

Friday 9th March 2018 - 10am – 4pm
Meeting Room, Crown House
Ground Floor, 123 Hagley Road, Birmingham, B16 8LD
APPROVED MINUTES

Attendance

Aimee White	Paediatric Major Trauma Rehabilitation Co-Ordinator	Bristol Royal Hospital for Children
Alison Lamb	Consultant Nurse in Spinal Injuries	Robert Jones & Agnes Hunt Orthopaedic Hospital
Amanda Guthrie	Senior Major Trauma Coordinator	Salford Royal NHS Trust
Andrea Hargreaves	Matron	University Hospital Coventry
Anita Evans	Highly Specialist Physiotherapist	Royal Shrewsbury Hospital
Anita West	Trauma Nurse Coordinator	Royal London Hospital, Barts Health. NELETN (North East London and Essex Trauma Network)
Caroline Rushmer	Paediatric Major Trauma Specialist Practitioner	Royal Manchester Children's Hospital
Charlotte Clay	Principal ANP	Birmingham Children's Hospital
Claire Pearson	Physiotherapist	Queen Elizabeth Hospital Birmingham
Cy Gaw		University Hospital Coventry
Dawn Moss	CC Lead PDN Deputy Chair of Adult CC Subgroup	Royal Stoke University Hospital
Elizabeth Felton	Occupational Therapist	Queen Elizabeth Hospital Birmingham
Emma Barlow	HDU Sister / L2 Educator	Sheffield Teaching Hospitals NHS Foundation Trust
Emma Tabenor	Senior Major Trauma Practitioner	University Hospital Southampton
Gabby Lomas	Matron, Emergency Medicine	Salford Royal NHS Trust
Hannah Farrell	Clinical Specialist Physiotherapist-Neuro-Traumatology (MTC Therapy Lead)	Queen Elizabeth Hospital Birmingham
Hannah Wilson	Occupational Therapist	Salford Royal NHS Trust
Helen Young	Trauma Rehabilitation Co-Ordinator	East of England Trauma Network
Jackie Fulton	Sister PICU	Oxford University Hospital
Jane Bakker	Senior Staff Nurse ED	Royal Hospital for Children, Glasgow
Jill Windle	Lecturer Practitioner in Emergency Nursing	Salford Royal NHS Trust
Joseph Diaz	Scrubs	Oxford University Hospital
Julie Glasgow		University Hospital Southampton
Julie Wall	Trauma Nurse Coordinator	Royal Derby Hospital
Karen Cox	Patient Safety & Quality Lead	The Association of Perioperative Practice
Karen Hodgkinson	Rehabilitation Coordinator	Birmingham Children's Hospital
Karen Hoffman		Queen Mary University of London
Kelly Billing	Clinical educator / Sister Intensive care unit	Sheffield Teaching Hospitals NHS Foundation Trust
Kimberley Hamilton	CSF Support	Bristol Royal Hospital for Children
Neil Strawbridge	Trauma Nurse Coordinator	Sheffield Teaching Hospitals NHS Foundation Trust
Pam Burchill	Major Trauma Rehabilitation Coordinator	Royal Derby Hospital
Paul Garvey	Charge nurse intensive care unit	Sheffield Teaching Hospitals NHS Foundation Trust
Rebecca Boxall	Trauma Nurse Coordinator	Royal London Hospital, Barts Health. NELETN (North East London and Essex Trauma Network)
Robert Pinate	Consultant Nurse – ED Chair of the NMTNG	Kings College Hospital, London
Sally Golsby-Taylor	Therapy Clinical Team Leader T&O	Heart of England Foundation Trust
Samantha Rooney	Senior Physiotherapist/Team Leader	Queen Elizabeth Hospital Birmingham
Sandy Walsh		
	Major Trauma Rehab Case Manager	Nottingham University Hospital
Sarah Graham	Service Imp. Facilitator	Midlands Critical Care & Trauma Networks
Sharon Budd	Trauma coordinator	Royal Derby Hospital
Sharon Sanderson		
	Major Trauma Case Manager	Nottingham University Hospital
Simon Kendal	Lead Nurse	Northern Trauma Network
Claire Marks	MTCC Lead Deputy Chair of the Trauma Ward Sub Group	Derriford Hospital, Plymouth Hospitals NHS Trust
Laura Crowle	Major Trauma Nurse Coordinator	Severn Major Trauma Operational Delivery Network
Lorrie Lawton	Consultant Nurse - Paediatric ED. CHAIR OF THE PAEDIATRIC SUB GROUP	Kings College Hospital, London
Stuart Wildman	Consultant Nurse Major Trauma Chair of the Trauma Ward Sub Group	Salford Royal NHS Trust
Jo Steele		Royal Stoke University Hospital
Karen Berry	Trauma Network Nurse Lead	Greater Manchester CC & MT Services
Jennifer Mitchell	Sister	West Hertfordshire Hospital Trust

