

National Major Trauma Nursing Group

Friday 18th January 2019
Queen Elizabeth Hospital Birmingham

APPROVED MINUTES

Joanne Robson	Anaesthetic Sister/Trauma Lead	GNTEC, Royal Victoria Infirmary, Newcastle
Maire Doherty	Clinical Educator	GNTEC, Royal Victoria Infirmary, Newcastle
Neil Strawbridge	Trauma Nurse Coordinator	Sheffield Teaching Hospitals NHS Foundation Trust
Jane Roscoe	Adult Ward	Sheffield Teaching Hospitals NHS Foundation Trust
Anne Green	Theatre Nurse	Sheffield Teaching Hospitals NHS Foundation Trust
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
Nichola Anderson	Trauma Nurse coordinator	Sheffield Children's Hospital
Jennifer Cherrington	Clinical Nurse Educator	Sheffield Children's Hospital
Stuart Wildman	Consultant Nurse Major Trauma	Salford Royal NHS Trust
Lara Yates	Critical Care Sister	Salford Royal NHS Trust
Faye Chadwick	Band 5	Salford Royal NHS Trust
Jay Harrison	Quality Improvement Lead	Greater Manchester CC & MT Network
Caroline Rushmer	Paediatric Major Trauma Specialist Practitioner Vice Chair of Paediatric sub group	Royal Manchester Children's Hospital
Eve Kellener	School Re-integration Facilitator	Plymouth
Sarah Graham	Service Imp. Facilitator & NMTNG Administrator	Midlands Critical Care & Trauma Networks
Michal Kielb	Clinical Educator Trauma	Queen Elizabeth Hospital Birmingham
Claire Pearson	Physiotherapist	Queen Elizabeth Hospital Birmingham
Laura Jones	Senior Sister MT Ward	Queen Elizabeth Hospital Birmingham
Sharon Budd	Trauma coordinator Vice Chair of Trauma Ward sub group	Queen Elizabeth Hospital Birmingham
Karen Hodgkinson	Rehabilitation Coordinator	Birmingham Women's & Children's Hospital
Paul Finnemore	Clinical Educator	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
Rebecca Podmore	T&O Physiotherapist	Royal Shrewsbury Hospital
Andrea Hargreaves	Matron Vice Chair of the NMTNG	University Hospital Coventry and Warwickshire
Nicola Dixon	Major Trauma Therapy Lead	University Hospital Coventry and Warwickshire
Lucinda Peachey	Advanced Clinical Practitioner GS	University Hospital Coventry and Warwickshire
Sharon Sanderson	Major Trauma Case Manager	Nottingham University Hospital
Sandy Walsh	Major Trauma Rehab Case Manager	Nottingham University Hospital

Amy Cauldwell	Team Leader for Emergency Theatres & Chair of the Peri-operative sub group	Nottingham University Hospital
Dr Nichola Ashby	lead for critical care and major trauma at the University and represent the RCN forum for critical care and in-flight nursing	University of Nottingham, RCN CCIF
Portia Aranas	Major Trauma Coordinator	Addenbrookes Hospital
Sian Cross	Network Education Lead	East of England Trauma Network
Robert Pinate	Consultant Nurse - ED Chair of the NMTNG	University College London Hospitals
Rebecca Boxall	Trauma Nurse Coordinator	Royal London Hospital, Barts Health. NELETN (North East London and Essex Trauma Network)
Alison Sharkey	Trauma Rehabilitation Coordinator	Royal London Hospital, Barts Health. NELETN (North East London and Essex Trauma Network)
Helen Parr	Network Senior Trauma Specialist	St Mary's Hospital, Imperial College Healthcare
Stephen Friend	Consultant Therapist MT. Chair of the Rehabilitation sub group	St George's University Hospitals NHS Foundation Trust
Rachel Davern	Highly Specialised OT	St George's University Hospitals NHS Foundation Trust
Lorrie Lawton	Consultant Nurse - Paediatric ED. CHAIR OF THE PAEDIATRIC SUB GROUP	Kings College Hospital, London
Laura Crowle	Major Trauma Nurse Coordinator	Severn Major Trauma Operational Delivery Network
Denise Gooch	Major Trauma Practitioner	Severn Major Trauma Operational Delivery Network
Kimberley Hamilton	CSF Support	Bristol Royal Hospital for Children
Nicola Robinson	Paediatric Major Trauma Nurse Co-Ordinator	Bristol Royal Hospital for Children
Aimee White	Paediatric Major Trauma Rehabilitation Co-Ordinator Vice Chair Rehab Sub-Group	Bristol Royal Hospital for Children
Frankie Bianca	Rehab Coordinator/Physio	Oxford University Hospital
Emma Tabenor	Senior Major Trauma Practitioner	University Hospital Southampton
Julie Glasgow	Senior Anaesthetic Sister	University Hospital Southampton
Susie Wolstenholme	Neurosurgery Physiotherapist	University Hospitals Plymouth
Claire Marks	MTCC Lead Chair of the Trauma Ward Sub Group	Derriford Hospital, Plymouth Hospitals NHS Trust
Helen Fraser	MT ANP	Queen Elizabeth University Hospital, Glasgow
Sophie Peacock	MT Coordinator	NHS Greater Glasgow & Clyde
Claire Mcgeehan	MT Coordinator	NHS Greater Glasgow & Clyde
Bryony Roberts	MT Practitioner	University Hospital of Wales, Cardiff
Helen Luton	Senior Nurse for T&O	University Hospital of Wales, Cardiff
Mary Glover	Lead Nurse, Child Health	University Hospital of Wales, Cardiff
Emma Davies	Major Trauma Practitioner	University Hospital of Wales, Cardiff
Jayne Thain	Theatre Manager	Cardiff and Vale University Health Board
Emma Edwards	Practice Educator ED	Royal Gwent Hospital, South Wales

