

National Major Trauma Nursing Group

Friday 2nd September 2016

10am – 4pm

Meeting Room, Crown House

Ground Floor, 123 Hagley Road, Birmingham, B16 8LD

APPROVED MINUTES

Attended:

Gabby Lomas	Matron, Emergency Medicine	Salford Royal NHS Trust
Sarah Graham	Minutes & Service Imp. Facilitator	Midlands Critical Care & Trauma Networks
Robert Pinate	Chair & Consultant Nurse - ED	Kings College Hospital, London
David McGlynn	Senior Charge Nurse A&E	Queen Elizabeth University Hospital, Glasgow
Jill Windle	Vice Chair & Lecturer Practitioner in Emergency Nursing	Salford Royal NHS Trust
Sharon Budd	Trauma coordinator	Royal Derby Hospital
Donna Brailsford	ED Trauma nurse coordinator	Sheffield Children's Hospital
Stuart Wildman	Consultant Nurse Major Trauma	Salford Royal NHS Trust
Lucy Martin	Lead Educator	Queen Elizabeth Hospital Birmingham
Neil Strawbridge	Trauma Nurse Coordinator	Sheffield Teaching Hospitals NHS Foundation Trust
Laura Crowle	Major Trauma Nurse Coordinator	Severn Major Trauma Operational Delivery Network
Sharon Sanderson	Major Trauma Case Manager	Nottingham University Hospital
Jane Bakker	Staff Nurse ED	Royal Hospital for Children, Glasgow
Angela Morgan	Lead Educator, Critical Care	St Mary's Hospital, Imperial College Healthcare
Dawn Moss	CC Lead PDN	University Hospital North Midlands
Steve Littleson	Data Analyst	Midlands Critical Care & Trauma Networks
Louise Wilde	Sister	Sheffield Teaching Hospitals NHS Foundation Trust
Jane Roscoe	Matron	Sheffield Teaching Hospitals NHS Foundation Trust
Lyndsay Burns	Staff Nurse ED	RMC Glasgow
Angela Lee	Educator Development Practice	RMCH
Pam Perks	Educator QEHB	QEHB
Maria Acton	Paediatric ANP	UHCW
Lorrie Lawton	Nurse Consultant	Kings College Hospital, London
Karen Berry	Trauma Network Nurse Lead	Greater Manchester CC & MT Services
Chelsey Sills	Deputy Sister MTU	QMC Nottingham
Hayley Prior	CNE Critical Care	QMC Nottingham

10:00 – 12:00: Concurrent Workshops

- Work Group 1 – The Adult Critical Care Ward – (appendix 1 – Awaiting minutes)
- Work Group 2 – The Adult Trauma Ward – (appendix 2 – Awaiting minutes)
- Work Group 3 – Paediatric critical care and ward (appendix 3 – Awaiting minutes)

12:30 – 16:00: NMTNG meeting

1. Welcome and Introductions

RP provided a brief update and remit to new members of the group, including the new sub groups.

2. Apologies – large number of apologies noted.
3. Approval of minutes of previous meeting 17.6.16
Minor alteration on page 4. Approved for final version.
4. Matters arising – review actions from previous minutes (not on this agenda):
 1. Membership – RP reiterated the importance of ensuring the register has the correct information and mentioned that SG will distribute it again for outstanding updates including the specialty drop down menus. This allows us to find people by specialty area and will aid communication for the work groups as they can produce their own register. There is more than one option to choose from as some people represent more than one specialty.
 2. Network wide nursing group - Membership of the national group continues to grow, RP presented the current membership list. RP reiterated the importance that this should not be the only meeting representatives should attend to talk about trauma nursing. It is important that people are meeting within their network-wide nursing groups, if not, why not? Discuss with nursing leads.

Representatives from this national group will feed into the national CRG for major trauma, critical care and burns, no a combined group.

3. SG Email Tracey Clatworthy for the European Trauma Course information for dissemination.
5. Review of action plan tracker
See newest update 25/8/16,
 1. Every TU within the Network is identified. SG to circulate V8.
 2. Updates from today. This can be expanded if required.
 3. Updates from today.
 4. Updates from today.
 5. New from last meeting, APLS OSCE - is it trauma based? Probably need to have another look at this, will need to re appraise it. Add Paediatric Trauma Education packages to the list.
 6. Will be meeting with TARN and have them mandate some definitions, to help produce a data set for education and nursing.
 7. RP presented the Pan London Network website, they have set up a nursing section, includes TOR, minutes, Standards etc. Although there is a national section it has not been populated with any information as we want to develop a separate website for the group. We have no money so could be a challenge, however RP spoke with Steve Littleson of the Midlands Critical Care and Trauma Networks who has designed and populates their website, which he did via Go Daddy. For the domain name: NMTNG.co.uk it will cost 1p, for first year and around £7.99 thereafter. SL has offered to help develop the website, where we will save copies of the meeting minutes, action plan information etc. It will become a repository for all our information.
 8. We are now hoping to have these accredited, Prof Moran is keen for this to go through the CRG. RCEM are also happy to look at it.
 9. We should have had a rep from HEE at this group. They could help us access funds.