1. Welcome and Introductions
RP thanked everyone for attending and explained to the new sub group members that this part of the meeting is to bring everyone together, get highlights from each sub group including key items especially where there is any cross-over and items that will affect the whole group. RP reminded them that individual sub groups will create their own minutes and agenda's and it is their responsibility to approve their own minutes and send them to SG to add to the website.
2. Apologies – are recorded on the main attendance register as there are too many to add to the minutes.
3. Approval of minutes of previous meeting 1.12.17 - Minor alterations include on page 4 DONC spelt with a C not a K and Rob Crouch name.
 - a. NMTNG minutes approved as an accurate record.
 - b. Minutes from sub-groups
Approved by the sub groups and will be saved to the NMTNG website. N.B. remove the telephone numbers on the adult trauma ward minutes before posting.
4. Matters arising – review actions from previous minutes (not on the agenda):
 1. NICE Trauma Quality Standard. RP apologised that this should have been submitted but he missed the deadline, however it has been sent to Heather Jarman who sits on the CRG to ensure it is discussed/approved at the next meeting. Nothing published yet.
 2. Peer review L2 bespoke courses. Remains outstanding. There are 2 national courses currently in development:
 - NTACC, developed some essential requirements so that trusts can run their own in-house course. RP obtaining dates and a review team.
 - TNSP – developed by Tracey Clatworthy at QEHB which is allied to the ETC, again RP obtaining dates for us to peer review.
 3. Twitter account: the NMTNG now has a Twitter feed, @NMTNGUK. This will also feature on the NMTNG website. Please share and retweet posts to spread awareness of the group.
5. Concurrent Sub-group meeting feedback:
 - a. **Adult Critical Care** – DM provided feedback, new members welcomed. Need more contacts for trauma critical care and help promoting the CC Trauma competencies. They will be using the BACCN News standard and will publish on the CC3N website, they are looking at other ways to promote the competencies and the sub group. The Terms of Reference have been reviewed, SG send word version to Dawn M. They are looking at what standards they would like included in the future e.g. spinal clearance, IVC filters, trimming staff. Further discussions had around training and how it will be achieved. RP said there will be a stand at the Trauma Care Conference on Monday 16th April, that they may want to use for further promotion and if they could provide CC representation at the stand to field any Q&A. DM finding out if Nicola is on the Trauma Conference schedule.
 - b. **Adult Trauma Ward** – SW provided feedback, the group discussed the guidance for assessors document and given the size of the area it will need more people to be assessors. Deadline for completion is May. Also, the trauma care after resuscitation course is much needed. It is accredited and being run by the London Network, SW

asked If any spare places could be given to the NMTNG, after London have been allocated their places. It is a 2-day course and responsibly priced. It may be that it can be matched to the competencies. The groups Terms of Referenced was reviewed, and SW is standing down as Chair following the 2-year remit. Claire Marks will be stepping into this role and will send out expressions of interest in the Vice Chair role. Everyone thanked SW.

c. Paediatric Critical Care / Ward / ED– LL provided feedback:

- The Paediatric Ward competencies are ready for the CRG's next meeting.
- The group discussed the care of the Adolescent patient, confirming the age definition as (0-16 for this group, cut off here is 16 years 364 days). Have the adult ward considered the care of the 17-year-old not legally adults? e.g. the safeguarding of children in the competencies, which may need amendment in the adult competencies as a consideration. The groups will need to work together with this in mind, the best way forward is a couple of people from each group working to ensure this is captured in the competencies. RP happy for a new section/competency to be written as an amendment and then publish it. RP will send it back to the CRG to sign-off but doesn't see it as a problem. JW said we should consider that all the competencies are written the same for adolescents ensuring a consistent approach/agreement. Rehab will also be an issue and needs highlighting, we cannot change practice but acknowledge them in our documents.
- On the back of the ward competencies the group are developed a questionnaire regarding education, only 1 level, e.g. asking what people want, they have received 14 responses to date. Learning outcomes will be developed and they hope to encourage trauma networks to take on the training nationally, the main areas mentioned were:

Ortho
Spinal cord
Abdo
Chest
Head injury – confusion and agitation
Burns

(LL asked if there was a secure group only section available on the website where they could facilitate further discussions rather than by email) which there isn't using the platform currently used. Dropbox, SharePoint mentioned. Drop box business has unlimited access for around £80 per year).

- Learning outcomes/resources to be made available on the website.
- The final draft of the Paediatric CC competencies has been written.
- The group do not have a Vice Chair, expressions of interest will be circulated as LL has also performed the 2-year role as Chair and wishes to hand it over.
- The Northern Networks are setting up a Paediatric TILS course and mapping the competencies which may be a L1 paediatric training option in the future.

d. Rehabilitation Group feedback – Today has been their first meeting, RP facilitated the group. They discussed the reasons why they wish to meet, what they wish to achieve and the issues facing rehabilitation nationally.

They plan to write competencies for practice – starting generically. Review types of education available e.g. electronic, or F2F and develop national information leaflets at a later date.

Paediatric rehabilitation – needs to be part of their remit and must link with paediatric sub group to ensure consistency.

There are lots of issues regarding access to rehabilitation, the issue of deskilling etc, the group hope to share any local developments and bring it all together and agree a consensus of what patient's needs really are. They agree the TQuIN rehab indicators are very brief. They identified the interim chairs as Karen Hoffman and Aimee White and will write their ToR. They have asked their members to bring as much information as they have to the next meeting and so they can tease out what they have and what they need to work on as a group.

e. Perioperative Group feedback – today was their first meeting with Andrea H facilitated, this was a small group of 4 people, they discussed the challenges they face, the need for both adult and paediatric based competencies, and how they will feed into the paediatric sub group. There is great variance nationally about what is being offered, and there are differences during normal working hours and during out of hours. They feel there is a need for an assessor of core care standards required. Nursing and AHP standards required and the spread of membership is one of their actions, encouraging colleagues to attend the next meeting. Julie Glasgow is taking on the role of Chair and Karen Cox, role of Vice Chair. Their ToR will be ready to be approved at the May meeting. They will bring everything to the table like the rehab group.

Regarding Association of Perioperative Practice representation – Karen Cox will represent on that cohort.

6. Review of action plan tracker

Updated by RP and will be posted on the website. Discussions included:

- Network overview paper – on the website. Shows each MTC and TU's. Good resource to have. Check it for accuracy and any amendments notify Sarah Graham.
- Develop Adult Critical Care competencies – completed.
- Develop Trauma Ward competencies – completed.
- Develop Paediatric Critical Care and Ward competencies. Ward competencies with the CRG for ratification.
- Paediatric CC – brief update, completed by next meeting.
- Paediatric educational programme – update re: national survey
- TARN – Andrea H meeting TARN on 28th March to discuss mandatory data capture, mapping against the competencies and what impact its having.
- Website logo – IT designer asked to do this, RP circulated the new draft logo to the group, the official NHS colours and fonts have been used. The NMTNG approved this today. The new logo will be applied to all our documents e.g. minutes, sub group agenda's & minutes, competency documents, the website etc. The IT designer will create all the templates for us. We will wait to update current competencies until approved by the CRN. There was some debate around the name as there are groups like rehab/perioperative now involve, some felt there may be some within these groups who do not like that it is a nurse specific title. RP updated new members regarding early talks when the group was first set up, as it was highlighted that there would always be a need for AHP/HCS input at some point. This was risk assessed within the group and agreed the title will not be changed. However, we will ensure that the website welcome page clearly references and includes AHP's and

the new sub groups. It is up to each sub group as to what is endorsed and how they are represented.

