National Major Trauma Nursing Group

Friday 6th November 2015
10:00 – 16:00
Midlands Trauma Network Meeting Room
4th Floor Kings House, 127 Hagley Road, Birmingham, B16 8LD

Approved Minutes

Present:

Robert Pinate (RP) Chair	Nurse Consultant, Kings College Hospital London (SELKaM)
Jill Windle (JW) Vice Chair	Salford Royal Foundation Trust (Greater Manchester)
Gabby Lomas (GL)	Matron/Emergency Medicine, Salford Royal (Greater Manchester)
Andrea Hargreaves (AH)	Practice Development Nurse, University Hospital of Coventry (Central England)
Sharon Sanderson (SS)	Major Trauma Case Manager, Nottingham University Hospital (East Midlands)
Jo Merrifield (JM)	Nottingham University Hospital (East Midlands)
Rosalind Palfrey (RPa)	Major Trauma Co-ordinator, University Hospital Southampton (Wessex)
Bruce Armstrong (BA)	Lead Clinical Educator, University Hospital of Southampton (Wessex)
David McGlynn (DM)	New Queen Elizabeth Hospital, Glasgow (Scotland)
Grant Williams (GW)	Abertawe Bro Morgannwg University Health Board (Wales)
Elaine Cole (EC)	Centre for Trauma Sciences, Blizzard Institute, QMUL (Pan-London Networks)
Dr Jackie Gregson (JG)	Northumbria Foundation Trust (Northern)
Craig Ord (CO)	Royal Victoria Infirmary, Newcastle (Northern)
Glenn Gregson-Holmes (GG-H)	
Becky Gammon (BG)	ABMU Health Board (Wales)
Rosemary Flanagan (RF)	Hull Royal Infirmary (North Yorkshire and Humberside)
Sharon O'Brien (SO)	Cardiff and Vale University Health Board (Wales)

Apologies:

Professor Rob Crouch (RC)	Consultant Nurse and Visiting Professor, University Hospital Southampton and University of Surrey (Wessex)
Sue Booth (SB)	University Hospital of Newcastle (Northern)
Mark Dawes (MD)	Trauma Nurse Practitioner, Royal Wolverhampton (Birmingham, Black Country, Hereford & Worcester)
Mark Cooper (MC)	Glasgow Royal Infirmary (Scotland)
Michelle Rudd (MR)	United Lincolnshire Hospitals NHS Trust (East Midlands)
Lorrie Lawton (LL)	King's College Hospital (SELKaM)
Darren Darby (DD)	King's College Hospital (SELKaM)
Natalie Holbery (NH)	St George's Healthcare NHS Trust (South West London and Surrey)
Sarah Graham (SG)	Service Improvement Facilitator, Midlands Critical Care Network
Mandie Burston (MB)	Trauma Co-ordinator, Royal Stoke University Hospital (Central England)
Jonathan Jones (JJ)	Consultant in A and E, Leeds Teaching Hospital (West Yorkshire)
Simon Davies (SD)	Trauma Co-ordinator, Royal Stoke University Hospital (Central England)
Jane Owen (JO)	Major Trauma Service Lead, University Hospital of Coventry (Central England)
Mike Cole (MC)	Sheffield Teaching Hospitals NHS Foundation Trust (South Yorkshire)
Neil Strawbridge (NS)	Sheffield Teaching Hospitals NHS Foundation Trust (South Yorkshire)

1. Welcome and introductions:

Introductions were made round the table.
RP welcomed the group and thanked colleagues for attending.
RP also welcomed new members to the group.

2. Apologies:

Recorded as above

3. Minutes of the last meeting 1.7.15

Approved as an accurate record.

4. Matters arising:

Matters arising – review actions from minutes not on this agenda:

Actions	Lead
1. Contact Patient Representative for inclusion on this group	GL
2. Hosting and Data set question to TARN to see if they can produce some data and host a website.	GL/JM

1. GL reported that a local patient representative (Manchester) was available but they would need to have recourse to funds to claim travelling and accommodation expenses. At present the NMTNG has no funding or access to funds.

   Action: For further discussion.

2. GL had liaised with TARN, they would be happy to:
   - Host a NMTNG sub-section on their web site.
   - Examine the possibility of adding fields specifically for nursing into the TARN data set. ??Whether able to mandate entries.
   - Host the national competencies on the web site. This could/would form part of the NMTNG website.

   Action: RP, JW and GL to take further once we have equivalence statement and competencies completed in Jan/Feb 2016.

5. Agree Vice-Chair position:

RP asked the group, via e-mail prior to this meeting and present at the meeting, if there were any further nominations for the Vice-Chair position. None received.

Jill Windle was thus agreed in the Vice-Chair position.

6. Terms of Reference (ToR) – discuss/finalise:

RP tabled the first draft of the ToR.

Key edits:

- Ensure nomenclature in full for MTC and TU. We may need to edit again as and when national networks in Scotland, Wales and Northern Ireland are formalised.

- Chair and Vice-Chair tenure: Group agreed fixed tenure of two years with the Vice-Chair assuming the Chair position for a further two years. It was agreed that this would allow continuity and development of others into the Chair position over time.
- Membership – agreed 5 per network. Currently Scotland, Wales and Northern Ireland do not have formalised networks but it is likely that Scotland will have 4 and Wales, 2. To that end membership should be capped at Scotland – 20 and Wales – 10.

  RP re-iterated the need for Networks to set up their own network wide nursing groups. The NMTNG was not intended to act as that local forum, rather representative from each network were to attend the NMTNG to discuss and develop trauma nursing across the nations.

  RP added that it was for members of each network to decide their membership.

