

**National Major Trauma Nursing Group
Paediatric Sub-Group
19th October 2018
MINUTES**

Present:

Caroline Rushmer	Paediatric Major Trauma Specialist Practitioner Vice Chair of Paediatric sub group	Royal Manchester Children's Hospital
Lisa Armour	Paediatric ANP/T&O	University Hospital Coventry and Warwickshire
Kelly Clamp	Paediatric ANP T&O	University Hospital Coventry and Warwickshire
Usha Chandran	lecturer/practitioner, Paed CC	St George's University Hospitals NHS Foundation Trust
Andrew Bedford	Senior Charge Nurse, Childrens Critical Care	Kings College Hospital, London
Nicola Robinson	Paediatric Major Trauma Nurse Co-Ordinator	Bristol Royal Hospital for Children
Jackie Fulton	Sister PICU	Oxford University Hospital
Jane Bakker	Senior Staff Nurse ED	Royal Hospital for Children, Glasgow

Apologies:

Louise Raine	Senior Sister	GNTEC, Royal Victoria Infirmary, Newcastle
Nichola Anderson	Trauma Nurse coordinator	Sheffield Children's Hospital
Nathan Griffiths	Consultant Nurse ED	Salford Royal NHS Trust
Julie Flaherty	Children's Clinical Lead Unscheduled Care SRFT & Clinical Champion Nursing	Salford Royal NHS Trust
Angela Lee	PICU Nurse Educator	Royal Manchester Children's Hospital
Charlotte Clay	Principal ANP	Birmingham Women's & Children's Hospital
Kate Hammond	Band 7 in ED	Birmingham Women's & Children's Hospital
Sarah Swann	Senior Sister	West Hertfordshire Hospital Trust
Lorrie Lawton	Consultant Nurse - Paediatric ED. CHAIR OF THE PAEDIATRIC SUB GROUP	Kings College Hospital, London
Kimberley Hamilton	CSF Support	Bristol Royal Hospital for Children
Joanne Bartlett	Sister PICU	Oxford University Hospital
Grant Williams	Advanced Nurse Practitioner	Princess of Wales Hospital. Abertawe Bro Morgannwg University Health Board
Mary Glover	Lead Nurse, Child Health	University Hospital of Wales, Cardiff

Item		Action
Review of Minutes June 2018	Minutes of June 2018 reviewed and no amendments suggested	CR

<p>Matters arising not on agenda</p>	<p>Ward competencies - still have not been signed off at the CRG. No progress on this as far as we know (in the main meeting later RP commented that although the CRG had met in the early summer, there had been something of an oversight with regard to reviewing the ward competencies.)</p> <p>Adolescent definition - This was discussed briefly again with at least three differing age cut-offs in different trusts. It remains an area of concern in relation to the 16 & 17 year olds in particular regard to education & psycho-social aspects of care and safeguarding.</p> <p>Variation exists amongst the group members' trusts in terms of what support is available to major trauma patients and families – not all had access to psychology support services, some had access only to charitable organisations support services, though in many cases these were of a high standard.</p>	<p>LL to talk to RP re: CRG</p> <p>ALL</p>
<p>Feedback from Critical Care group</p>	<p>The critical care competences are now complete and have been discussed and agreed at the PICSE group meeting in September.</p> <p>It should be noted that KH, JF & UC have put a huge amount of work into compiling the critical care competencies and even found time to compile a poster to present at the PICSE event. The group is very grateful for their hard work and determination.</p> <p>The critical care competencies are now out for general review amongst the paedics group as a whole for any further comment until the beginning of November.</p> <p>Nicky and UC both commented on the need for acknowledgement of traumatic brain injury competency and recognition of non-accidental injury.</p> <p>Care of pregnant trauma patients within the paediatric group was discussed as an area of</p>	<p>CR</p> <p>ALL</p>

	<p>concern for those centres which are not co-located next to or near to maternity services.</p> <p>It is anticipated that the competencies will need to go to the CRG for approval. Assuming all is agreed within the review timescale by early November then a covering letter will be needed to formally request review by the CRG.</p>	<p>ALL</p> <p>CR to discuss with LL drafting an appropriate letter</p>
File Sharing	<p>LA reported back on her research into a filesharing system which would be both practical and affordable for the paed's group going forward.</p> <p>It seems from LA's research into Drop box and Google Drive that Google Drive is a low, or potentially no-cost, option assuming we can keep within the limitations of the free service which is 15gb of space.</p> <p>We need to determine how best to set up a Google Drive which we can access via a gmail account.</p> <p>Needs discussion with LL on how best to set this up and manage for the longer-term.</p> <p>It is was acknowledged again that sharing material was fraught with complexities and that group members should ask permission from the authors of the work to use and observe any copyright laws.</p>	<p>CR to discuss with LL</p> <p>ALL</p>
Learning Outcomes	<p>LL had previously asked if people could try to get something written by next meeting so that they could be reviewed. The 6 areas selected were based upon the questionnaire completed earlier in the year. Member of the group were asked to develop LO for each of the areas.</p> <p>In practice in the absence of the file sharing system little tangible progress has been made on this issue.</p> <p>CR reported that one of the ward-based clinical educators in her trust had compared the ward competencies with their ward</p>	

	<p>education pack and found that most of the relevant aspects for the ward would be adequately covered with just a few gaps to address.</p>	
<p>PED L1 & L2 competency sign-off progress</p>	<p>LL had suggested at the June meeting that there needs to be a review of the implementation of the L1 and L2 Paediatric Emergency Nursing competencies in ED across England. From anecdotal evidence the mixed paed and adult units are concentrating on the adult competencies; this was echoed again by the group in terms of their experience and it was reflected that there was often an issue with getting paed competencies signed off by a relevantly qualified staff member in combined centres and TUs.</p> <p>Paediatric units had started to complete the competencies, and this was seen as less problematic, but not without some difficulties in finding dedicated time for training and ensuring that competencies actually get signed off.</p> <p>CR had canvassed her own PED and found that they were compliant on L2 reception phase with all band 7 & 6 staff APLS trained. L1 competency achievement was less clear in the absence of a specific training course like APLS.</p> <p>UC raised the issue of those trusts like her own which had opted to use EPLS rather than APLS for their staff training. LA also stated that her trust had focussed on EPLS over APLS. It was noted that this needs to be raised by staff within their own units and to direct educators to the relevant standard.</p> <p>Nicky stated that her trust would be compliant with APLS for the majority of experienced PED staff. She also stated that all PED nurses at Bristol met L1 competency.</p> <p>Nicky spoke about a course operated by Bristol which runs twice a year for £60 aimed at their</p>	<p>LL</p>

	<p>local network of Tus and LEHs which had proved popular.</p> <p>UC also mentioned a course run by the Evelina targeted at their local TUs and LEHs.</p> <p>LA discussed a mapped course within her trust with an ED Consultant involved on the course to sign-off competencies. Even so there were gaps which they had found could often be addressed with pre-course tasks – not just pre-reading, but investigating and finding particular information which they needed to bring along on the day.</p> <p>There are some good initiatives around the country but they are variable. Some national consistency or establishment of a standardised, mapped course would be helpful.</p>	
AOB	None	

Next Meeting. – 18th January 2019