

## **BACCN Conference 2024 Grant Report**

### **Vicky Wilson**

#### **Keynote speaker – Nursing now Challenge.**

-Inspiring and thought-provoking speaker. Thoroughly engaging. Key message – where is the voice of nursing!

-although the current international piece of work is linking with students and newly qualified nurses rather than current members of the outreach team, this can be discussed and encouraged to all student nurses attending placements with us.

#### **Keynote speaker – UK -med**

-delivering healthcare in a conflict/disaster zone.

-Amazing work with far more complexities than realised or thought about.

#### **Raising the nursing voice for patient safety – redeployment from critical care -Maggie Wilson**

-very well delivered session with a very articulate and professional speaker.

At a time where there is potential for redeployment from the outreach team, this session further supported my concerns re the right skill set for the right area and how I can support my team members best.

Taken away references to documents to support my discussion, plus the confidence to question and be able to use real life experience.

#### **Workforce discussion**

-a critical care focused discussion rather than outreach, but the themes around staff levels, training and supporting staff cross the roles.

-beneficial to hear discussion from a multitude of areas/locations facing similar workforce issues and concerns.

#### **Critical care outreach – community of practice discussion- Mark Wilson**

-facilitated discussion in the room around the different outreach team structures both in banding of team members and roles in each trust.

-awareness and understanding of the challenges faced by others.

-sense of pride for the role of outreach clear from all involved in the discussion with a drive for patient safety evident from all.

Taken away references for further reading around the role of outreach and impact of managing the deteriorating patient outside critical care.

-the outreach service at LTHTr is certainly in line with all in the room and in some aspects – advanced due to electronic observations, documentation, dashboards and managing workload.

-Lancashire and South Cumbria network also provide more support and collaborative opportunities than others with no network service available in Scotland.

#### **Call 4 Concern – Alison Schofield**

-had previously attended a presentation re C4C by this speaker within the network.

-take home tips to consider a text reply to a caller should the CCOT nurse not be able to answer at the time.

-similar call numbers experienced by Berks. Interesting to see the breakdown of calls – again – similar number of non- clinical calls as experienced at LTHTr.

-reassured by the general discussion in the room and apprehension amongst teams as to managing complex calls or paediatric concerns.

#### **CCOT advanced practice- impact on recognising deteriorating patient – Chelsea and Westminster**

-reasons for considering further teaching/support/information re observations and deteriorating patients – awareness of the needs of international nurses and developing reliance on HCA staff to take observations.

-introduction of standardised 4 hourly observations across the trust – 02:00 to be a walk round and resp rate check with full set of observations where resp rate scoring. Prompted discussion re observation frequencies across trusts.

Will take this back to LTHTr for further consideration.

#### **Co – design of an intervention to enable patients and relatives to escalate acute deterioration – Ireland.**

-interesting to hear of the work by other areas to enable patients' voice/family concerns to be escalated.

-discussed Ryans Rule - Australia with a national managed phone line.

#### **The implementation of the PNA role in Critical care – Kings College Hospital**

-as a PNA for outreach facing poor engagement, the structured approach taken at Kings is interesting. Team have benefitted most from a designated day of PNA availability.

-end of session question re the support and engagement from more senior staff is though provoking – this group often offer and provide support but do not have the same available to them OR do not access a service run by peers.

-further discussion following the session with colleagues from the critical care network has already led to plans to have a cross network senior PNA support plan developed.

**Trade stands –**

NOrF – had a discussion with Mark and Alison re the completion of the competencies both in their trust and across the profession. Reassuring to hear the LHTTr are at a similar stage to most. Discussed the structure of outreach teams across the country with sharing of ACP job descriptions for further reading.

ICU steps – ICU steps active – rehab service just launched. Will take this back to the Critical care follow up clinic lead at LHTTR to share with colleagues and refer to as required.