

**Report for BACCN grant – 13<sup>th</sup> September 2023**  
**Katherine Hill**  
**Attendance BACCN conference in Nottingham 2023**

I was fortunate to receive a grant from BACCN that has enabled me to attend the BACCN conference 2023 in Nottingham. BACCN 2023 was the first conference that I have attended since the covid19 pandemic, and it provided me with the opportunity to network and reconnect with existing and potential regional committee members. In addition, the range of keynote speakers, quality improvement projects and research studies that were presented were incredibly encouraging and motivating.

The theme for the 38<sup>th</sup> BACCN annual conference was 'Recovery, Restoration & Sustainability' which is of particular relevance to critical care nursing in the current healthcare climate, which has undergone changes in recent years due to significant events such as the ongoing impact and recovery from the Covid19 pandemic and economic challenges. This has led to critical care nurses working under increasing amounts of pressure, within a resource constrained environment. In particular, Professor Alison Leary presented a phenomenal keynote speech *"making the invisible, visible" understanding nursing as a safety critical workforce*. I particularly liked the analogy she referred to describe the nursing profession as being the 'air traffic control' in the delivery of healthcare, with nursing needing to be recognised as a safety critical profession. However, the boundaries and expectations of the role of the critical care nurse are continually shifting. The complexity of these issues is having a profound impact on the wellbeing of the critical care workforce, resulting in issues regarding recruitment and retention. This was a key focus of the BACCN conference 2023.

From a personal perspective, a profound take-home message was the reinforcement of the value of critical care nursing being a unique, dynamic and challenging area of practice that requires highly specialised training and development to ensure the delivery of patient centred care. Therefore, there needs to be investment in critical care nurses as a registered healthcare profession to provide them with the underpinning knowledge, skills and practice to develop as a practitioner to deliver safe and effective care to patients and their families. Whilst a focus may be on recruitment of band 5 Registered Nurses (RN) to sustain the workforce, there needs to be investment into the ongoing continuing professional development of critical care nurses to support retention of experienced practitioners to enable them to thrive in this safety critical and specialist role. Moreover, this will benefit patient and family experiences. Whilst these complex issues are a 'wicked problem' and out with my personal control, I felt somewhat reassured that the challenges are not isolated to my local area of practice. It was really encouraging and motivating to hear quality improvement projects and strategies that other critical care units have implemented to improve critical care nurse recruitment and retention. Whilst there are resource constraints, there are some realistic and practical interventions that can be considered as part of workforce planning strategies at a local level.

There were some thought-provoking discussions about the role of Registered Nursing Associates (RNA) in critical care. The RNA model has not been adopted in Scotland, rather a non-registered band 4 assistant practitioner (AP) role is currently being implemented in

acute services. Whilst these are different workforce models, the band 4 role is a structured development opportunity for band 3 Healthcare Support Workers (HCSW) and they will contribute to the interprofessional team within healthcare services. However, they must not replace the unique and specialist skill of a band 5 critical care RN. Due to the issues of staff retention within the critical care, a number of critical care units have a very diluted skill mix. The replacement of band 5 critical care nurses with RNA's or unregistered AP to 'fill the gap' will further exacerbate this problem which will ultimately have a negative impact on patient outcome, care and experience. Therefore, it is fundamental that caution is exercised in the implementation of these roles both in critical care and wider clinical practice. In addition, there is need for a legally protected title for 'nurse' to improve role clarity and patient safety.

There is a traditional misconception that it is a nurse's role and responsibility to 'follow'. Whilst being a good follower is important, all nurses are leaders too. Professor Alison Leary referred to a quote: *'nurses mistake being liked for being respected'*. As a profession, nurses need to use their voice to influence and contribute to change. The ongoing work of the BACCN, within the wider context of healthcare, is invaluable and as an organisation it represents the powerful collective voice of critical care nurses.