- Endorsement – RCN: Andrea H put forward ED, Trauma Ward, CC and Paediatrics for application, there is a 12week timeframe, and hopefully will be able to feedback at the next NMTNG meeting.
- HEE – CRG are going to talk to them. RP to get feedback.
- NES – RP to start discussions.
- NI and Wales – awaiting representations.
- Perioperative sub group – established, first meeting today.
- Rehabilitation sub group – established, first meeting today.
- Military Nursing Group – establish later in the year.
- Establishment of a trauma coordinator group – there is a huge amount of crossover and lots of variance in the role/model, this is parked for the time being and will wait to see what the rehabilitation sub group say about it. London have developed Trauma coordinator role descriptions for each trauma centre. No model is necessarily wrong, its important it reflects what is required in each service.
- Loughborough have access to meeting rooms, there is access to space at the QEHB for meeting rooms. Military personnel are welcome to attend meetings. Further discussions re: meeting rooms in AOB.

7. Regional/National updates:

- Scotland – update from David McGlynn via e-mail:
 1. The North (Aberdeen as MTC) and Tayside (Ninewells In Dundee as MTC) trauma networks are pretty much up and running as they are the smallest networks with mostly DGH's with one major hospital. They have both also previously had local divert protocols in place allowing for easy implementation of the new model. Tayside is officially up and running this year.
 2. Karen Portas speaking at the recent Scottish Trauma Conference has pushed NMTNG further in to the spotlight in Scotland with several of my colleagues who have previously shown no interest coming to me about this.
 3. 2020 is the official timeline for the Scottish Trauma Network going live now with South east (Edinburgh) on pace and West of Scotland (Queen Elizabeth in Glasgow) the furthest behind.
 - 3a. Rehab provision remains a massive issue everywhere.
 4. Edinburgh and Glasgow have put together major trauma coordinator job descriptions which will be going to recruitment shortly. Edinburgh will be more clinical than Glasgow.
 5. A Scottish trauma network education and workforce planning group will be having its first meeting on the 30th of April to identify training needs and options for training.
 6. A bespoke 1-day trauma course specifically tailored for the Scottish trauma network has been developed and piloted at the national simulation and training centre at Forth Valley Royal Hospital in Larbert.
 7. TILS is expanding in Scotland as the level 1 course of choice in the west of Scotland at least with interest from further afield.
- a) Wales – No update provided. We will seek this before the next meeting.
- b) Northern Ireland - NI have a network and this has gone live with full adoption of our competencies.

8. AOB:

- a) Trauma Care Conference is in April, RP is having NMTNG Stand made.
- b) NMTNG have been nominated for an RCNi award and the nursing times award, we are currently awaiting confirmation that we have been shortlisted.. AH needs help

with the HSJ award submission, Jill Windle offered to assist. Chairs and Vice chairs will be put forward to claim prizes if successful.

- c) International trauma nursing abstracts are required, closing date today.
- d) Dawn M mentioned that the NMTNG are on the 18th June Critical Care Nursing Network conference agenda and will keep us informed of discussions.
- e) Next meeting – RP gave a special thanks to the Midlands Critical Care and Trauma Networks for funding the NMTNG meeting room/lunch since it started but noted that the funding ended this month. RP is contacting the CRG for funding and would like to keep it centrally located in Birmingham/Midlands. They will also be asking the trauma networks nationally for funding. RP will issue the date of the next meeting and venue details in due course. We will also look at options for video and teleconferencing, however we will need to consider the use of this for each sub group, based on available equipment.
- f) RP reminded everyone that the ED competencies will need to be reviewed as they are 2 years old.

