NMTNG Ward Sub-Group

Inaugural Trauma Co-ordinator Meeting

Chair: Neil Strawbridge

Minutes: Julie Wright

Following introductions there was a general discussion about why the group was established, it focus and how it might function.

- Suggestion that there should be a general statement about the Aims of the group
- Objectives could follow and inform the group's work programme
- A key aim should be the establishment of a generic job description allowing each organisation to amend according to their local resources and service requirements, but with responsibilities that assure the Band 7 Agenda for Change (AfC). There was acknowledgement here that succession planning was key and the support role of Band 6 clinicians and admin staff should be valued

Discussions then moved to clarification of the Trauma / Rehab Co-ordinator role at the national level perhaps requiring clarification within the current TQuIN? Discussions were mostly in relation to protecting the Agenda for Change banding of the role (currently 7) and how this could be reflected in job descriptions and personal specifications. Should this include an expectation that post holders follow the Advanced Practice pathways which includes MSc level study in advanced practice?

There was discussion from those working in Trauma Units (TU) as opposed to Major Trauma Centres (MTCs) as to how co-ordination of care could continue with fewer co-ordinators in post. A proposal for 'major trauma liaison nurses / practitioners' could be established, based on the traditional link nurse role. These individuals could be key points of contact and support for local TU personnel as well as a point of contact for MTC personnel. Their knowledge, competence and confidence in managing major trauma patients could be developed in collaboration with the MTC and cascaded within their organisation.

Queen Elizabeth Hospital Birmingham (QEHB) explained their current involvement as Trauma / Rehab Co-ordinators in relation to the repatriation of patients from MTC to TU and vice versa. This resulted in others sharing additional role responsibilities within their particular organisations:

- Expediting repatriation and inflow to both Tus and MTC
- Networking – both clinically and professionally
- Ensuring care for trauma patients follows national guidance and best practice
- Patient advocacy across the pathway
- 'Single point of access' or 'useful point of contact'
- Sharing good practice and service development initiatives
- Overcoming operational challenges to support the Trauma Co-ordinator role
- Providing major trauma outreach
- Identifying major trauma patients in conjunction with TARN Co-ordinators

- Scribe at trauma calls – varying opinions within the group as to whether this is the Trauma/ Rehab Co-ordinator's role

Next meeting, proposed work plan:

- Focus on establishing a clear statement capturing the aims of the group
- Establish Terms of Reference
- Mapping exercise to inform the national Trauma Co-ordinator job description (AfC Band 7) – all participants to bring post-its with key role responsibilities and actual activities in order to understand how the Trauma / Rehab Co-ordinator role functions across the patient pathway:
  - Resus
  - Definitive Care
  - Rehabilitation
  - Out-patients
  - Network