

**Draft Minutes V1**

**Present:**

**Board Members:** Nicki Credland (NC), Karin Gerber (KG), Trish McCready (TM), David Waters (DW), Catherine Plowright (CP), Ann Price (AP), Louise Stayt (LS) Amy Pulleyn (AEP), Colette Laws-Chapman (CLC), Mark Wilson (MW), Suzanne Bench (SB), David Waters (DW), Nicole Lee (NL) and Filipia Monteiro (FM).

**Apologies:** None

**Echo:** Sarah Gilliland (SG)

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**1. Introductions and Apologies of Absence**

No apologies of absence. An introduction was made to Nicole Lee and Filipia Monteiro who were joining as potential co-opted members of the BACCN committee.

**2. Conflicts of Interest**

AP – Associate Editor of Intensive and Critical Care Nursing Journal

IN – Independent consultant for Medela

**3. Accuracy of Minutes from the last Board Meeting**

Accepted with no amendments agreed.

**4. Actions from previous Board Meeting**

Reviewed and updated.

**5. National Updates**

NC reported that the workload from national committees was incredible.

**National Emergency Critical Care Planning Group** – NC and LS sit on this. The group has ICU intensivists and policy makers with the aim to move forward Covid critical care clinically and re policy and strategy. Two weekly meetings have moved to monthly.

**National UK Critical Care Leadership Forum**, this is ongoing, members and content overlap. NC is a specialist advisor. All requests are very last minute, some ideas more realistic and feasible than others. For example Covid response teams have been suggested for people to relocate, which makes sense if people are voluntary.

There is currently controversy over a Guardian article on a leaked report about removing 1 to 1 staffing ratios which they have mis-reported. A nurse staffing report had been published in March because of

the volume of patients, with ratios staggered from 1 to 1 to 1 to 6. This has now been reviewed in NHSE and reverted to 1 to 1 with one ICU and one non-ICU per 2 patients, for COVID surge only. When the Guardian leaked the document they omitted to mention it was from COVID surge, = there was a quote from Alison Pickard, however no CC nurse comments. NC had not received the e-mailed request in time to respond. On Monday there had been significant PR work to deal with fallout. NC had spoken with Ramany who heads up NHSE Covid work stream (and the clinical reference group.) but no date has been determined for when NHSE publishing this guidance, however it was imminent. ICS and UKCCNA have put out position statements. NHSE were not looking for endorsement but only to say that they had consulted. Therefore on the basis of the draft BACCN should feel confident putting out a statement in the belief that it will align as it stands. We need to be conscious of the fact that studies based in London are not necessarily applicable nation wide – i.e. remobilising staff in London is different to a rural area. IN shared that his trust have a model to mobilise and a ratio of one to 4 patients, and remobilise, with categorised nurses as a, b and c, however his unit has been able to resist this due to lack of resources and will maintain a ration of 1 to 2, and not share staff. SB said a national statement will help to back up such decisions being made. CP added that nurses feel like commodities, and the outcome from wellbeing sessions with ICS is to anticipate lots of problems.

LS pointed out that we have been lobbying hard to have more than one nursing seat on the Critical Care CRG. A seat had been given to CC3N, however, now been second seat been given to UKCCNA. SB commented that generally people go into ICU to provide higher level of care, but currently they can't meet the standards they set themselves. FM added that its is also a problem to not know who you are working with.

NC has been asked to join the Chief Nurses Research Group. This group has employed two nurses to work in the Chief Nursing Officer's office, to assist in the development of nursing research across the board with priority research areas including Covid. NC had proposed a number of suggested names to join the group, including Suzanne's. The group will lobby for extra funding for research in various areas, including qualitative research. SB who sits on UKCCRG added that they should be tied in with this.

## 6. Onclick and Learnzone

LS reported that we pay £1,200 annually for onclick which carries the two videos Tracheostomy and Chest Drain, and used to have other material which we unsubscribed from last year. Subscriptions haven't been great in past year. The two videos are our intellectual property. There is also a learning package that goes with it. We would like to unsubscribe and put this elsewhere. We also need to develop the learn zone. The idea was put forward that we can use YouTube for learning resources with a small clip there and the rest on the website. NL said that Learning Resources with CPD points were a great draw to nurses into members area/LearnZone.