1. Welcome and Introductions
RP welcomed and thanked everyone for attending and set the scene for new members with regards to the sub groups and the main NMTNG meeting. Reminder about the website and where to find information on all the groups.
2. Apologies – recorded on the main register.
3. Approval of minutes of previous meeting 19.10.18 (Enc 1)
Approved as an accurate record. **Action: Minutes will be added to the website.**
 - Minutes from sub-groups – approved by each group and will be added to the website.
4. Matters arising – review actions from previous minutes (not on this agenda):

4.1 – Trauma Care After Resuscitation TCAR feedback – Bex Boxall and Dr Elaine Cole

Colleagues in London attended a meeting in 2017 to discuss education and the lack of access to formal training opportunities predominately focused on aspects of trauma care. One of the speakers had previously attended the TCAR course which is specifically designed for acute care, critical care, ward, and perioperative nurses working with trauma patients in Major Trauma Centres or Trauma Units. The course appeals to other health professionals working in trauma settings such as physiotherapists and occupational therapists and covers numerous topics including complex management, elderly care, mental health etc. and includes case study discussions in each section. No test, no exam. Following some training in America the Pan London Trauma Nursing Group agreed to trial the training both for their own MTC's and opened it up nationally. In USA the course is open to Nurses only, but the UK have invited AHP colleagues too. The cost is £230 per delegate, either self-funded or via organisational education funds. Pan London Network part funded their Network with help from NHSE. A cohesive manual is supplied which is very informative and a good reference source.

Feedback about TCAR was extremely positive, its relevant and is in line with our training competencies. Pan London will be hosting another course in London on June 18th and 19th and one is being organised in Nottingham. Each course must have a minimum of 50 people to make it viable. They also run a paediatric version of the course called PCAR.

Discussions are taking place with regards to an online package that could be facilitated locally. A request is being sent to the CRG asking them to consider endorsing the course nationally. Scottish Network colleagues should consider getting this on their agenda to try an access funding streams for this training.

The link for the TCAR course in June 2019:

<http://www.c4ts.gmul.ac.uk/london-trauma-system/events/profile/trauma-care-after-resuscitation-course-tcar-june>

4.2 - Trauma Care Conference March 2019 – Andrea Hargreaves

AH asked members to promote the conference via their own networks and social media. Cost is £60, all programmes on the website (link below), there is a packed programme with speakers coming from the USA to talk about trauma nursing. There are paediatric and adolescent focussed presentations. There is a separate rehabilitation day which members

of the NMTNG/NMTRG have been contributing to which will certainly help raise our profile. Last year there was over 100 delegates, we hope to see even more this year.

Link for conference website: <https://www.traumacare.org.uk/conference>

4.3 – Draft new Major Trauma Quality Indicators (QI) – Robert Pinate

RP explained that the quality indicators aka TQUINS have recently been reviewed, which has led to some being updated, removed and a few new ones added. The new QI's will be available following sign-off in April 2019.

