

**National Major Trauma Nursing Group**

Friday 19<sup>th</sup> October 2018  
Plough and Harrow Hotel, 135 Hagley Road, Birmingham, B16 8LS

**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
Victoria Smith	Nurse Educator	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
Gabby Lomas	Matron, Emergency Medicine	Salford Royal NHS Trust
Stuart Wildman	Consultant Nurse Major Trauma	Salford Royal NHS Trust
Kerry Wilkinson	Critical Care Sister	Salford Royal NHS Trust
Lara Yates	Critical Care Sister	Salford Royal NHS Trust
Caroline Rushmer	Paediatric Major Trauma Specialist Practitioner <b>Vice Chair of Paediatric sub group</b>	Royal Manchester Children's Hospital
Sarah Graham	Service Imp. Facilitator & <b>NMTNG Administrator</b>	Midlands Critical Care & Trauma Networks
Claire Pearson	Physiotherapist	Queen Elizabeth Hospital Birmingham
Sharon Budd	Trauma coordinator <b>Vice Chair of Trauma Ward sub group</b>	Queen Elizabeth Hospital Birmingham
Karen Hodgkinson	Rehabilitation Coordinator	Birmingham Women's & Children's Hospital
Paul Finnemore	Clinical Educator	Birmingham Women's & Children's Hospital
Dawn Moss	CC Lead PDN <b>Chair of Adult CC Subgroup</b>	Royal Stoke University Hospital
Clare Grocott	Trauma Rehabilitation Coordinator	Royal Stoke University Hospital
Anita Evans	PD Lead for Paediatric CC	Royal Shrewsbury Hospital
Andrea Hargreaves	Matron <b>Vice Chair of the NMTNG</b>	University Hospital Coventry and Warwickshire
Lisa Armour	Paediatric ANP/T&O	University Hospital Coventry and Warwickshire
Cy Gaw	Rehabilitation Coordinator	University Hospital Coventry and Warwickshire
Lucinda Peachey	Advanced Clinical Practitioner (GS)	University Hospital Coventry and Warwickshire
Kelly Clamp	Paediatric ANP T&O	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 & <b>Chair of the Peri-operative sub group</b>	Nottingham University Hospital
Pam Burchill	Major Trauma Rehabilitation Coordinator	Royal Derby Hospital
Julie Wall	Trauma Nurse Coordinator	Royal Derby Hospital
Sian Cross	Network Education Lead	East of England Trauma Network

Karen Hoffman	Head of Rehabilitation Research @ C4TS & Research Fellow <b>Chair of Rehab Sub-Group</b>	Centre for Trauma Sciences, Blizard Institute, Queen Mary University of London
Robert Pinate	Consultant Nurse - ED <b>Chair of the NMTNG</b>	University College London Hospitals
Anita West	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
Usha Chandran	lecturer/practitioner, Paed CC	St George's University Hospitals NHS Foundation Trust
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
Fiona Robertson	Major Trauma Service Lead	St George's University Hospitals NHS Foundation Trust
Andrew Bedford	Senior Charge Nurse, Childrens Critical Care	Kings College Hospital, London
Laura Crowle	Major Trauma Nurse Coordinator	Severn Major Trauma ODN
Nicola Robinson	Paediatric Major Trauma Nurse Co-Ordinator	Bristol Royal Hospital for Children
Liliana Zlate	Band 5 OPD	North Bristol NHS Trust - Southmead
Jenny Coe	MT Rehab Coordinator	Brighton & Sussex University Hospitals
Julie Wright	Consultant Nurse	Oxford University Hospital
Jackie Fulton	Sister PICU	Oxford University Hospital
Frankie Bianca	Rehab Coordinator/Physio	Oxford University Hospital
Claire Marks	MTCC Lead <b>Chair of the Trauma Ward Sub Group</b>	Derriford Hospital, Plymouth Hospitals NHS Trust
David McGlynn	Senior Charge Nurse A&E	Queen Elizabeth University Hospital, Glasgow
Jane Bakker	Senior Staff Nurse ED	Royal Hospital for Children, Glasgow
Karen Scott	AHP Team Lead/Rehab	NHS Greater Glasgow & Clyde
Bryony Roberts	MT Practitioner	University Hospital of Wales, Cardiff
Orla Morgan	Lead Nurse, CC & MTC Directorate	University Hospital of Wales, Cardiff
Heather Mahoney	Lead Nurse for T&O Rehab	University Hospital of Wales, Cardiff
Maria Bassett	Major Trauma Practitioner	Cardiff and Vale University Health Board
Jayne Thain	Theatre Manager	Cardiff and Vale University Health Board