Dates of next meetings: Thursday 28th June, Queen Elizabeth Hospital, Birmingham

Appendix 1

National Major Trauma Nurse Group Adult ward sub group draft minutes 09/03/2018

Attended:

Anita West – TNC Royal London Hospital
Rebecca Boxall – TNC Royal London Hospital
Emma Tabenor – Senior Major Trauma Nurse Practitioner – University Hospital Southampton
Stuart Wildman – Consultant Nurse Major Trauma – Salford - Group Chair
Laura Crowle – MNTP Southmead Hospital
Sharon Budd – Trauma Nurse - Derby
Julie Wall – Trauma Nurse – Derby
Neil Strawbridge – TNC – Sheffield
Claire Marks – MTCC – Derriford – Vice Chair

Apologies – Jane Roscoe, Louise Wilde, Becky, Julie Wright

Update on Competencies:

- Previously decide we would have a guidance sheet for those signing off the competencies.
- We divided the competencies at December meeting and advised to send to Laura Crowle (LC) to compile. With winter pressure etc not all completed yet.
- Plan from today – send edits to LC who will compile and send to Claire Marks (CM) and Stuart Wildman (SW) for approval before sending out to adult group.
- Competencies re-divided - Neil Strawbridge to email Becky (Leeds) to offer help with thoracics. Sharon and Julie to help with Spinal, Hannah Kosuge (colleague with Anita and Rebecca) to help with MSK (LC to email to confirm email address!). Neil to help Emma (sorry not sure which section!). Anita and Rebecca with help Claire with challenging behaviour.
- SW will email HI section to LC. LC to email completed section of SW to all present for guidance/template example
- Rob Pinate pleased answer book/guidance in development and the other groups are watching out for what we produce
- Discussed implementation of competencies – CM has discussed with HoN and to meet with educators, and then to discuss with educators in Tus. SW proposing to hand to learning and development.
- Need to consider who will assess core element of senior staff to roll out competencies (having answer book will help)
- wards will be able to pick and choose modules relevant to their clinical area to ensure realistic and achievable
- **LIKELY TO BECOME A QUALITY INDICATOR.**

Email LC if wish to be added to the Whatsapp group with phone number.

Royal London are hosting first TCAR (trauma care after resus)

- 3 people went to USA to assess. They are currently anglicising the content.
- Looks at the physiology of evolving traumatic injuries.
- Royal London (?PAN London group?) hosting a 1 off for London nurses. They will offer to Adult group of NMTNG if any spaces left.
- A train the trainer course will be implemented if course feasible.
- No examination, AP heavy. Patient scenarios, cribs sheets and case discussion.

ETC discussed??

- Masters 'fundamentals of trauma service' module available at Southampton
- Stuart Wildman has been Chair for 2 years and tenure is up in May. Claire Marks Vice Chair is stepping up into role (as laid out in TOR). Need to send expression of interest for vice chair to Claire and Stuart.
- TOR updated and approved.

Appendix 2

**National Major Trauma Nursing Group
Paediatric Sub-Group
9th March 2018**

Present:

Lorrie Lawton (Chair) – Kings College Hospital, London (LL)
 Simon Kendal - Northern Trauma Network (SK)
 Jane Bakker -Royal Hospital for Children, Glasgow (JB)
 Jennifer Mitchell - CED Watford General
 Caroline Rushmer - Royal Manchester Children Hospital
 Charlotte Clay – ED Birmingham Children Hospital
 Kimberly Hamilton - Bristol Children Hospital (KH)
 Kerry White - Addenbrokes Hospital, Cambridge

Apologies:

Donna Brailsford
 Andrew Bedford
 Usha Chandran

Item		Action
Review minutes	Minutes of December 2017 reviewed and confirmed accurate	LL
Ward Competencies	The ward competencies were completed and we due to be presented at the CRG in January - this cancelled due to the Weather. There is currently no date for the next CRG.	LL to liaise with RP
Vice-Chair position	<p>Donna Brailsford informed LL and Rob Pinate of an intention to resign from the position of vice-chair of the Paediatric Sub-Group. This is due to changes at work and DB felt that she could no longer contribute to the group.</p> <p>With great sadness both LL and RP have accepted DB resignation. It is formally noted the contribution that Donna has made to the development of the Paediatric Sub-Group, LL thanked DB and wishes her well for the future.</p> <p>DB has stated that she still wishes to contribute to the group but not formally. LL will keep DB on the distribution list.</p> <p>LL mentioned that this leaves a gap as Vice-chair for the Paediatric Sub-group and LL 2-year tender as Chair will be finished this year. Therefore, nomination for vice-chair were needed. LL reassured the group that the workload was not too extensive but did need focus.</p>	<p style="text-align: center;"> Resignation of paediatric vice chair a</p> <p>Nominations for vice-chair to LL ASAP</p>

<p>Critical care group</p>	<p>KH reported that some develop has occurred with the Paediatric Critical care Trauma Competencies, and these are nearly completed and will be sent around for opinion soon.</p> <p>PICSE group will meet on the 2nd May 2018 – it is intended to take a draft for discussion to this meeting.</p>	<p>KH to forward to LL when complete LL to send to wider group</p>
<p>Adolescent definition</p>	<p>LL mentioned that we need to define the age group for all the Paediatric Competences - bearing in mind that some 16-year-old are cared for on adult ITU and wards.</p> <p>After discussion it was decided that the Paediatric group would focus on children aged 0- 16years (i.e. 16 years and 364 days). Adults would therefore need to ensure that their competencies covered Paediatric Safeguarding.</p>	<p>LL to raise in the main meeting for discussion</p>
<p>Education questionnaire</p>	<p>14 responses were received from the questionnaire. LL thanked those members of the team that were able to get responses. See Appendix 1.</p> <p>It is evident from the responses that nurses have not money and study time to complete a long course.</p> <p>Six main areas of competencies were highlighted that needed further work: <i>Orthopaedics</i> <i>Spinal cord injury</i> <i>Burns</i> <i>Abdominal injury</i> <i>Chest Injury</i> <i>Head Injury</i></p> <p>After discussion with was decided that the group would set out core modules for each of these clinical areas. The modules would consist of 4 hours of face-to-face teaching time that individual Trust or Trauma networks would deliver. The purpose of this group would be to dictate the key elements that must be taught.</p> <p>It was discussed that we could place core Powerpoint presentation on the NMTNG website that individual could download to start them off. This would need some work and co-ordination.</p> <p>LL suggested that the initial piece of work would focus on Learning Outcomes only. The LO would be based upon the competencies already written.</p> <p>Agreed: <i>Caroline Cunningham – Orthopaedics</i> <i>Caroline Rushmer – Spinal cord injury</i></p>	<p>All people to action as indicated</p>

	<p><i>Charlotte Clay – Burns</i> <i>Lorrie Lawton – Head Injury</i> <i>Jennifer - Abdominal Injury</i> <i>Jane Bakker – Chest Injury</i></p> <p>This work would be discussed again at the next meeting.</p> <p>It was discussed if there could be a group specific dropbox so that individual could upload differing resources to assist in the work that was being undertaken.</p>	LL to discuss at main group
AOB	<p>SK mentioned that the Northern Trauma Network were considering developing a Paediatric TILS course that could be used to assist in the sign of L1 Paediatric ED competencies. He asked if similar work was being done elsewhere.</p> <p>No-one knew of any work. LL asked SK to keep the group updated as this is something that could be rolled out nationally if it works</p>	
Dates of next meeting	As yet dates for next meeting have not been given.	

Questionnaire Results - March 2018
Paediatric Major Trauma National Group
14 Responses - very small sample size

1. Do you know of any other similar courses in existence delivered in trusts or universities?

Yes x8

No x6

If so where?