The current nursing and AHP indicator has been expanded to include the new sub group requirements which are clumped together into one quality indicator (except Rehabilitation & Perioperative which will follow). This could cause problems when trying to identify which element of the QI has been achieved or not, however it is now much clearer around the banding requirement e.g. that you can have a band 6 with L2 training. It has also been separated from the original QI. The NMTNG sub groups have agreed the wording of their own QI's which states that they are in accordance with our guidance and refers to our website. RP mentioned that feedback from last year's National Trauma Conference was that attainment against this was still very poor.

It was also clear that courses that claim to cover all the QI requirements do not exist, and that we would make this clear on our website. **ACTION: add message to website.**

How do we measure against the QI? RP explained that he set up an excel spreadsheet looking at the percentage of compliance in his unit. The tool is on the Pan London website. RP said you must have clarity about how you measure against the QI in preparation for future peer review visits.

4.4 NaTRIC – National Trauma Research and Innovation Collaborative – Dr Elaine Cole

EC provided some information about the role of NaTRIC, who want to support people thinking about research especially those involving nursing and AHP's. They want to get more people involved in supported studies and improve impact, one of these is a Delphi study. EC has advised that they need to collaborate better with groups like NMTNG, RCEM. EC asked the NMTNG members if they were involved in the study, the answer was No and whether they want to get involved or do our own research, RP thinks we should do both (own and NaTRIC). EC said the NMTNG should consider having a research sub group, to strengthen the links between education and research and to ensure other organisations see this group as merely authors of competencies. Further engagement with NaTRIC should be sought.

NaTRIC link: <http://www.c4ts.qmul.ac.uk/natric/natric>

5. Concurrent Sub Group Meetings – feedback:

- Adult Critical Care

Discussions include:

- Mapping across GPICS 2 standards.
- Work around the standards of assessment.
- Addressing with CC3N where the competencies fit into their competencies as a bolt-on.

- Addressing future roles.
 - Adult Trauma Ward
Discussions include:
 - The model answer guidance/reference book to be ready by 8th Feb for review by AH/RP.
 - Foreword done.
 - Write the CRG letter regarding TCAR acknowledgment.
 - Whether to perform a Trauma Ward audit to see how varied they are, including the layout, staffing and admission criteria. Possibly pilot in MTC's first.
 - What's next? Evidencing competency sign-off, getting L1 competencies embedded. Future e-learning package.
 - Paediatric Critical Care and Ward
Discussions include:
 - Competencies awaiting sign-off by CRG.
 - Quality Indicator.
 - Setting up file sharing.
 - Learning outcomes outstanding.
 - Identifying what paediatric courses are available.
 - Challenges of competency sign-off.
 - Rehabilitation
Discussions include:
 - Met first time under their new logo, mostly physio/OT today.
 - Agreed a 2 week turnaround for their Terms of Reference.
 - NICE commitment when reviewing rehab guidance, which could lead to some duplication. The group need to know what NICE are writing.
 - Need more representation from SALT & dieticians.
 - Obtaining some funding for the group.
 - Looked at the rehab Quality Indicator.
 - Thinking more about what competencies and standards are needed.
 - Peri-operative
Discussions include:
 - 2 new hospitals represented today.
 - Layout of the competencies agreed.
 - Looked at staffing splits and different specialties.
 - What support the staff will need
 - Aiming to get something drafted by end of Feb re: scoping exercise against the standards.
6. Regional/National updates:
- Scotland - Verbal and email feedback provided.
 - General update of trauma training from a Perioperative theatre perspective at the QEUH hospital in Glasgow who are about to be classified very soon with Major trauma status and are in preparation to open up a 4th ortho Trauma theatre part-time. To allow them to ensure theatre staff are equipped with the relevant trauma skills the ortho trauma theatre Senior charge Nurse has put a staff training rotation

plan in place for their CEPOD emergency theatre staff. They also have an ongoing staff rotation plan to ensure their workforce have multi theatre speciality training and this includes vascular, ortho trauma and CEPOD emergency theatre. The Perioperative side is a small part of the bigger trauma jigsaw but are part of future plans.