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 28.6.18 (Enc 1)  
Approved as an accurate record. **Action: Minutes will be added to the website.**
  - a. Minutes from sub-groups – approved by each group and will be added to the website.

#### Highlights

RP congratulated:

1. Dawn Moss and the Critical Care sub group for their poster presentation at the Global Emergency Nursing & Trauma Care Conference in the Netherlands in October 2018.
2. Andrea Hargreaves and the NMTNG who were finalist for the RCNi awards.
3. Kimberley Hamilton for her PICS poster presentation at the Paediatric Intensive Care Society Conference in September 2018 around the competency development.

#### 4. Matters arising – review actions from previous minutes (not on this agenda):

##### **4.1 – Trauma Care After Resuscitation TCAR feedback – Anita West**

This is an American course which has been running for a couple of years. Its scenario based and easy to follow and fully engaging. London colleagues were lucky enough to attend the course, feedback was excellent, it was attended by 90% nurses 10% AHP, most from a ward setting, 60% had no previous formal trauma education.

Colleagues met with the course providers when they came to the UK. Some alterations were made in line with UK requirements and it is now licenced for use. They will not relinquish the rights for it but they are happy to come to the UK to run courses each year. Two courses have already been booked at a cost £230 per person, the cost is on the proviso that a minimum of 50 people must attend, that way they can keep the costs down. If the numbers are lower than 50 there must be a way of sponsoring the training. The 2 dates are in London on the 18<sup>th</sup> & 19<sup>th</sup> June 2019, and possibly one or two outside London, one being Manchester and one in the West Country if they can get a date around the same week, again in order to keep costs low. We need to advertise this nationally to get the numbers required. The TCAR website is where bookings and payments are made, staff would need to have a way of being reimbursed for the payment where applicable. Manuals are provided by the course providers.

They do plan to run an online version which could be purchased by the trauma networks and facilitated locally, however the cost is not yet known. Once we have the dates we will add them to the website.

**Action: Claire Marks agreed to write a one-page outline for RP** to send to the Clinical Reference Group for their support and they want to know what this group recommends for nurse/AHP training.

There is also a paediatric element called PCAR. It may be worth asking them if they could do this course in the UK.

##### **4.2 - Trauma Care Conference March 2019 – Andrea Hargreaves**

Last year the nursing programme went really well and for the conference next year the NMTNG have been offered 2 days on the 4<sup>th</sup> and 5<sup>th</sup> March. We need to fill the 2 days agenda and include interactive sessions and a poster competition. We need contributions from the sub groups and would like anyone who has already produced posters to submit to the competition and/or present them at a session, **Action: AH to send out email request for speakers.** We need volunteer speakers and contributors from nursing and AHP colleagues to present the excellent work the NMTNG have done to date. Please disseminate the dates to colleagues.

Also, looking for exhibitors too, if you would like to reserve a stand contact AH. If you present you get your ticket for free.

There is a rehab day on the Wednesday, if anyone is interested in presenting they should get in touch with Dr Alex Ball. The cost is £60 per day. **ACTION: For Everyone to disseminate this information to colleagues.** We will advertise it on the website.

The NMTNG have also been asked to run the plenary session, if anyone would like to submit ideas for ask debate please contact Andrea Hargreaves.