- *About 10 years ago there was a trauma & orthopaedic course ran by Huddersfield University - that I attended*
- *I believe there was an adult based trauma rotation at Kings but I don't know of a paed's one*
- *CAT course*
- *Not official course or accredited but Alder Hey ran trauma focused study days for nursing staff & support workers. Meds, fluids, applying splints, equipment etc Very helpful.*
- *CAT & KIT course SCH*
- *Alder Hey*
- *CAT/APLS*
- *CAT course, Sheffield, TTL course and TTM course*

2. Would you be interested in attending a course and if so how would you like this to be delivered?

Face to face - 14

E- learning - 7

Distance learning - 3

In-house training - 13

Comments:

Yes - training and study days are invaluable in helping you feel more competent and confident in dealing with situations you might not have seen before

3. If such a course was available what topics would you like to see on the course?

Head Injuries 14

Abdominal Injuries 12

Orthopaedic injuries 13

Burns 13

Trauma & pregnancy 4

Safeguarding 7

Communication difficulties 5

Transfers 5

Pain assessment & drugs 7

Maxfax/ ENT injuries 9

Ophthalmology injuries 7

Spinal cord injuries 13

Chest injuries 11

Assessment 7

Bariatric & trauma 4

confused and agitation 10

Tertiary survey & documentation 3

Trauma networks & TARN 5

4. Would you be prepared to fund this course for yourself?

Yes 1

Partially 4

No 9

What cost?

- £50-£100
- £50
- Around £250 (which I know is unfeasible)
- Depends on the length/time of the course

5. Would you be prepared to complete this in your own time?

Yes 5

Partially 6

No 3

6. Would you like this course to be recognised with CPD, revalidation or accreditation

CPD 13

Revalidation 14

Accreditation (University) 2

Accreditation (RCN) 5

Comments:

- *Would prefer NOT to have to do essays/exams*
- *Anything would be a bonus*

Collated by Lorrie Lawton (Chair)

Appendix 3

National Major Trauma Nursing Group

Rehabilitation Sub-Group

9th March 2018

1. Attendees:

From Karen H – to follow

2. Welcome:

This was the first meeting of the rehabilitation sub-group. RP gave a short presentation prior to the meeting on the NMTNG, its history and future vision. RP thanked all present for attending. The premise of the group is to bring national rehabilitation expertise together from nursing and AHP professional groups to engage all those involved in the provision of rehabilitation to severely injured adults and children to produce improvements in care. RP highlighted that much already existed regionally and nationally to set standards for rehabilitation provision however there may also be a need to develop training, competency and education standards.

3. Discussion:

As this was the first meeting it was broadly held as an initial discussion and 'brainstorming' session to provide some focus going forward. The following are some key aspects:

- Competencies:

There was broad agreement that an initial focus for the group should be the development of competencies for practice and that this should be a generic, i.e. multi-professional document. That this should be coupled with a review of what education is currently available such as face-to-face delivery but also electronic/e-learning.

De-skilling: The group discussed the challenges brought about by the trauma networks where staff at TU's are being de-skilled or specialty practitioners removed entirely, such as neuro-rehab expertise, and yet they continue to receive patients with neuro-rehab requirements. The competencies and educational programmes would go some way to ensuring all rehab staff share a common set of skills and competence in the care of the trauma patient.

- National information leaflets:

Group discussed the plethora of information leaflets available but there was consensus that it might be possible to develop a national set. This would enable local providers to edit them to local services but that much was generic and there is value in having a national template.

- Paediatric rehabilitation:

There was both adult and paediatric representation on the group. It was acknowledged that there are very specific areas of focus related to paediatric rehab and that those members should link in with the NMTNG paediatric sub-group.

- Access to rehabilitation:
Uniformly recognised as a challenge by the group. Whilst the NMTNG cannot change policy in this regard RP stressed the importance of this group having a voice and reporting to the Trauma and Burns CRG.
- Interim chair and vice-chair:
Interim Chair: Karen Hoffman, Head of Rehabilitation Research @ C4TS
Rehabilitation Consultant Bart's Health
Interim vice-chair: Aimee White, Paediatric Major Trauma Rehabilitation Co-Ordinator, Bristol Royal Hospital for Children.

Both Karen and Aimee were happy to undertake the position as an interim with a view to electing a full-time chair and vice-chair once the group had become established.

- ToR and Aim of the group:
Group will need to develop a ToR which will include aims and objectives of the group
- Next meeting – date TBC:
 - Members to bring examples of local/regional competencies and educational programmes to share at the next meeting and use a basis for developing a national set.
 - ToR, aims and objectives for drafting at next meeting.