- Also, from Queen Elizabeth University Hospital, Scotland, they have set up a training programme with Stryker their main trauma provider, this has been ongoing since they moved into the QEUH site 4 years ago. This is an annual programme and is open to all staff in dept to attend. Alongside this they have started to provide workshops ad hoc and have recently started a training programme for CEPOD staff who cover out of hours to refresh their skills. They have got quick reference guides for common procedures and location sheets for staff to set up for cases out of hours who are less familiar. They've commenced Acelity VAC dressing training within QEUH for all staff specifically for poly trauma cases and have been involved in setting up a lower limb frame service with Mr Jamal and are already involved in looking at the plastics service that will be part of the MTC in the future. From a Scottish Trauma Network point of view see appendix 1.
- Wales
 - The Wales Trauma Network Board has been established and held its inaugural meeting in June 2018. The Board will meet monthly with senior clinical and managerial representation from Health Boards, Welsh Ambulance Service (WAST) and the Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru. It is chaired jointly by Tracy Myhill (CEO, ABMU) and Dr Mark Ramsey (Unit Medical Director, Morriston Service Delivery Unit).

The responsibility for the Trauma Network through the planning phase will lie with the NHS Wales Collaborative and once operational it will be hosted by an NHS provider. Responsibility for commissioning the trauma network and major trauma Centre rests with WHSSC, given the specialised services pertaining to major trauma that WHSSC already commissions. WHSSC will work closely with the Emergency Ambulance Service Committee (EASC), who commission WAST and the EMRTS. Health Boards will commission Trauma Units and Local Emergency Hospitals.

The Network Board will be responsible for the programme business case and subsequent operational delivery of the Network. WHSSC will now establish a commissioning team to support the development of a contracting model, with the aim of adopting the NHS England specification and standards. The Network Board will advise WHSSC on service specification and standards. The network is pleased to confirm the appointment of Dr Dindi Gill to this position in August 2018. Dr Gill's substantive role is as an Emergency Medicine consultant in Morriston Emergency department ABMU Health board as well working clinical with EMRTS.

Initial meetings have been held between the members of the Network team and WHSSC with the policy leads in Welsh Government. Further clarification from Welsh Government and relevant business cases are being drawn up for presentation. Also include will be clinical and non-clinical policy development, paediatric trauma, rehabilitation, quality improvement and research and patient flow. These will be led by 5 clinical lead positions, for which the Board has approved job descriptions.

These work streams will be accountable to the Trauma Network Board, with the final clinical and operational governance structure to be determined ahead of delivery.

All participating Health Boards have submitted baseline assessments against the standards for Trauma Units (TU) for the hospitals that they hope to designate within their areas. Members of the Network team are now meeting with Health Board colleagues including a member of their Executive Board in order to support the assessment process. In doing so, Health Boards are being asked to quantify 'gaps' in current service specification, identify how these 'gaps' could be closed through internal re-organisation and what additional resources may be required.

Next Steps

- Develop a timeline for the programme business case and delivery of the network.
 - Produce a detailed project initiation and working plan.
 - Seek resources as indicated above in order to undertake the programme business case and implementation at pace.
 - Complete baseline assessments to inform the programme business case and commissioning arrangements.
 - Meet with the Community Health Councils
 - Create a stakeholder engagement and communication strategy and ensure monthly briefings following each Network Board meetings.
- Northern Ireland – no representation present today or feedback provided. **ACTION: RP to make contact.**

7. Review of action plan tracker (Enc 2)

- TARN – changes still being processed.
- ED sub group reforming from April 2019 – to review the quality indicators.
- Establish a Military Nursing sub group, no start date agreed.
- Establish a Trauma Coordinator sub group, maybe utilise the first hour of the July meeting and then members can transfer to their other sub groups.

ACTION: SG to try and book another meeting.

8. AOB:

- a. CNO Funding – a small amount of funding for expenses like cost of rooms has been awarded, £3000 in total.
- b. Peer review of level 2 courses taking place for NTACC and TSP.
- c. Video conferencing / Teleconferencing availability. **ACTION: SG to establish if**

available.

Dates of next meetings:

- Friday 26 April 2019: Queen Elizabeth Hospital Birmingham
- Friday 19 July 2019: Queen Elizabeth Hospital Birmingham



STN Update for National Major Trauma Nursing Group Meeting

Wednesday 16th January 2019

The Scottish Trauma Network (STN) was established in June 2017, with a small national team, four regional teams and a strategic team within the Scottish Ambulance Service working together to deliver against the Chief Medical Officer for Scotland's report Saving Lives, Giving Life Back. The STN is a bespoke, inclusive and equitable solution, which involves the Scottish Ambulance Service (SAS) and hospitals across Scotland – including 4 major trauma centres (MTCs) – working collaboratively, to deliver high quality integrated, multi-specialty care to severely injured patients. This approach will save more lives and improve patient outcomes throughout the trauma pathway – from prevention to rehabilitation – 'Saving lives and Giving life back'.