The group now sit on the Trauma Care Council and have been asked to write a trauma nursing manual. However, there was little appetite for it at the moment as there are so many online resources currently available.

#### **4.3 – TARN - New ED nursing/AHP measures – Gabby Lomas**

Following years of discussions with TARN they have finally included the L1 & L2 ED Nursing indicator field which went live on 18<sup>th</sup> July. It's still not mandatory but the group are working on this. The audit committee are meeting in October in order to ratify the titles/grades so they are up to date and accurate. It also includes the levels of those attending the call, e.g. TNCC, ETC, ATNC, APLS. It will also ask if someone has a L1 or L2 competency (booklet) or not known.

This will help with the TQuIN standards evidence as we currently have no idea how many have achieved the competencies nationally.

#### **5. Concurrent Sub Group Meetings – feedback:**

##### **a. Adult Critical Care discussed:**

- New members here today, vice chair has been appointed, Orla Morgan.
- The trauma service in Scotland and Wales who still need help and support with how they will development their services.
- The group still need approval from RCN re: accreditation (AH)
- Trauma standards for Critical Care, GPICS are being rolled out nationally, there is a section on trauma, but it doesn't indicate if nurses need competencies in critical care, they are trying to address this.
- Discussed about understanding who has adopted the competencies nationally. National contacts will be utilised for this.
- E-learning modules for major trauma being developed by WHO.
- Now looking at what the group do next e.g. repatriation of trauma patients from one ICU to another ICU or ward – what are the standards?

##### **b. Adult Trauma Ward discussed:**

- L1 competencies which were signed off, and they have been developing the assessors guidelines, they aim to have them ready for the next meeting on the 18<sup>th</sup> January.
- Education and Training – promotion and use of the competencies and the TaRTS course and TCAR.
- Ideas for developing training packages, which some trusts have already. They will be identify them and putting them on their dropbox to enable better sharing of information. And will include them on the NMTNG website.
- Discussed the Welsh set up, they will offer support and sharing of what England have been through and learnt to date.

c. Paediatric Critical Care and Ward discussed:

- PICS competencies signed off and the Paediatric Critical Care competencies are out for consultant till the end of the month. Group will confirm final version at the end of October 2018.
- RP asked for a covering letter for the PICS competencies, copy and paste the Ward version. RP asked the group to agree the wording of their Quality Indicator.
- They discussed the signing off of competencies in the ED and the confusion about getting them signed off by a relevant paediatric colleague.
- Group still awaiting sign off of the paediatric ward competencies from the Major Trauma and Burns CRG. RP to chase.
- Also looked at L2 training and APLS. This needs more work to persuade trusts to use APLS or a bespoke course as approved by the CRG.
- Good practice happening in many units - need a way of sharing the information. Resources can go on the website pages, send to Sarah Graham.
- Scotland update –they are hoping their paediatric network will be up and running by 2019/2020
- Still struggling with everything around adolescents. RP reiterated that all groups need to consider writing competencies for adolescents which may lead to some cross-over.

d. Rehabilitation group discussed:

- Formally constituted the rehab group as a sister group of the NMTNG today.
- There has been growth in numbers attending with a good representation from around the country but still lacking SALT, Dieticians or Neuropsychology.
- Their focus today was around common themes between the various specialties.
- They would like to continue using the NMTNG website for the time being.
- There are some adult competencies currently available for adults but not much for paediatrics. They want to build on some frameworks e.g. international classification of functions in health.
- The group is multi professional, perhaps someone could go to the other professional 'bodies' and let them know what we are doing.
- Went through a mapping, brainstorming session and want to continue to learn from the other established groups.
- They will continue to send competencies to KH to collate.
- They agreed that they may need to split into an adult and a paediatric rehab group in order to get the work done.