Appendix 4

<p>Sub group Critical Care;</p> <p>National Major Trauma Nursing Group Meeting</p> <p>Friday 9th March 2018 11:00 Birmingham</p> <p>MINUTES</p>	
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SUMMARY OF NEW ACTIONS AGREED

No.	Action	Person Responsible	Due Date
1.	Add section on safeguarding children to competency, awaiting feedback from endorsements RCN so changes can be made at the same time and returned.	DM	Sept 2018
2.	Advertise for a vice chair of the critical care sub group.	DM	Sept 2018

ONGOING ACTIONS FROM PREVIOUS MEETINGS

Start date	Issue	Action	Person Responsible	Due Date
1/12/2017	Purpose of the group for NMTG website	Needs putting on web	DM	28/08/2018
1/12/2017	Membership list & CC3N link adding to website	Adding to website	DM	28/08/2018
1/12/2017	Review terms of reference	To have draft ready for next meeting	ALL	Sept 2018
1/12/2017	Promotion of the competencies	Group to use contacts to promote	ALL	Sept 2018

PRESENT:

Nicola Ashby	University of Nottingham and RCN Critical Care & Inflight Nurse Forum.	NA
Emma Barlow	Critical Care Sheffield Teaching Hospital	EB
Karen Berry	Greater Manchester Critical Care & Major Trauma Network.	KB
Kelly Billing	Critical Care Sheffield Teaching Hospital	K
Paul Garvey	Critical Care Sheffield Teaching Hospital	PG
Dawn Moss (Chair)	UHNM NHS Trust Lead Educator Critical Care.	DM
Sharon Sanderson (taking minutes)		SS
<u>APOLOGIES RECEIVED:</u>		
Sam Cook		SC
Julie Platten		JP
Dean Whiting		DW

No.		AGENDA ITEM	ACTION/LEAD
1.		PROCEDURAL ITEMS	
	1.1	To Receive Apologies Apologies received are noted above.	DM
	1.2	Minutes of the Previous Meeting Minutes from previous meeting were circulated prior to this meeting. No objections/queries were raised. Amendments had been previously made.	DM
2.		MEETING AGENDA	
	2.1	Welcomed Sheffield Critical Care to the group. Who enjoyed a welcome brief on the progress of NMTNG so far and the working of critical care sub group.	
	2.2	RCN endorsement had been completed and awaiting a reply.	
	2.3	Discussed publication in the BACCN journal and Nursing Standard. DM to contact Angela Morgan and Ann-Marie Heath.	
	2.4	Dwindling group members is an issue and very little reply in the way of contact from the group members.	

	2.5	Terms of reference discussed but still need updating. Need to have a word version. DM to contact administration lead.	
	2.6	NICE MT guidelines discussed.	
	2.7	The group needs a vice chair to support the group. The need to advertise to the sub group contacts. DM to contact administration lead.	
	2.8	Connecting and networking to a wider group including trauma units.	
	2.9	Safeguarding of children needs adding to the competencies as caring for 16 – 17 year-olds on adult units.	
3.		ANY OTHER BUSINESS	
	3.1	Discussed if there is any national guidelines for spinal clearance.	
	3.2	Early rehabilitation on critical care; what does it look like in all areas and is it the same in all units?	
	3.3	Psychological support for critical care nurses; should this be a TQUIN?	
		<p>DATE AND TIME OF NEXT MEETING</p> <p>The next meeting will be held on 28 June 2018</p> <p>Venue: TBC</p> <p>Timing: TBC</p>	
		<p>DEADLINE FOR SUBMISSION OF AGENDA ITEMS</p> <p>Please submit any agenda items for the next meeting to Dawn Moss three weeks prior to the meeting.</p> <p>Please contact Dawn if you would like further information or about being a part of the group.</p> <p>The National Major Trauma Nursing Group can be found at: www.nmtng.co.uk</p>	

All parties should note that the minutes of the meeting are for record purposes only. Any action required should be noted by the parties concerned during the course of the meeting and action carried out promptly without waiting for the