**ACTION** LS and CLC to see if we can uncouple the video from Onclick and host ourselves, and to develop content for LearnZone.

**ACTION** IN to look at how we can use Youtube.

## 7. Board update Reporting

Exceptional Reporting only was requested.

### 7.1. Finance Report

TMcC reported that although there has been very little event income from the regions this year, costs have remained low due to a lack of travel etc.

The journal is close to breaking even but we will not know final figures for this until around March when Wiley confirm 2020 income numbers.

We have received £8,800 from Stryker relating to a Consensus Paper grant that Tim Collins helped to arrange back in 2018. This has helped to boost income as this was more than we had expected to receive.

There are now only two bank accounts (Lloyds and Barclays) plus the Nationwide investment of £50k.

Membership income is currently higher than last year: £71.5k (Sept'20) vs £64.8k (Sept'19)

We have to set budgets in March, based on our budgets from last 12 months.

### 7.2. Membership Report

SG presented the membership report to the Board. Total member numbers at 2 November were 1903, up 119, from June. An e-mail and SM membership campaign had focused on non-members accessing Covid resources, with 83 signups correlated to these names, and promoting free access to the virtual conference.

KB suggested that once the NHSE statement comes out we could do a short video with Jonathan and NC and this could be used as a way of promoting membership - i.e. join BACCN to have your voice heard.

### 7.3. Regional Report

The Regional report was reported verbally by CLC. The RAs have kept in touch with regions through Whatsapp. There is intention to hold a webinar event on Tues 15<sup>th</sup>, 1930 to 2100, pulling together information about the conference, membership, what people are doing, and make plan for espresso sessions. SB suggested including a national update. It would be a chance to discuss issues and then end with something fun and Christmassy.

**ACTION** CLC has some people lined up for future Espresso sessions, and will also put a call out to regions and the BAME award winner Le'Asha.

**ACTION** Zoom SG (Echo) CLC & DW are planning to do a session with Southern region and then offer to other regions and the committee.

**ACTION** Echo (SG) to send out reversed BACCN logo to committee.

### 7.4. Professional Advisor's Report

The Professional advisors report had been circulated.

Thanks to Tricia and Ann for their committee feedback forms.

**ACTION** Agreed that the BAME award should be annual. SB will work with LS/CP will work together to take that forward.

**ACTION** Free Covid Resources stopped in Sept – need to be opened up to non-members and we need to promote that. ECHO to action.

**ACTION** KG suggested updating the prescribing position statement – CP to revisit this. We should invite members to contribute.

### 7.5. Conference Report

The conference report had been circulated by KG.

Regarding the 2020 conference we had met all our objectives. Nicole Dixon of ECHO had done a phenomenal job in getting sponsorship revenue.

Of 464 delegates registered (12 non-members) and 282 attended. We are able to view the amount of time people were online and we check if people attended, and for how long, before issuing CPD certificates.

There had been 2151 messages through the app and the sessions were viewed 4019 times.

KG had circulated proposals re 2021 conference. She is in a conundrum as conflicted as to what is the right thing to do for members (getting people together face to face) versus the economic reality. The circulated outline was from ECHO, with pros and cons.

Option 1 Belfast as it stands.

Option 2 Hybrid event in midlands (Nottingham), dates might change

Option 3 Free virtual conference again.

KG would like a final decision in this meeting as we need to get conference website and registration out. The board discussed the pros and cons and conflicts, with key inputs as below:

LS initially did not see Belfast as feasible, possibly big outlay, people not wanting to travel. Flying and big outlay. However sees point about it therefore not being appropriate for Face to Face elsewhere in UK therefore preference for in Belfast, or online only.

CP Belfast off. Would like words changed to mainland UK (not England), and suggested hybrid is way to go

MW – in favour of hybrid.

SB thinks the safest thing is to go virtual. Most sponsors will be more used to online events.

NC – feels that if it is not safe to travel to Belfast, therefore face to face anywhere is not safe.