**Action - RP reminded the group that they need to write a Terms of Reference.**

RP mentioned that It was always the intention to have a rehabilitation (multi professional) group, that would work in conjunction with the NMTNG so that there is some overlap and consistency. For now, the 2 groups will continue to meet together on the same day. We don't have any money right now but we have put in a business case to NHS England for some funds.

e. Perioperative group discussed:

- They have increased in numbers since their last meeting.
- They are looking at the different practices in each trust.
- Access to courses and criteria. Not all trusts have access to them.

- Gone back to basics, they have put together some pointers for areas they want to look at.
- Organised a WhatsApp group and drop box.
- There are some good competency documents available in trusts, they will review them at the next meeting.
- They will also look at other competencies from the other groups. They want to look at the approach and what support is out there
- Recovery also represented today, they want to look at the requirements for this specialty.
- **ToR approved. Send to SG for the website.**

RP asked if they wanted to change the title of the group to include Recovery but they agreed it should remain the perioperative group.

## 6. Regional/National updates:

### a. Scotland

- They continue to move forward with their trauma networks, the North went live a week ago, the East goes live the end of this year and the others start 2019/2020.
- Workforce planning is going at a pace. Clinicians are using the step competencies but not the Quality Indicator as they don't have the same incentives in Scotland, however they may be used to show the levels of competencies being used.
- They are looking at a knowledge skills framework and how it will be delivered.
- They recognise the NMTNG as the expert group.
- An AHP group is specifically being developed.
- Waiting to find out about funding for a rehab group.
- Trauma coordinators and rehab coordinators have been put into place.
- Paediatric major trauma will probably be centred in Glasgow for the whole of Scotland due to demographics.

### b. Wales

- Had a bit of a set-back they will not be up and running by the planned start date. Will probably be around the Summer 2020.
- MT practitioner will be in place soon.
- Business case being written – they will be adopting all the competencies.
- Plan to fund staff for TNCC.
- Red alert trauma nursing group meeting has been developed.
- The newly formed trauma network are meeting, but not sure if there is nursing/AHP representation.

### c. Northern Ireland

- No one here today but they do seem to be adopting the competencies from this group.

## 7. Review of action plan tracker (Enc 2)

Most of it has been completed. Its updated on the website.

Two points RP wants to highlight

1. Need to reform the ED group because the competencies need reviewing and updating.

There has been a document created by the trauma ward group to support sign-off which can be replicated for the other groups.

2. National Military nursing group – there is a desire for this group to be established.

3. To establish a trauma coordinator task and finish group. It needs to focus on the agreement of what a trauma coordinator is/does and if a national definition is required. Some networks have already done this. Some feel it would be useful. **Action: This will be decided at next meeting about when it will happen and how it will be structured.**

For reference the completed actions on the tracker are kept so you can see what we have achieved. If there are other areas you feel should be included let RP know.

**8. AOB:**

- a. CNO Funding - paper being written to NHSE for a small amount of funding, for some expenses like cost of rooms.

**Dates of next meetings:**

- Friday 18th January 2019: Queen Elizabeth Hospital Birmingham
- Friday 26 April 2019: Queen Elizabeth Hospital Birmingham

Appendix 1 Adult Trauma Ward Sub Group minutes

National Major Trauma Nursing Group  
 Adult Trauma Ward Sub Group Meeting  
 19.10.18  
 Draft Minutes

Attendees/ introductions

Neil Strawbridge	Trauma Nurse Coordinator	Sheffield Teaching Hospitals NHS Foundation Trust
Victoria Smith	Nurse Educator	Sheffield Teaching Hospitals NHS Foundation Trust;
Gabby Lomas	Matron, Emergency Medicine	Salford Royal NHS Trust
Stuart Wildman	Consultant Nurse Major Trauma	Salford Royal NHS Trust
Sharon Budd	Trauma coordinator <b>Vice Chair of Trauma Ward sub group</b>	Queen Elizabeth Hospital Birmingham
Julie Wall	Trauma Nurse Coordinator	Royal Derby Hospital
Sian Cross	Network Education Lead	East of England Trauma Network
Anita West	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 Hopsital, Imperial College Healthcare
Fiona Robertson	Major Trauma Service Lead	<b>St George's University Hospitals NHS Foundation Trust</b>
Laura Crowle	Major Trauma Nurse Coordinator	Severn Major Trauma Operational Delivery Network
Julie Wright	Consultant Nurse	Oxford University Hospital
Claire Marks	MTCC Lead <b>Chair of the Trauma Ward Sub Group</b>	Derriford Hospital, Plymouth Hospitals NHS Trust
David McGlynn	Senior Charge Nurse A&E	Queen Elizabeth University Hospital, Glasgow
Bryony Roberts	MT Practitioner	University Hospital of Wales, Cardiff
Maria Bassett	Major Trauma Practitioner	<b>Cardiff and Vale University Health Board</b>

