

National Major Trauma Rehabilitation Group

Date: 18.1.19

Location: Queen Elizabeth Hospital Birmingham

Minutes

Present:

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
Rebecca Wright	Trauma & Rehab Coordinator	Sheffield Teaching Hospitals NHS Foundation Trust
Matthew Worthy	Clinical Specialist OT orthopaedics	Sheffield Teaching Hospitals NHS Foundation Trust
Hannah Keable	Trauma & Rehab Coordinator	Sheffield Children's Hospital
Rebecca Tunbridge	Physiotherapist T&O	Sheffield Children's Hospital
Claire Pearson	Physiotherapist	Queen Elizabeth Hospital Birmingham
Karen Hodgkinson	Rehabilitation Coordinator	Birmingham Women's & Children's Hospital
Louise Bishop	Senior Physiotherapist	Heart of England Foundation Trust
Sally Golsby-Taylor	Therapy Clinical Team Leader T&O	Heart of England Foundation Trust
Clare Grocott	Trauma Rehabilitation Coordinator	Royal Stoke University Hospital
Rebecca Podmore	T&O Physiotherapist	Royal Shrewsbury Hospital
Nicola Dixon	Major Trauma Therapy Lead	University Hospital Coventry and Warwickshire
Sandy Walsh	Major Trauma Rehab Case Manager	Nottingham University Hospital
Alison Sharkey	Trauma Rehabilitation Coordinator	Royal London Hospital, Barts Health. NELETN (North East London and Essex Trauma Network)
Stephen Friend	Consultant Therapist MT.	St George's University Hospitals NHS Foundation Trust
Rachel Davern	Highly Specialised OT	St George's University Hospitals NHS Foundation Trust
Denise Gooch	Major Trauma Practitioner	Severn Major Trauma Operational Delivery Network
Aimee White	Paediatric Major Trauma Rehabilitation Co-Ordinator <b>Vice Chair Rehab Sub-Group</b>	Bristol Royal Hospital for Children
Frankie Bianca	Rehab Coordinator/Physio	Oxford University Hospital
Sophie Peacock	MT Coordinator	NHS Greater Glasgow & Clyde
Eve Kellener	School Re-integration Facilitator	Royal Manchester Children's Hospital
Susie Wolstenholme	Neurosurgery Physiotherapist	University Hospitals Plymouth

<b>Apologies</b>		
Heather Mahoney	Lead Nurse for T&O Rehab	University Hospital of Wales, Cardiff
Lynne MorganHastie	Interim Professional Lead: Physiotherapy	NHS Borders
Karen Scott	AHP Team Lead/Rehab	NHS Greater Glasgow & Clyde
Stacey Purath	Rehabilitation Coordinator	Conquest Hospital, East Sussex Healthcare NHS Trust
Karen Poole	Consultant Therapist & Network Director for Rehabilitation	Eastbourne District General Hospital
Pam Burchill	Major Trauma Rehabilitation Coordinator	Royal Derby Hospital
Alison Lamb	Consultant Nurse in Spinal Injuries	Robert Jones & Agnes Hunt Orthopaedic Hospital

<b>Agenda Items</b>	<b>Discussion</b>	<b>Action-Ownership</b>
<b>1.Welcome &amp; Introductions</b> <b>Chair: Aimee White (AW)-Bristol Royal Infirmary</b> <b>Minutes: Alison Sharkey-Royal London Hospital</b>	Karen Hoffman is chair of the Rehab Group, but unable to attend today. Aimee White has kindly agree to chair in her absence.	Nil
2.Minutes from last meeting	Nil available minutes	Nil
3.Agree upon agenda for today's meeting	<b>-AW suggested purpose of sub group meeting would be to carry on from work completed in previous meeting, to discuss &amp; develop Rehab 'competencies' for AHPs working in Trauma for both Adults and Paediatrics. Wider group agreeable to this.</b> -Suggested agenda item was to discuss new Rehab Prescription (RP) set to commence in Apr 2019. It was agreed that this could be discussed in a sub group for those interested.	Sub group to discuss Rehab Prescriptions
4.AHP Rehab Competencies in Major Trauma  4.1 Disciplines present	-Group present consists entirely of Physios and Occupational Therapists, a mix of Paeds & Adults. Noted absence of Speech Therapy/Dietetics/Neuro Psychology. -All agreed that we would need representation from all disciplines in order to create accurate	-All present to consider how we advertise and promote this group to include all Therapy AHPs.