The network works closely with the Scottish Trauma Audit Group (STAG) to ensure that the right data is being gathered to allow for meaningful audit of trauma services in Scotland.

Eighteen months on, and the network has delivered two of the four MTCs, in Aberdeen and Dundee, with the remaining two expected to open in Glasgow and Edinburgh in 2021/22. There is a Trauma Desk within the Scottish Ambulance Service Control Centre, which ensures that the right resources are deployed for major trauma incidents, co-ordinating with regional pre-hospital advanced paramedic and critical care teams as well as helimed resources.

Funding has been made available to support the development of acute services across the four MTCs towards meeting minimum requirements agreed by the STN and Scottish Government. Trauma Co-ordinators have been appointed in each of the regions to support improved patient experience, recognising a key request from patients for better co-ordination of their care. Further appointments will be made throughout the networks as services build up towards full implementation.

In 2019 the network looks forward to the launch of ScotSTAR North, the pre-hospital critical care team which will be linked with the MTC in Aberdeen and support improved pre-hospital care for patients in the North of Scotland who have been supported by the extended reach of the Glasgow-based West team prior to this launch.

The network is due to hold their second network event in Edinburgh on 26th and 27th June 2019.

For further information, have a look at our website: scottishtraumanetwork.com and for regular updates, check out our twitter feed @ScotTraumaNwk.

Appendix 2.

Minutes National Rehab Group

Date: 18.1.19

Location: Queen Elizabeth Hospital Birmingham

Present:

Name	Job Title	Organisation
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 Vice Chair Rehab Sub-Group	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

Apologies

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

Agenda Items	Discussion	Action-Ownership
1.Welcome & Introductions Chair: Aimee White (AW)-Bristol Royal Infirmary Minutes: Alison Sharkey-Royal London Hospital	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	<p>-AW suggested purpose of sub group meeting would be to carry on from work completed in previous meeting, to discuss & develop Rehab 'competencies' for AHPs working in Trauma for both Adults and Paediatrics. Wider group agreeable to this.</p> <p>-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.</p>	Sub group to discuss Rehab Prescriptions

<p>4.AHP Rehab Competencies in Major Trauma</p> <p>4.1 Disciplines present</p>	<p>-Group present consists entirely of Physios and Occupational Therapists, a mix of Paeds & Adults. Noted absence of Speech Therapy/Dietetics/Neuro Psychology.</p> <p>-All agreed that we would need representation from all disciplines in order to create accurate competencies.</p> <p>-Discussion around whether to include Social Services and/Education teams (Paeds & 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>-All present to consider how we advertise and promote this group to include all Therapy AHPs.</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>4.2 Structure & Framework</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"> 1. Consider establishing core/general therapy competencies for each pathology first, and then adding specific core skills for each discipline for that same pathology. <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 'Competencies' could be misleading. An alternative could be 'Standards of Rehab'.</p> <p>'Competency' could suggest that</p> <ul style="list-style-type: none"> • Until a therapist is competent in a particular skill they cannot autonomously assess and treat Trauma patients. • How do we determine who is competent to assess the competency of therapy staff. • With so many other competencies being used in individual therapy disciplines is it likely that these competencies would be adopted for use. • 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'. <p>'Standards of Rehab' 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 'Standards of Rehab in Major Trauma'</p> <p>-All agreed that we need to have very clear 'Terms of Reference' for these Standards of Rehab, outlining exactly</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>

	<p>what the intention/aims & 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. 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>	
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>Paeds: Chair; Representation from 4 MT networks; Minimum of 4 members; 2 AHP disciplines represented.</p> <p>Adults: 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 gathering</p> <p>2-3 years: Publication of UK 'standards of rehab in Major Trauma'</p>	Nil
5. Name and Logo for group	<p>Consensus reached for name of this group</p> <p>'National Major Trauma Rehabilitation Group'</p> <p>Logo-use the same logo as the Nursing group with Purple branding.</p>	Rob Pinate to discuss graphics with graphic designer.
6. AOB	Nil	Await date for next meeting

Appendix 3.