Apologies

Rosemary Flanagan	Teacher / Practitioner, ED	Hull and East Yorkshire Hospitals NHS Trust
Diane Armstrong	Senior Sister Trauma Ward	Leeds Teaching Hospital NHS Trust/ Royal College Emergency Medicine
Louise Wilde	Adult Ward	Sheffield Teaching Hospitals NHS Foundation Trust
Jane Roscoe	Adult Ward	Sheffield Teaching Hospitals NHS Foundation Trust

Rachael Webster	TNC	Sheffield Teaching Hospitals NHS Foundation Trust
Jill Windle	Lecturer Practitioner in Emergency Nursing	Salford Royal NHS Trust
Amanda Guthrie	Senior Major Trauma Coordinator	Salford Royal NHS Trust
Ann Marie Heath	Outreach Senior Sister	Royal Stoke University Hospital
Rebecca Boxall	Trauma Nurse Coordinator	Royal London Hospital, Barts Health. NELETN (North East London and Essex Trauma Network)
Francesca Hole	Orthopaedic Trauma Co-ordinator	Royal Surrey Hospital
Jim Flaherty	Trauma Nurse Service Coordinator	Conquest Hospital, East Sussex Healthcare NHS Trust
Emma Tabenor	Senior Major Trauma Practitioner	University Hospital Southampton
Elaine Dempster	Senior Charge Nurse A&E	NHS Grampain, Aberdeen
Becky Gammon	Head of Nurse for Unscheduled Care	Princess of Wales Hospital. Abertawe Bro Morgannwg University Health Board
Helen Luton	Senior Nurse for T&O	University Hospital of Wales, Cardiff
Anna Crossley	Professional Lead for Acute, Emergency and Critical Care. RCN	Royal College of Nursing
Hannah Kosuge		Royal London

#### Matters arising

- Answer book for Ward Competencies described as long and detailed. Following discussion, the group agreed to maintain current level of detail.
- Discussion re: the establishment of Level 2 Ward competencies:
  - How applicable would such competencies be across all MTCs and TU's?
  - Level 2 competencies may fail to accommodate / recognise the variation in service provision across MTCs and TUs
  - Level 2 competencies could potentially have a greater focus on spinal competencies but again this may not be widely applicable
  - Timely reminder that the Clinical Reference Group (CRG) had already ratified the current Ward Competencies as they stand and thus they should not be changed. Proposal from group that there should be a review date on the current competency framework and this would give an opportunity for feedback from end users together with any updates required.

#### Progress with Competency Framework – Guidance for assessors

- Neil has completed Trauma in Pregnancy guidance for assessors
- Some discussion re: who should assess competency in the Trauma Units (TUs). Group proposed a pragmatic approach using local educators. Acknowledged that only the relevant competencies should be assessed i.e. those competencies relating to the patient group cared for by each ward multi-disciplinary team. For example, if a particular trauma ward does not admit patients with severe head injuries, then

those competencies would be irrelevant as exposure and the opportunity to practice and maintain competence would not present itself.