PMcC thinks virtual best.

SB thinks virtual.

CLC questioned contract with Nottingham (is to 2022). CLC if conference F2F it should be in Belfast and offered as a hybrid.

IN – raised concerns that the cost of a hybrid involves two sets of outlay, both venue and platform. He predicted not many early sign ups.

With a show of hands the majority of the board indicated virtual only.

KG had looked at various levels of conference fees, we need to accept potentially going to make a loss.

AP asked if we could charge more, perhaps offer to units to steam, however CP asked how we would issue CDP certs in that case.

If we are going virtually would that be in conjunction with Ireland? We can't move to 2022, however it could be moved to 2023.

It was noted that the Rehab conference was expensive but did get 1,100 delegates.

DW does not think we could extract more from partners and pointed out that ASPIH only had 8 or 9 sponsors compared to our 16. ASPIH fees were £66 for member and £200 for non-member. KG /SB pointed out that on both the ASPIH and Johns Hopkins platforms as exhibitor, you couldn't see who is in

your booth, and couldn't contact people unless they contact you. NC commented that as a speaker it was very slick. A lot was pre-recorded.

It was suggested that the virtual conference hub be in Woking again.

**ACTION** KG will talk to Derek from IACCN to see if they want to be part of the conference if it goes virtual.

**ACTION** KG Look at virtual platforms and cost.

**ACTION** KG to look at conference costs – NC expressed concern that £250 too high for something online, thinks less than £100 more reasonable for something like our conference which is not interdisciplinary.

### 7.6. Journal Report

MW presented his Journal Report to the Board.

The NICC Journal is going online in January 2021 – we need to promote on SM and let members know you can sign up for content e-mail.

The NICC Journal is registered on twitter @NICCjournal #NICCjournal

The summary of deadlines for content is on the report and could put in the newsletter.

There is a new really strong team, with a couple of interns.

The oral consensus paper will go in March issue.

NICC wants to publish accepted abstracts for conference 2021.

We need more reviewers - put in Newsletter again

DW is there a mentorship program for reviewers? Yes, at conference Lyvonne presented on how to review. Should we put this in the learning area?

SB had done two webinars on how to review and how to write for the first time.

**ACTION** ECHO to take presentations which are on Conference Revisited for now and can go in Journal Section

**ACTION** MW Add dates for submission to the Journal News section.

**ACTION** ECHO to take dates from Journal report and add to webpage

### 7.7. Commercial Projects Report

DW presented his Commercial Report to the Board. He summarised that 3 partners are now in two year Platinum packages, representing an income of £15,000. Stryker have requested a disclaimer on website - DW is exploring whether this is appropriate. DW and Nicole from ECHO will be meeting partners virtually over next couple of months. All partners are keen to engage with the board, to update the board, and to understand our direction. Suggested they might have 10 minute slots in a board meeting. Looking at sponsorship package under the current circumstances. Many perks are based on face to face meetings, so looking at alternatives, e.g. interviews to showcase their products etc. KB pointed out that we have done a lot for the partners both pre and post conference and DW said that that has been appreciated. SB will forward links for the Johns Hopkins conference where the virtual exhibition hall, where all companies has slots, and a quiz for a prize, was open to the public for a month. DW would look at sharing this with Nicole (ECHO). DW will also look at ASPIH. DW and CLC want to ensure that if individuals from companies present for something like Espresso sessions it is as a professional contributor and not commercial. KG added that it was difficult to draw line with some sponsors in conference sessions with content they wanted included.

### **7.8. Marketing and Communications report**

DW shared highlights from the report prepared by ECHO.

SM followers are all significantly up:

Twitter at 8,781 up 877.

Facebook 7,007 up 261

LinkedIn 491, up 71

Instagram 921, up 218

Sample SM graphic posts from ECHO look nice and professional.

DW noted the upswing in engagement with Newsletter through Mailchimp.

