

BACCN Conference 2024 Grant Report

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I am a Sister in a district general hospital in the Midlands, looking after a team of nurses in critical care and leading rehab. I find a conference inspirational and the BACCN programme in particular, was very interesting. I was lucky enough to be offered a grant by the BACCN to fund the ticket, travel and accommodation. However, I work fulltime and find it harder to recover from travel and extra pressure with my long days, so I had to give it some serious thought before booking this. In the end, I could not resist the dinner with ceilidh as I am Scottish.

I arrived on the Sunday night after a quick trip to Glasgow to see my mother. I had to go to the welcome drinks to ensure I got a ticket for the ceilidh as spaces were limited. I was a bit nervous as I was the only nurse from my trust – the others who had been interested had decided the travel was too much. Luckily, I knew Kirsty Woods the WMCCN nurse lead as we worked together for many years on critical care and Outreach. We met Rebecca Sumnell, the EMCCN practice development lead, who I have met before at network conferences and Michaela Jones CC3N lead who were both very friendly. I had a look at the stalls which were ready. I loved the mittens which popped open to allow families to hold the patients hands as well as check skin integrity. I also loved the silk tape which I tried as it was very soft and kind to the skin on removal. I had a chat with the rep Richard, who actually is based near my hospital and brought the cards to show our senior team. It was really nice to mingle around all these important people who felt very approachable.

Day One began with an introduction by Karin, before moving on to an inspirational Aisha Holloway discussing raising the Nurse's voice. She was particularly resonant to me as she grew up in Angus near where I grew up with my 3 mixed race brothers (Palestinian) at a time which was much less kind. I admire her ability to express herself at such high levels of power such as the WHO, be confident enough to challenge but mostly her work to enable others to do this too. Nursing Now is a free organisation for early years nurses across the world which I will be disseminating to my team in my unit. Equally, UKMed CEO David Kightwick's talk on their incredible work was humbling and very emotional – particularly in Gaza.

The sessions in rehab followed beginning with Andrew Bates from Southampton discussing the trauma suffered by critical care patients as often being PTSD which his pilot study treated with EMDR. We had a chat afterwards as a small hospital like us struggles to get psychological support for our patients. He assured me that it was the same for them apart from patients in the study. But his work could be used as part of a business case to have inhouse psychology where a therapist would understand the problems this complex group of patients experience.

Thrive time with Madeline and Katie, was a predictable enthusiastic and affirmative session like their one the next day. They talked a lot about assessing the patient which is done in our trust by the physios who follow the complex patients to the end of their stay. The session the next day was very interactive with the audience writing down post it notes with their rehab challenges and wins. I must confess I wrote 4 as I am so proud of all we do with limited resources. If I had more confidence, I would do my own presentation. They did make me take the mike to talk about my VR therapy trial I had done a few years ago.

I did start to watch the LINET session on early mobilisation but had to leave to see the session on communication boards – another thing on our rehab plans. We had already made some but I was very impressed with these – the simplicity of the layout, the phonetic spelling to help us say the word and the pictures were a great combination. Thanks to Annalie Baltar for giving us the QR code – I have printed off the Polish one and coincidentally a postpartum lady has been able to use it this week.

The session on patient safety was relevant to me as sometimes I cover the ward manager and investigate datixes. Particularly interesting was learning form good care which has come up on our new

datix format but we do not yet use. Another project to promote – I have handed that over to our ward manager and governance lead. The keynote speech by Sarah Digregorio was fascinating. I did not attend any sessions specifically on equality and diversity, which is a very relevant subject to my role and personal beliefs. The discussion around recruiting nurses from all cultures, so that patients can be looked after by staff who understand their particular needs.

Joseph Trapani discussed a small qualitative study on ICU patients experiences, identifying themes of voicelessness, being disconnected and in pain. This is a very evocative reminder that despite our best efforts, the reality for patients remains very difficult. Support from the staff and family were vital to their wellbeing as was spirituality – although Malta is a very Catholic country. Music therapy and patient diaries were important to these patients. In my unit I have designed boards which staff and families can write things which are important to the patient, including musical tastes. We have tablets with Spotify, You Tube and tv channels to help normalise their lives. The talk on sleep disturbance by Fiona Farrugia reinforced my existing knowledge on this subject but will be a useful resource for education on the unit. Gideon Johnson's work on preventing delirium by recording an orientation message by the next of kin was interesting. Like other ideas born in covid times, relying on digital technology it allows us to expand our ideas and make use of new resources.

The highlight for me was the ceilidh – the staple of all those educated in Scotland was PE lessons as dancing lessons leading up to Christmas. I was overwhelmed seeing all the variety of nurses throwing themselves into the fun and really enjoying it. I did initiate Kirsty into the Gay Gordons – a little bit challenging due to our height difference. It was fun to meet staff from other hospitals and luckily I wasn't staying in the Hilton so I didn't get evacuated overnight and managed to get my sleep.

Day 2 begun with paediatric patients – the dread of all non paediatrics trained critical care nurses. The session was reassuring but also thought provoking. High attrition rates post covid have perhaps not been compensated for as they have in adult with our recruitment of international nurses. Reminders that pandemic planning for paediatrics include the upskilling and redeployment of adult critical care nurses and the increase in long term ventilation of children who are now growing towards adulthood and our services. I will feed this back to our practice development team and Matrons for future planning. In particular I'm not sure who our named person for paediatrics is, so this should be disseminated.

In the break I had a chat with a couple of nurses who were at my table the night before and discovered they were local to me. One is involved with sustainability so knew our sustainability lead. They told me the lady from ICU Steps was also local so I went to have a chat and discovered she was Mo who I have heard of for years while supporting our follow up nurse but never met. She had started ICU Steps 20 years ago and knew our nurse very well. We had a chat about supporting follow up nurses as they can be quite isolated and then we discussed the Road to Recovery Book. This has gone down very well on our unit and we love it for patients both on the ward and at home. Mo asked me to compare it to the ICU Steps booklet as she would like them to be collated and that they are in talks about this now. I mentioned that while we had put up a qr code, at the moment most of our patients preferred the printed version.