- There was some discussion about the competency framework being reliant on using courses and study days to fulfil the demands of the framework, when the sentiment of the framework was to assure competency in practice. There was some suggestion that the framework was embedded in organisational statutory and mandatory training programmes, but the challenges associated with negotiating this in every Trust was acknowledged. Again a pragmatic approach, using local educators and ward managers was proposed for the current time.
- Group members were keen that the ward competency framework becomes a Quality Indicator (QI) for major trauma and proposed that the CRG at NHS\_E were lobbied to that effect.
- Group felt that it might be helpful to have an Instructor / Assessor section with all relevant resources on the NMTNG Ward Sub Group website. **Action: Chair to contact Rob Pinate to discuss this possibility**
- Progress with Assessor guidance for each competency:
  - Thoracic Trauma – Sharon & Neil
  - Musculo-skeletal, Upper limb – Victoria
  - Musculo-skeletal, lower limb – Hannah
  - Musculo-skeletal, pelvis – Laura
  - Musculo-skeletal, amputation – Victoria
  - Musculo-skeletal, external fixators, skin and skeletal traction – Hannah
  - Musculo-skeletal, Compartment syndrome – Julie
  - Bariatric – special considerations - Julie
  - Psychological issues – Jane Roscoe has completed but need to chase
  - Pain – Claire will complete
  - Elderly – completed by Neil and Emma – chase
- Some discussion re: use of a Dropbox to support assessment of competencies e.g presentations etc  
**Claire will explore possibilities**

**Deadline for all outstanding guidance 7<sup>th</sup> December 2018 to Laura Crowle**

**Feedback to Laura by 18<sup>th</sup> January 2019**

**Ratification of completed Assessor Guidance at meeting 18<sup>th</sup> January 2019**

Trauma Care After Resuscitation (TCAR) course Presented by Anita West

The team from the USA responsible for developing and delivering this course were invited to run a course by the Pan-London Trauma Networks. Another is planned for 18 /19 June 2019 in London.

- 2 day course requiring pre-course reading
- Excellent feedback from attendees (90% registered nurse, 10% allied health professionals). 57% of attendees were ward based.

There was some discussion re; the possibility of the course being franchised in order that it could be run across Trauma Networks in the UK. Anita said this was unlikely as the developers were clear about their ownership of the intellectual property. She also reported that attendees were complimentary about the delivery of the material and this may not be replicable were the course to be franchised.

Discussions focussed on how the regional trauma networks might work together to finance the delivery of TCAR across the UK. For example, Manchester would allow access to those Networks to the North, with Wessex and Peninsula providing access in the Southwest, London to the South East. **Group members to explore local Network appetite for the above collaboration.**

Trauma Care Conference - 4/5 March 2019

- Nursing Programme now over 2 days
- Requires update from Ward Sub-group

**Group members to consider how they might best contribute to the agenda**

Update from Wales

- Cardiff confirmed as newly established Major trauma centre for Wales
- Discussion re: individual Network challenges and how these might best be overcome by the Regional Trauma Network for Wales

AOB

- Request for information re: the nursing establishment for Major trauma Wards in MTCs.

**Stuart Wildman will circulate given positive experience in Salford**

Next Meeting

**18<sup>th</sup> January 2019**

## **Appendix 2 Perioperative Sub Group minutes**

Meeting minutes – NMTNG Perioperative sub group

Friday 19<sup>th</sup> October 2018

Attendees: Paul Finnemore, Andrea Hargreaves, Lucinda Peachey, Amy Cauldwell, Jayne Thain, Jo Robson, Marie Caoimhe Doherty, Liliana Zlate

Apologies: Heather Young, Jay Stacey

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

Each member introduced themselves, job role and organisation

Discussion of roles within theatres/ job titles, training programmes, rotation of staff/ exposure to different specialities, on-call rotas, human factors, ETC (horizontal trauma care), and ATNC.

TOR reviewed and agreed

WhatsApp group set up alongside Google Drive

Minutes from last meeting 28/06/18 reviewed

Existing competency documents not shared, new members have some available which they are happy to share

Login to Google Drive achieved

Recapped the initial discussion from the first meeting

Re-acknowledgement that staff are undertaking training but no clear/ formal competency of their skills.

