congress delegates, priced at £5 and over. These are available on the first and second floors. **Please note the ICC Wales only takes card payments.**



There are a number of water stations located around the venue. If you have any allergies, please speak to a member of the ICC Wales catering staff. Food on sale will be labelled with allergen information.

The ICC Wales have a varied menu of snacks and meals available for Congress delegates. Jacket potatoes and a choice of topping are available at £5 with a selection of hot dishes available from £6. ICC Wales are also offering a daily meal deal for £6 which includes a sandwich or wrap with crisps, chocolate or a piece of fruit and a bottle of water.

Tea, coffee, sandwiches and cakes are also available. Vegans and vegetarians are well-catered for.

The Celtic Manor resort are also offering a discount on meals at the Forum Spa Café and Cellar Bar, see page 76 for details.

## Lost and found

For any lost and found, please visit the ICC Wales reception desk.

## Mobile phones

As a courtesy to others, please turn your mobile phone to silent (or switch it off) during Congress debating sessions. Please also keep all other noise to a minimum during debates.



## Press and media

Delegates should be aware that journalists are free to attend all areas of Congress, including the events and exhibition. If you are asked to give an interview, please contact the RCN Press Office on 020 7647 3633, where staff can provide advice and support.

## Security

It is important that all delegates and visitors to RCN Congress take special care regarding security and safety issues in and around ICC Wales.

Whilst management and staff at ICC Wales take all possible steps to keep the conference centre safe and secure for everybody, it is important that delegates also take some responsibility for their own safety and the safety of others.

Please read the following carefully and help us to help you stay safe.

- Listen carefully to all safety announcements.
- Congress name badges must be worn at all times.
- Bags and coats should not be left unattended. Please use the ICC Wales cloakroom on the ground floor.
- Do not 'reserve' your seat by leaving your bag or coat on it.
- When leaving the Main Hall, please take all your belongings with you.

Items left unattended may be removed and dealt with by venue security.

Please report any suspicious packages to a member of the ICC Wales or RCN staff.

## Toilets

Please see the plan at the front of this guide. Please note there are toilets for everyone around the venue and an accessible toilet (Changing Places) with hoist near the media room on the ground floor.

## Wi-Fi

ICC Wales has a guest Wi-Fi network which is complimentary for all guests to use and is suitable for general web browsing and emails. To access the Wi-Fi, the user must enter their name, provide an email address and agree to the terms and conditions.

The network name is **\_GuestWIFI**

## Wellbeing

Please see the plan at the front of this guide.

The quiet room/prayer room is situated on the ground floor, Office 1.

The safe space is located on the first floor, meeting room 5.

The counselling room is located on the first floor, Office 2.

If you need medical attention, please contact a member of staff immediately, or visit the ICC reception desk located on the ground floor.



# Book dinner at the Celtic Manor Resort collection restaurants

Dinner must be pre-booked.  
Book through the food and drink widget:  
[celtic-manor.com/offers/  
book-direct-rcn-congress-2024](https://celtic-manor.com/offers/book-direct-rcn-congress-2024)

All Congress delegate are entitled to 25% off food and beverages at the Celtic Manor Resort collection restaurants.

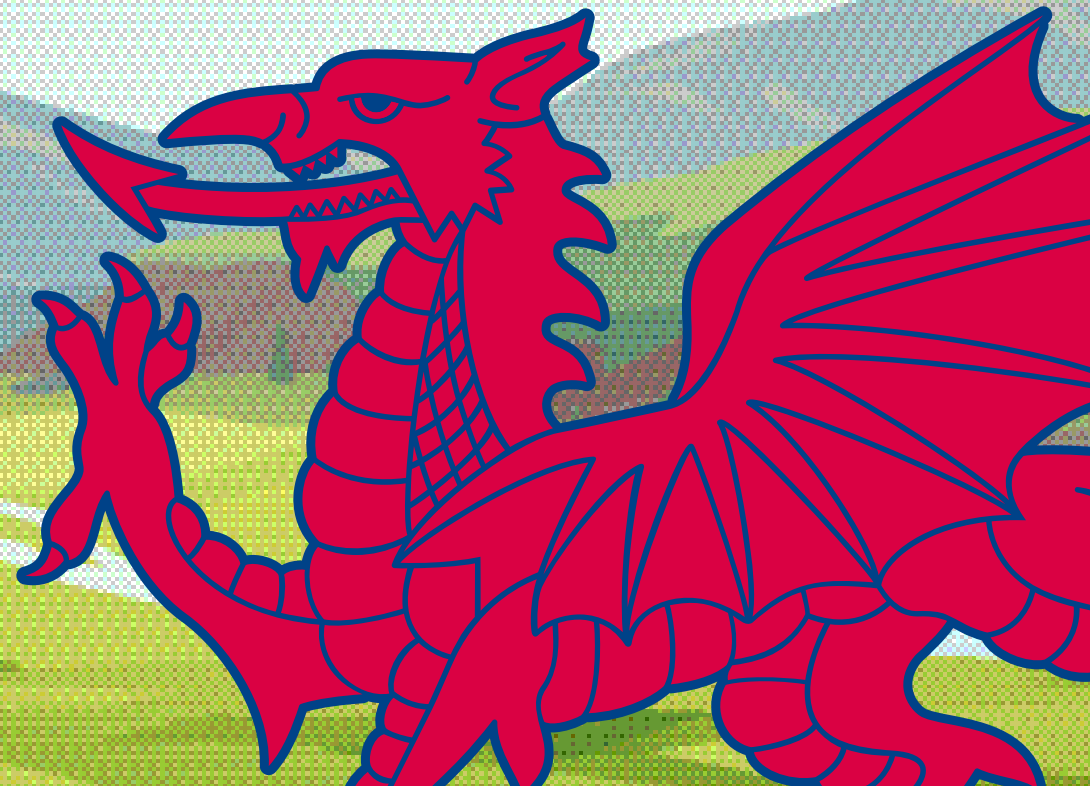
Also, everyone with an RCN delegate badge will be able to take advantage of the offer at any collection restaurant and outlet, from coffee pod, to jacket potatoes in the Forum Spa Café, and baos in the Cellar bar.

There will be a Celtic Manor Resort host desk in the ICC Wales Lobby on Sunday/Monday/ Tuesday/Wednesday afternoon. These discounts are also applicable at lunchtimes.



Thank you for attending  
Congress 2024 in Newport.

**Diolch yn fawr am fynychu  
Cyngres 2024 yng Nghasnewydd.**





# Supporting you at every stage of your career.

The RCN Foundation supports nurses, midwives and health care support workers at every stage of their journey.

- We promote excellent patient care by **funding educational and professional development** opportunities to further develop your skills.
- We **provide hardship grants and signposting** to support you in times of financial difficulty. These grants are not a loan and do not need to be repaid.
- We also fund **innovative nursing and midwifery-led research projects** that aim to improve the health and wellbeing of the public.

**Find us at the RCN Foundation stand to learn more about our work and the support available.**

For advice, support, or funding, please visit our website, call **0207 647 3645** or email [rcnfoundation@rcn.org.uk](mailto:rcnfoundation@rcn.org.uk)

**[rcnfoundation.rcn.org.uk](http://rcnfoundation.rcn.org.uk)**