Meeting minutes – NMTNG Perioperative sub group

Friday 18th January 2019

Attendees: Paul Finnemore, Lucinda Peachey, Amy Cauldwell, Jayne Thain, Jo Robson, Marie Caoimhe Doherty, Julie Glasgow, Anne Green

Apologies: Heather Young, Jay Stacey, Lorraine Hamill

AC introduced the NMTNG and sub group of peri-op competencies

Each member introduced themselves, job role and organisation

Minutes from last meeting reviewed and agreed

So far, we have created a google drive and whatsapp group which we will invite new members to

Difficulties have been experienced with accessing Google drive at work, members will explore other options/ discuss with in house ICT

Shared “brain storm” from initial meeting

Aim for today is to establish a format for the competencies and how we’d like them to look

Examples shared of ED, adult ward and critical care existing competencies

Discussed if we need different levels, working in different areas

Linking in with existing competencies

Aim to assign members to different sections/ areas of the competencies to be produced

Would like to get this fast tracked for presentation at the Major Trauma conference in March – JS presenting on the Monday

Discussion regarding a scoping exercise (survey monkey) to understand how other Trusts manage/ run a trauma calls from ED to theatres. There are some who don’t have a specific “trauma/ emergency” theatre, but would go where most suitable based on injuries. Scrub and anaesthetic staff either rotate to the relevant theatre where as others don’t. Some have separate theatre units within one trusts or even across multiple sites.

Likely to require scrub, anaesthetic and recovery competencies

Consensus that we include everything and each individual Trusts review the competencies to what is appropriate to them and therefore important in include transfers out

Consensus that we like the critical care competency lay and format as a template for us to begin with

Discussion regarding gaining the competencies if they don’t have the exposure to them, this including the example of BCH and QEH where all children under 16 are treated at QEH, however this would be altered in the event of a Major Incident.

Competencies to be split into pre-operative, intra-operative and post-operatively

MCD volunteered to construct the template

Competencies need to be generic and not a training on equipment such as Belmont which is not always available in Resus, more important to be able to activate MHP and understanding the underpinning knowledge and how to facilitate this

Pre-op → resus, transfer to theatre, booking theatre, co-ordinating

Intra-op → generic and then specific ie ortho, plastic etc

Post op → recovery, transfer

Specialist areas – pregnancy, bariatrics, psychological first aid, debriefing, care of relatives, death of a patient (organ retrieval, notification of death, last offices), police involvement, dealing with illegal drugs, burns, paediatrics, drowning

Allocation of actions/ sharing work load

Aim to get the spine of the competency and then ask for feedback from own work place

Discussion regarding networking to other Trusts ? Facebook using generic google email this may also help us to expand our members. Consideration for AfPP involvement/ poster/ article/ advert

Discussion regarding standardising level of training which includes TILS qualification

Actions

Add new members to Google drive and Whatsapp

AC will email existing competencies to members

MCD – competency template layout, burns & plastics (scrub), happy to populate competencies if everyone emails work across

PF - paediatric

JS - transfer from ED to various places (CT, theatres, etc)

JR – ED/ pre-op (has existing competencies)

JG - Anaesthetic competencies in theatres

MSK/ ortho

LP – specialist areas

JT – going to look at existing scrub, anaesthetic and recovery competencies

AC – scrub perspective

MCD will send template in next few weeks

Deadline Friday 22nd February 2019 to send work to MCD

MCD to populate by Friday 1st March 2019 in prep for Trauma Care Conference

Next meeting Friday 26th April 2019

Appendix 4

**National Major Trauma Nursing Group
Paediatric Sub-Group
18th January 2019**

Present:

Nichola Anderson - Sheffield Children Hospital
 Jennifer Cherrington – Sheffield Children Hospital
 Caroline Rushmer (Vice Chair) – Royal Manchester Hospital
 Kimberley Hamilton – Bristol Royal Hospital for children
 Mary Glover - University of Wales Cardiff
 Nicola Robinson - Bristol Royal Hospital for Children

Apologies:

Louise Raine
 Julie Flaherty
 Angela Lee
 Lorrie Lawton (Chair)
 Jenni Fryer
 Jackie Fulton
 Jane Bakker