Discussion regarding paediatric competencies

### **Actions**

Upload existing training packages/ competencies/ preceptorship to Google Drive

Essential and desirable training course to Google Drive

Borrow a projector for next meeting

Appendix 3 Paediatric Sub Group minutes

National Major Trauma Nursing Group

Paediatric Sub-Group

19<sup>th</sup> October 2018

**Present:**

Caroline Rushmer	Paediatric Major Trauma Specialist Practitioner <b>Vice Chair of Paediatric sub group</b>	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. <b>CHAIR OF THE PAEDIATRIC SUB GROUP</b>	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



	<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 paedics 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 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>	
PED L1 & L2 competency sign-off progress	<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</p>	

	<p>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 &amp; 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 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>	<p>LL</p>
AOB	None	

Appendix 4 – Rehabilitation Sub Group minutes

Minutes for National Major Trauma Nursing Group- Sub Group Rehabilitation

Date 19/10/2018

- Rehab group introduced selves and locality they were representing  
From this it was clear that the group was adult physio heavy. With representation for paediatrics but no representation from all AHPs.
- Group decided at this early stage they would like to remain on the shared website
- Discussed to look at the nursing models as they next step to try to achieve consistency
- Suggested that we could adopt the ICF
- Could split into paed /Adults but agree on a framework first

Actions:

Karen to have brain storming sheets typed up

Future meetings: emails to invite wider AHP colleagues to the meetings to further grow the AHP representation

<p><b>Sub group Critical Care;</b></p> <p><b>National Major Trauma Nursing Group Meeting</b></p> <p><b>Friday 19<sup>th</sup> October 2018 10:00 Plough &amp; Harrow Hotel, B16 8LS</b></p> <p><b>MINUTES</b></p>	
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<b><u>PRESENT:</u></b>		
Kerry Wilkinson	Salford Royal NHS Trust	KW
Lara Yates	Salford Royal NHS Trust	LY
Orla Morgan (Vice chair)	Critical Care Manager, Cardiff	OM
Dawn Moss (Chair) (Secretary)	University Hospital North Midlands NHS Trust, Lead Educator Critical Care	DM
Sharon Sanderson	Nottingham University Hospital	SS
David McGlynn	Scotland	DM
<b><u>APOLOGIES RECEIVED:</u></b>		
Nicola Ashby	University of Nottingham and RCN Critical Care & Inflight Nurse Forum.	NA
Ann-Marie Heath	University Hospital North Midlands NHS Trust, Critical Care Outreach	AH

<b>SUMMARY OF NEW ACTIONS AGREED</b>			
<b>No.</b>	<b>Action</b>	<b>Person Responsible</b>	<b>Due Date</b>
1.	Ensure all members have read GPICS	All	Dec 2018
2.	Research the guidelines/ information for trauma repatriations	OM	Jan 2019
3.	Research if any organisations are gathering feedback on patient experience of major trauma care	All	Jan 2019
4.	Gain information on the endorsements and changes required to competencies	DM	Oct 2018
5.	Investigate if other agencies could support the competencies via e-learning or face to face learning	DM	Jan 2019

### ONGOING ACTIONS FROM PREVIOUS MEETINGS

Start date	Issue	Action	Person Responsible	Due Date
19/10/2018	Safeguarding and endorsements in competencies	Add section on safeguarding children to competency, awaiting feedback from endorsements RCN so changes can be made at the same time and returned.	DM	Feb 2019
1/12/2017	Membership list & CC3N link adding to website	Adding to website	DM	Jan 2019
1/12/2017	Review terms of reference	To have draft ready for next meeting	DM	Jan 2019
1/12/2017	Promotion of the competencies	Group to use contacts to promote	ALL	Review May 2019