	<p>competencies.</p> <p>-Discussion around whether to include Social Services and/Education teams (Paeds &amp; Adolescents)/ Play Therapy in the formation of competencies or would there be more value in including these groups at a later stage of competency development/consultation.</p> <p>- Logistics for Therapy involvement: Could it be an option to consider Video Conferencing to partake in this group considering the geographical distance for some attendees.</p> <p>Currently there is no official funding streams for this group to support IT.</p>	<p>-AW to discuss this further with Rob Pinate</p> <p>-AW to discuss this further with Rob Pinate, whether this could be an option.</p> <p>-? Attendees to consider approaching their individual networks to see if they can apply for any funding for this group.</p>
<p><b>4.2 Structure &amp; Framework</b></p>	<p>-AW recapped on previous Rehab group meeting, when the group worked on developing pathology specific competencies for Therapists e.g. TBI. Unfortunately, these flip charts weren't available today.</p> <p>AW discussed with Rob Pinate, who encouraged that we can continue with this approach focusing on trauma Pathologies in the acute setting</p> <p>-There was some further discussion around how we develop this idea further allowing for anticipated challenges when creating competencies spanning different disciplines. Each discipline will have a unique set of skills and priorities.</p> <p><u>Suggested alternatives could be:</u></p> <ol style="list-style-type: none"> <li>1. Consider establishing <b>core/general</b> therapy competencies for each pathology first, and then adding <b>specific core skills</b> for each discipline for that same pathology.</li> </ol> <p>or</p>	<p>-Ask Karen Hoffman for flip charts from previous work completed.</p> <p>-All attendees to go back to their sites and consider what structural approach would be most appropriate across their networks.</p>

	<p>2. Do we consider developing competencies around the stages of rehab rather than Pathology based. The focus could remain the acute setting and to include an element of discharge planning.</p> <p>The existing 'Adult Trauma Ward competencies' framework could be considered to provide a framework to lay down the new competencies.</p>	
<p>4.4 Standards of Care vs Competency</p>	<p>-A number of attendees raised concern that the use of the word '<b>Competencies</b>' could be misleading. An alternative could be '<b>Standards of Rehab</b>'.</p> <p><b>'Competency'</b> could suggest that</p> <ul style="list-style-type: none"> <li>• Until a therapist is competent in a particular skill they cannot autonomously assess and treat Trauma patients.</li> <li>• How do we determine who is competent to assess the competency of therapy staff.</li> <li>• With so many other competencies being used in individual therapy disciplines is it likely that these competencies would be adopted for use.</li> <li>• There is also the concern that specialised disciplines and resources will not exist at every site e.g Neuro Psychology. This could lead to TU's transferring patient/declining repatriation as they do not have the resources to meet the 'competency'.</li> </ul> <p><b>'Standards of Rehab'</b> would act as a guideline or reference tool for Therapists working in Major Trauma acknowledging that there may be variations depending upon service provision and/or resources available across the UK.</p>	

	<p>Consensus today would be to call the document <b>'Standards of Rehab in Major Trauma'</b></p> <p>-All agreed that we need to have very clear 'Terms of Reference' for these Standards of Rehab, outlining exactly what the intention/aims &amp; objective of these standards would be.</p> <p>The group also raised the potential crossover between this group and the new NICE working group producing aligned standards of therapy care in Trauma. We need to be careful that we are not potentially duplicating work.</p> <p>Karen Hoffman will be sitting on both groups, so may be able to provide this meeting with further details re:aims/objectives of NICE guideline.</p>	<p>-AW will finish terms of reference and distribute to this working group for 2 weeks to allow for members to make comment and respond.</p> <p>-Karen Hoffman to update the group on NICE guideline aims/objectives at next meeting.</p>
4.5 Transition from Paediatric to Adult care	<p>-Issue raised that we will need to provide some clarity around whether 16-18 year old patients will fall under Adult vs Paed standards of care.</p> <p>-AW suggested that it is likely that there will be a split at some stage to further refine Adult and Paed Standards of Rehab.</p>	For further discussion
4.6 Paeds and Adults working groups	<p>Working groups for completion of Standards of Rehab.</p> <p>At minimum all agreed that each working group should have:</p> <p><b>Paeds:</b> Chair; Representation from 4 MT networks; Minimum of 4 members; 2 AHP disciplines represented.</p> <p><b>Adults:</b> Chair; Representation from 6 MT networks; Minimum of 8 members; 2 AHP disciplines represented.</p>	Nil
4.7 Predicted time frame	<p>0-1/1.5 years: Development of standards of rehab and sharing them with relevant stakeholders</p> <p>1/1.5-2 years: Period of consultation and feedback</p>	Nil

	gathering 2-3 years: Publication of UK 'standards of rehab in Major Trauma'	
5. Name and Logo for group	Consensus reached for name of this group 'National Major Trauma Rehabilitation Group' Logo-use the same logo as the Nursing group with Purple branding.	Rob Pinate to discuss graphics with graphic designer.
6. AOB	Nil	Await date for next meeting