### **7.9. EFCCNA Report**

IN had circulated his EFCCNA report and highlighted that he had just participated in the latest EFCCNA meeting. The next meeting is scheduled for April 2021 and will probably be virtual. Congress is scheduled for 22-25 September 2021. The EFCCNA exchange is on hold. They are in the process of writing up the family support project, which is like ICU steps. There had been a plea from CONNECT Journal (Journal WORLD FED) to support them with reviewers for their journal and they have paused council elections by one year. There is a project to looking at literature for standardise national cardiac arrest numbers. UK is one of few countries that has one.

## **8. National Board membership and roles**

NC is due to finish Chair position in Sept 2021 having completed the maximum 4 year term. It was proposed that could we push that back due to the position we are in. Nicki has raised the profile of BACCN. All on the committee were in favour.

NC had spoken to ECHO and we do not need to change the constitution as in unprecedented circumstances such as we are currently facing a 12 month extension can be granted with approval of the board.

DW thinking ahead we need to communicate this to our membership. Suggested wording “In light of the unprecedented situation we currently face, and the desire for stability and strong leadership within the BACCN, the Board have decided to extend the Chairmanship of Nicki Credland to for one year to Sept 2022. If anyone has any concerns they may contact [support@baccn.org](mailto:support@baccn.org) by DATE”

The plan then is to revert to our normal processes. In Sept 2021 we should appoint a chair elect. All agreed.

Other roles – NL and FM be asked to leave. SB gave a brief resume regarding the candidates. Most of the board know Filipa, she is clinically experienced and very proactive, she had been given positive references, and she works with MW and KG. She brings international nursing experience to the board. KB has worked with her for 11 years and vouches for her highly. She brings a Band 5-7 perspective. A quorum was in favour of approving her as a co-opted board member until Sept 2021.

NL is from the Anglia region, has been active for some time, is a clinically active senior sister on a burns unit, with a good clinical background, has also worked with CC3N and had clearly thought long and hard about application. She had been given very supportive references. A quorum was in favour of approving her as a co-opted board member until Sept 2021.

The Board communicated these decisions and formally offered them both co-opted places on the board until Sept 2021 and notified them that they would need to step down from their Regional roles, over a transition period.

NL accepted the role and agreed to work with Echo on Membership – it was explained that this membership post is currently vacant, and while most of work is done very efficiently by ECHO if NL could become familiar with this.

FM accepted the role and agreed to support conference activity with Karin.

In Sept they can express interest in any role on the Board.

**ACTION** SB to work with ECHO to put comms statement together re the extension of NC Chair send to SB and NC for review and to be included in the National Board member pack and put on SM and in News.

**ACTION** SG to familiarise new co-opted members to the Board area (SG to grant access)

**ACTION** Take Amy NHS e-mail off Board dist.

**ACTION** Get photos of Filipa and Nicole for website

**ACTION** SB would circulate contact list to be updated and ECHO would save

## 9. Meetings and Dates for 2021

Dates for 2021 were suggested as per the circulated spreadsheet. It was decided that we could review whether the face to face Birmingham meeting would go ahead in March.

Regarding the day of the week for online meetings NC suggests that we alternate Fridays and Saturdays, so the March 2021 meeting will be on a Saturday.

Hopefully we will have a 2 day Face to Face meeting in Birmingham

There will be a 1 day meeting after conference

There will be a 1 day meeting in November online

**ACTION** SG to put meeting dates in Board Section.

**ACTION** Take Amy NHS e-mail off Board distribution list

## 10. AOB

Nicki had written an endorsement of the NHS Nursing Times Covid-19: Are You OK? initiative. This would go on our website and they would have a reciprocal link to ours.

IN had been approached by nurse lead from LTLC around sharing their micro site with lots of training on it for nurses redeployed, and termed as registered support clinicians. Stryker had approached re oral care consensus. IN would be doing this with his clinical hat on, rather than BACCN. He will do two 1 hour sessions, and intention to use one as a shortened espresso.

**ACTION IN** will e-mail link to LTLC site to board and once approved ECHO to put on web and put out on SM.

**ACTION SG** to send all the board the Join now logo again

**11. Meeting close**

**12. Upcoming meetings**

WEBEX	Thursday 7th Jan 19.00-20.00	
EXEC	Feb 2021	Online
Board	Sat 20 March 2021	Online