NO	AGENDA ITEM	ACTION/LEAD
1.	<b>PROCEDURAL ITEMS</b>	
1.1	<b>To Receive Apologies</b> Apologies received are noted above.	DM
1.2	<b>Minutes of the Previous Meeting</b> Minutes from previous meeting were circulated prior to this meeting. No objections/queries were raised. Amendments had been previously made.	DM
2.	<b>MEETING AGENDA</b>	
2.1	Overview of where we are now and warm welcome to new Critical Care Sub Group members. Overview of the group's progress and its aims reiterated.  DM updated the group on the poster presentation at the Global Major Trauma Conference in Holland 2018 being successful. This also brought about opportunity to learn about the work which the WHO is producing for	DM

		trauma care and other international alliances that will be useful resources in the future.	
	2.2	OM updated the group on the work so far in Cardiff. OM shared the work they have been doing in Wales. The group fielded questions as Cardiff are setting up a Major Trauma Centre.	<b>OM</b>
	2.3	TQUINs discussed at length, GPICs out for consultation and the group felt that these would need to be reviewed before definitive TQUINs can be produced. Group need to focus on Trauma CQUIN development. Discuss was held on either a shift leader or all band 7 or band 6 staff should hold these competencies. GPICS guidelines suggest 50% of staff should have a critical care course. Discussion held if 50% was feasible for the Trauma competencies. Resource pressures was discussed.	<b>All</b>
	2.4	Vacant position of vice chair critical care discussed. OM is honored to take up the position of Vice Chair of the sub group Critical Care.	
	2.6	DM highlighted that the updates had not happened for the document as the endorsement and changes needed had not been received. DM to discuss with NMTNG vice chair regarding information required.	<b>DM</b>
	2.7	DS discussed the use of the trauma competencies in Scotland and how the Scottish Trauma Care service is developing. DS wanted to hear from units that have developed services. What barriers occurred and how they can be overcome?	<b>DS</b>
	2.8	<p>KW and LY discussed implementing trauma competencies in practice and the resistance of leaders to establish them. The group discussed the reasons for their development to improve patient care and make trauma care a topic of discussion amongst service providers, highlighting links between higher education and clinical practice. There was no national guidance for major trauma nursing and the group provided the bolt on competencies to the Steps 1, 2, 3 &amp; 4.</p> <p>The group acknowledged competing pressures on time and resources. The group members are willing to speak with teams that have any questions. Implementation will require leadership and enthusiastic trauma care nurses from all backgrounds to change the current "status quo". As the group has no funding stream they cannot provide learning resources. The WHO, e-lfh, BACCN and RCNi do have elements that can be utilised to support the competencies. Acknowledged that they might be in GPICS as a standard. DM discussed and will investigate if other agencies could support the competencies via e-learning or face to face learning.</p>	<b>DM</b>
	2.9	Developing future projects was discussed along with issues and problems trauma nurses face example, spinal clearance, trauma repatriations and IVC filters. The next six months will focus on trauma repatriation guidance, documentation and standards.	

	3.0	SS discussed projects that focused on patient centered care post hospital such as the Red thread project in Nottingham and Birmingham.	
<b>3.</b>		<b>ANY OTHER BUSINESS</b>	
	3.1	None.	
		<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>The next meeting will be held on 18<sup>th</sup> January 2019</p> <p><b>Venue: Queen Elizabeth Hospital, Birmingham</b></p> <p><b>Timing: 10:00</b></p>	
		<p><b>DEADLINE FOR SUBMISSION OF AGENDA ITEMS</b></p> <p>Please submit any agenda items for the next meeting <b>to Dawn Moss three weeks prior to the meeting.</b></p> <p><b>Please contact Dawn if you would like further information or about being a part of the group.</b></p> <p><b>The National Major Trauma Nursing Group can be found at:</b>  <a href="http://www.nmtng.co.uk">www.nmtng.co.uk</a></p>	

All parties should note that the minutes of the meeting are for record purposes only. Any action required should be noted by the parties concerned during the course of the meeting and action carried out promptly without waiting for the issue of the minutes.