7. **Equivalence statement:**

   RP tabled the draft 'Equivalence statement'.

   Overall the group agreed with much of the paper. The following are key additions to the paper:

   - BATLS:

     RP received feedback via e-mail from Simon Davies (SD) (Army Reservist and currently SO1 (LtCol) BATLS at HQ 2nd Medical Brigade in York). SD felt that at this present time BATLS was not equivalent to ATNC as it focussed entirely on pre-hospital care.

     Group present discussed and agreed BATLS was to be removed.
   - Delete 'recertification' and use 'revalidation' throughout.
   - For 'bespoke/HEI course:

     All bespoke courses must have an up to date database of candidates and results. The group discussed that this would most likely already be in place for HEI's but that other providers, such as Trust's, would need to ensure they had this in place. For addition to the paper.
   - Add:

     - Inclusion of paediatrics as an overarching principal.
     - The management of trauma patients in special groups – elderly, bariatric, pregnancy and burns.
   - Some additional minor typographical edits were also discussed and for action by RP.

   Action: RP to re-edit statement and circulate for approval.

8. **First draft of competency document:**

RP tabled an initial draft competency document to gauge whether the format and essential structure was right:

- Group agreed the overall structure was right using the CABCDE approach and the separation of 'organisational aspects', 'Clinical and technical skills' and 'Human factors/CRM'.

- Levels:

  Group discussed what terminology would be best to describe the levels as the terms current terms, 'foundation'/'advanced'/'expert' were not felt to be ideal.

  Suggestions:

  - CC3N use levels 1, 2, 3

  - Foundation, intermediate, advanced

  Action: group members to forward suggestions to RP

- Competency assessment:

  Group agreed 'competent/not competent' as the assessment basis rather than 'levels of competency'

  Utilise established systems of Work Place Based Assessments (WPBA) as used in medicine currently. This would require template assessment grids for 'direct observation of a procedural skill' (DOPS), 'case based discussion' (CBD) and Mini-clinical exam (mini-CEX). GW added that this would also support clinical staff developing themselves towards Advanced Clinical Practitioner (ACP) status where these assessment frameworks are established.

  Action: RP to liaise with RC and RCEM with respect to copyright, if any, of assessment systems.

Group agreed that this work may require a focussed small group to do the detailed re-writes/edits once we have a rough 1st draft of the full competencies.

Action: RP to develop 1st draft of competency document and circulate.

9. **Review of membership grid and networks overview:**

- Scotland update:

DM gave a brief overview of the likely structure in Scotland which will comprise of 4 networks with the following as MTC:

- New Queen Elizabeth University Hospital, Glasgow

- Ninewells Hospital, Dundee

- Aberdeen Royal Infirmary

- Royal Infirmary of Edinburgh

The Scottish parliament has indicated that networks will be formerly designated by the end of 2016.

- Wales update:

BG, SO, GW and GG-H gave a brief overview. Wales is likely to have two MTC's:

- Morriston Hospital, Swansea
- University Hospital of Wales, Cardiff

The likelihood is that the Welsh parliament will make a decision post elections in May 2016.

- Networks overview update:

    RP has received various edits for the network overview paper. Further edits provided by RF and BA at the meeting,

    Action: RP to update and re-circulate as version 5.

10. AOB:

BA – Raised the idea of establishing an accreditation framework for the bespoke trauma courses:

- The group discussed a form of accreditation for any bespoke course was required.

    - The NMTNG could provide that accreditation/review on behalf of networks. The current trauma contract (NHS England, 2013, National Service Specification for Major Trauma D15/S/a) includes monitoring for quality and delivery of bespoke courses by networks and thus the NMTNG could provide that function.

    - There was wide agreement that this would be advantageous as a form of quality control but also as the NMTNG had at its disposal the expertise to provide this. In addition as we have set out the curriculum and assessment standards this would provide a clear basis for accreditation.

    - The group broadly felt that the numbers of courses requiring accreditation would currently be small. Bu there was clearly a lack of knowledge as to what is 'out there'.

    - RP highlighted that if we were to go down this route we would need a specific accreditation framework underpinned by a clear governance framework.

Action: JW to set up a NMTNG sub-group to specifically focus on the development of an accreditation system for bespoke trauma courses.

11. Date of next meeting:

TBC – RP will liaise with Sarah Graham and e-mail the NMTNG ASAP.

Summary of actions

Number	Area/Heading:	Action(s)	By when	Lead(s)
1	**TARN:** • Hosting web site and competencies • Inclusion of specific nursing questions in the data set to build on current 'Attendants' section.	Meet with TARN once we have equivalence statement and competencies completed in Jan/Feb 2016.	March 2016	RP, JW and GL
2a	**Terms of Reference**	Re-draft ToR and circulate for comment	End-Nov 2015	RP
2b		Approval of ToR via e-mail	Dec 2015	RP
3a	**Competency document for emergency nursing.**	2nd draft competency document for circulation	Dec 2015	RP
3b	**Competency document for emergency nursing:** Suggestions re: Levels terms • 1, 2, 3 • Foundation, Intermediate, advanced • Etc. etc.	Suggestions from members to RP	End-Nov 2015	All
4a	**'Equivalence' paper**	Re-draft 'equivalence' paper and circulate for comment.	End-Nov 2015	RP
4b		Approval of 'equivalence' paper via e-mail.	Dec 2015	RP
5	**Networks overview paper**	To update and re-circulate	End-Nov 2015	RP
6a	**Development of an accreditation sub-group to define accreditation framework for bespoke education packages.**	E-mail members for interest in joining the sub-group	End-Nov 2015	JW