We will update the tracker with any new information from today's meeting and circulate with the next agenda.

6. Concurrent Workshops – General feedback – awaiting notes/minutes

Adult CC Ward

Feedback provided by Angela Morgan

The competencies are in line with the generic step competencies and the group are on target to complete them by December, the content has been reviewed today. AM asked if there

were CC components that will interface with the Ward, as there seems to be a big overlap. Some of this has already been looked into.

New draft competencies to be sent to SG, who will forward to the other groups to see how they can be joined together.

RP asked where HDU sits within the documentation and most agreed it would be Critical Care and therefore there is no need to capture this as a separate competency document. AM said the group will pick this up with CC3N about putting it on their website.

The work group also need to consider what the nursing standard should be, define and describe it.

Even when these competencies are complete there will be other work to do e.g. issues currently affecting patients in Critical Care, Repatriations etc. These will help inform the national agenda.

Paediatrics

Feedback provided by Lorrie Lawton

Competencies are based on high dependency care. The work group will need to add specific trauma competencies which they hoping to have by end of September. The Ward version needs further work, but they really need more Paediatric ward nurses to help them with the work required.

The work group Deputy Chair is Donna Brailsford who also sits on the MTC Five+ Group, who will be meeting 11/10/16, where DB will present the competency documents and find out if this group has done some work on competencies too. The challenge is to consider the competencies that are generic or stand alone.

The work group are developing both L1 & L2 competencies.

LL asked the national group if they felt there was a need for a specific paediatric trauma course? Some felt there may be other models out there that could be used, and will need to find out if this is actually required.

There is still a lot of work to do and the Pre and Post 2016 dates need to be included, they would prove where trauma was/was not included in the course.

APLS is the standard that most paediatric nurses attend but there is still a gap for paediatric nurse only training and this could be different depending on where you work, MTC or a TU. Draft to be ready by November.

LL/DB to send SG their TOR.

Trauma Ward

Feedback by various members of the work group.

They group reviewed their draft competencies. There was consensus that it will be a large document but some sections are dependent on the type of ward you work on. Further work required around both L1 & L2 which ideally needs to be done by December.

At the next meeting they group need to agree a Chair, Vice Chair and write their TOR.

Someone will need to do the track changes for Rebecca in her absence and arrange to discuss the events of today's review so that this group has draft v2 ready for the next meeting.

The group asked if they need L1 & L2 for Wards? There was a mixed feeling about this. RP said this group may want to focus on L1 this year and start L2 next year, however this is a decision for the group. There may be core competencies for MTC staff and some that can be chosen based on the type of patients you take as a unit.

7. Regional/National updates:

1. Scotland – Scotland are still waiting to hear confirmation of MTC status, which may include X4 Adult and x2 Children's MTCs. Paediatric capabilities are in Edinburgh or Glasgow and possibly Aberdeen. They are still looking at the numbers and how viable it is to have 4 adult major trauma centres. One thing to add to the tracker is to contact Health Education Scotland.
2. Wales – RP to ask Grant Williams for an update and what they are doing regards Paediatrics.
3. Northern Ireland – RP to ask Roisin Devlin for an update. The last update was that the Republic of Ireland are setting up 3 designated Major Trauma Centres and are collecting TARN data.

8. AOB

Jill W- highlighted the issue around how the competency documents will be disseminated considering the cost to hospital trusts where some documents will be quite large. To help with this JW and RP have developed a quick reference guide document which is only 17 pages, double sided which can be handed out to staff which they can use as a reference and can be signed off, leaving the main document to be used in electronic format. RP will circulate.

JW – mentioned that she sits on the RCN National ED Competencies group who are currently reviewing the competencies. They agreed to hyperlink our competencies and have been convinced they need L1 & L2 which helps provide a level of consistency.

- 9. Date of next meeting: Friday 25th November 2016, Crown House, 123 Hagley Road, Birmingham, B16 8LD**