Item		Action
Review of Minutes June 2018	Minutes of 19 th October 18 - no corrections	LL
Matters arising not on agenda	Ward competencies - still have not been signed off at the CRG. No progress on the date for when CRG will take place	LL to talk to RP re: CRG
Feedback from Critical Care group	PCC competencies completed and need to go to CRG with the ward competencies - again awaiting timeframe for CRG meeting. PCC Quality Indicators - adult QI some alterations relation to potential PCC in TU's discussed. Unsure if TU which exist with PCC capacity which could, in rare or unusual circumstances, accept MT patients. KH offered to seek information from the wider community*****	
File Sharing	Discussion continued re: file sharing. Discussion re: free option of google drive is the most obvious	CR to take forward

	<p>with the caveat that most trust block webmail access - therefore personnel will require googlemail account to access it.</p> <p>Other option are media fire - which maybe suitable. All other free version seem to have limited storage and/or limited users.</p>	
Learning Outcomes	Little progress - to be carried over to next meeting	
Trauma Care UK	<p>Highlighted that there is a Paediatric focus day and is available on the Trauma Care website.</p> <p>LL to present the Paediatric Sub Group and highlight the work that we have done and the work to complete and what we need to focus on. Any suggestions that you would like to be include please contact Lorrie ASAP</p>	Contact Lorrie with any context that you wish to be included.
PED L1 & L2 competency sign-off progress	<p>Long discussion surrounding ED competencies</p> <p>It is unsure how Trusts are completing the L1 & L2 PED competencies</p> <p>CR suggested e-mailing 5+11 MTC to see what courses and how/if they ae mapping to the NMTNG and produce a table.#</p> <p>Discussion regarding courses and the ability to get the competencies signed off.</p> <p>There needs to be a greater understanding of what courses for PED are out there</p>	<p>CR to contact 5+11 to assess:</p> <p>Completeness of competency assessment</p> <p>What courses are offered for PED</p>
AOB	RCN competencies - discussion on how they should be assessed and who is considered competent. Group felt attendance on a course was not enough to evidence competencies and also if need to be clear who is competent to assess competencies ? length of qualification or mentorship qualification	

Appendix 5

Adult Ward Sub group minutes 18th January 2019

Education Centre, Queen Elizabeth Hospital Birmingham

Welcome and introductions

- Apologies see Appendix 1
 - Minutes from previous meeting agreed as accurate and correct
- 1) Model answer review and sign off – the front page opener was agreed and will be edited to the book by LC.

“This document is a reference guide to be used in conjunction with the NMTNG competencies for the assessor. It should be utilised to assist in the facilitation of discussion during learning and development of the level 1 ward based nurse. The document should be used in conjunction with and in support of local trust policies and procedures.”

It was recognised by the group that wounds and challenging behaviour should be advised about and managed at a local level and has been advised within the guidance.

The answer booklet is for guidance only and the expectation of knowledge and competence will be different depending on if you work in a TU or MTC setting therefore local discretion is required.

There is a difference between competence and knowledge, how these are recorded and maintained is dependent on local record keeping. For peer review it would be advisable to have records of MT specific competencies either on ESR or other electronic record system to ensure ease of access.

Booklet to be edited by LC agreed timeline for 2 weeks 26/

2) TCAR

BB updated the group on progress - There have been some issues with venue finding and network support. There are 2 planned TCARS course for 2019 and will be held in London and Nottingham on the below dates along with the link to book if you would like to attend.

- Nottingham Queens 12th and 13th June
- Royal London 18th and 19th June

<https://tcarprograms.visionem.org/events/>

They are currently looking at the potential for an online package.

A working group was discussed to support the facilitation of TCAR nationally which had positive feedback in the group. To be discussed at the next meeting.

TCAR will not work for less than 50 people therefore there need to be investment and support from networks to ensure this has successful attendance. The sub group will write to the CRG to support TCAR for the education of ward staff dealing with MT patients.

3)Trauma wards

How are you set up, what is your admission criteria, (do you take NOF's on to the ward), do you have level 1 capacity?

Glasgow -

25 bed ward

UHB –

MTW with Level 1 capacity

Bristol –

have an SOP for admission

UHP –

currently do not have a MTW but have a no n op trauma pathway to try and move patients smoothly.

Sit within their own service line

Southampton –

have a ward and nurse 1:8

Manchester –

18 beds medically staffed

2 ACP (NMP, can order bloods/ imagin including CTPA and MRI)

1NC

1 fellow rota for 1 year

Sits in NSx

Any poly trauma is admitted, but not trachy patients

Lead single Specialty (LsS) – e.g on call NSx

MDT to identify patient who are suitable to move from the ward

HCE – have a daily session looking after the relevant patients

Sheffield –

Use level 1

Huge variation is not unexpected CM asked if it would be beneficial to do a national audit for MTC's initially, to get a picture of what is being provided especially Coordinator services.

