

**Sub group Critical Care;  
National Major Trauma Nursing Group Meeting  
Friday 19<sup>th</sup> October 2018 10:00 Plough & Harrow Hotel, B16 8LS  
MINUTES**

<b>PRESENT:</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	
<b>APOLOGIES RECEIVED:</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

**SUMMARY OF NEW ACTIONS AGREED**

No.	Action	Person Responsible	Due Date
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
<b>1.</b>	<b>PROCEDURAL ITEMS</b>	
1.1	<b>To Receive Apologies</b> Apologies received are noted above.	<b>DM</b>
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.	<b>DM</b>
<b>2.</b>	<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 trauma care and other international alliances that will be useful resources in the future.	<b>DM</b>
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	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 & 4. 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.	<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  <b>Venue: Queen Elizabeth Hospital, Birmingham</b>  <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 to <b>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: <a href="http://www.nmtng.co.uk">www.nmtng.co.uk</a></b></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.

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