4) What next?....

Level 2 competencies – group agreed this is not currently necessary and Level 1 needs to be embedded in practice.

We are at a point to split the group into 2 groups potentially coordinators and educators.

It was suggested that the educators can look at ways of supporting the implementation of the competencies and look at some form of e learning package and how to evidence competence and knowledge.

Coordinators can look at how they work nationally and how this may be standardised with the support of a national group.

CM to discuss with RP and AH - ? implement at next meeting

5) AOB

- Trauma care 24th Jan
- SW taking a lecture but would welcome someone else to take the other – SB and NS kindly volunteered.

CM – Claire Marks

BB – Bex Boxall

SW – Stuart Wildman

SB – Sharon Budd

NS – Neil Strawbridge

ACTIONS

CM – discuss split of group

Appendix 1 -attendance and apologies.

Apologies

Rosemary Flannagan	Teacher / Practitioner, ED	Hull and East Yorkshire Hospitals NHS Trust
Victoria Smith	Nurse Educator	Sheffield Teaching Hospitals NHS Foundation Trust;

Hannah Sanderson On maternity leave from Aug 17	Major Trauma Coordinator	Salford Royal NHS Trust
Amanda Guthrie	Senior Major Trauma Coordinator	Salford Royal NHS Trust
Jenni Riley	Trauma Nurse Coordinator	Southport & Ormskirk Hospital
Lucy Wood	Matron Trauma	Queen Elizabeth Hospital Birmingham
Mark Dawes	Lead Advanced Clinical Practitioner in EM	Royal Wolverhampton Hospital
Ann Marie Heath	Outreach Senior Sister	Royal Stoke University Hospital
Sandra Rees-Pedlar	Lead Nurse, MTS	Addenbrookes Hospital
Filipa Goncalves	Trauma Nurse Practitioner	Chelsea and Westminster NHS Foundation Trust
Dr Heather Jarman	Consultant Nurse and Clinical Director for Trauma	St George's University Hospitals NHS Foundation Trust
Fiona Robertson	Major Trauma Service Lead	St George's University Hospitals NHS Foundation Trust
Prof. Rob Crouch	Consultant Nurse - ED	University Hospital Southampton/ NHSE Major Trauma CRG

Appendix 2 Attended

Name	Job Title	Organisation
Neil Strawbridge	Trauma Nurse Coordinator	Sheffield Teaching Hospitals NHS Foundation Trust
Jane Roscoe	Adult Ward	Sheffield Teaching Hospitals NHS Foundation Trust
Anne Green	Theatre Nurse	Sheffield Teaching Hospitals NHS Foundation Trust
Stuart Wildman	Consultant Nurse Major Trauma	Salford Royal NHS Trust
Michal Kielb	Clinical Educator Trauma	Queen Elizabeth Hospital Birmingham
Laura Jones	Senior Sister MT Ward	Queen Elizabeth Hospital Birmingham
Sharon Budd	Trauma coordinator Vice Chair of Trauma Ward sub group	Queen Elizabeth Hospital Birmingham
Portia Aranas	Major Trauma Coordinator	Addenbrookes Hospital
Sian Cross	Network Education Lead	East of England Trauma Network
Rebecca Boxall	Trauma Nurse Coordinator	Royal London Hospital, Barts Health. NELETN (North East London and Essex Trauma Network)
Helen Parr	Network Senior Trauma Specialist	St Mary's Hospital, Imperial College Healthcare
Laura Crowle	Major Trauma Nurse Coordinator	Severn Major Trauma Operational Delivery Network
Emma Tabenor	Senior Major Trauma Practitioner	University Hospital Southampton
Claire Marks	MTCC Lead Chair of the Trauma Ward Sub Group	Derriford Hospital, Plymouth Hospitals NHS Trust



National
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Helen Fraser	MT ANP	Queen Elizabeth University Hospital, Glasgow
Claire Mcgeehan	MT Coordinator	NHS Greater Glasgow & Clyde
Bryony Roberts	MT Practitioner	University Hospital of Wales, Cardiff
Helen Luton	Senior Nurse for T&O	University Hospital of Wales, Cardiff
Emma Davies	Major Trauma Practitioner	University Hospital of Wales, Cardiff