

National Major Trauma Nursing Group

Friday 10th February 2017 - 10am – 4pm
Meeting Room, Crown House
Ground Floor, 123 Hagley Road, Birmingham, B16 8LD

APPROVED MINUTES

Julie Platten	Critical Care network manager	North of England Critical Care Network, University Hospital North Tees
Rebecca Petini (nee Young)	Trauma Ward Sister	Great North Trauma and Emergency Centre, Newcastle (Northern Network)
Rosemary Flannagan	Teacher / Practitioner, ED	Hull Royal Infirmary
Louise Wilde	Adult Ward	Sheffield Teaching Hospitals NHS Foundation Trust
Jane Roscoe	Adult Ward	Sheffield Teaching Hospitals NHS Foundation Trust
Donna Brailsford	ED Trauma nurse coordinator & DEPUTY CHAIR OF THE PAEDIATRIC SUB GROUP	Sheffield Children's Hospital
Rachel Webster	TNC	Sheffield Teaching Hospitals NHS Foundation Trust
Louise Harrop	Sister	Sheffield Teaching Hospitals NHS Foundation Trust
Gabby Lomas	Matron, Emergency Medicine	Salford Royal NHS Trust
Hannah Sanderson	Major Trauma Coordinator	Salford Royal NHS Trust
Stuart Wildman	Consultant Nurse Major Trauma Chair of the Trauma Ward Sub Group	Salford Royal NHS Trust
Jenni Riley	Trauma Nurse Coordinator	Southport & Ormskirk Hospital
Sarah Graham	Service Imp. Facilitator	Midlands Critical Care & Trauma Networks
Angela Himsworth	Acting Network Manager	Midlands Critical Care & Trauma Network
Steve Littleson	Data Analyst/Web Designer	Midlands Critical Care & Trauma Network
Pam Perks	Clinical Educator Trauma	Queen Elizabeth Hospital Birmingham
Charlotte Adkins	ANP	Birmingham Children's Hospital
Kate Hammond	Band 7 in ED	Birmingham Children's Hospital
Ann Marie Heath	Outreach Senior Sister	Royal Stoke University Hospital
Dawn Moss	CC Lead PDN	Royal Stoke University Hospital
Andrea Hargreaves	Snr Sister/PDN	University Hospital Coventry
Sean Treacy	Charge Nurse TNP	Kettering General Hospital
Sharon Sanderson	Major Trauma Case Manager VICE CHAIR OF THE ADULT CC WARD SUB GROUP	Nottingham University Hospital
Sharon Budd	Trauma coordinator	Royal Derby Hospital
Rachel Brailsford	Trauma Nurse Practitioner	Nottingham University Hospital
Jo Lockwood	Matron, Major Trauma Ward	St Mary's Hospital, Imperial College Healthcare
Sarah Pratley	Senior Sister	West Hertfordshire Hospital Trust
Robert Pinate	Consultant Nurse – ED Chair of the NMTNG	Kings College Hospital, London
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
Justin Walford	Charge Nurse - ED	Brighton & Sussex University Hospitals
Claire Marks	MTCC Lead Deputy Chair of the Trauma Ward Sub Group	Derriford Hospital, Plymouth Hospitals NHS Trust
Jane Bakker	Staff Nurse ED	Royal Hospital for Children, Glasgow

1. Welcome and Introductions – made by RP, Chair of the NMTNG
2. Apologies – noted on main register.
3. Approval of minutes of previous meeting 29.11.16 – Approved as an accurate account.

Minutes from sub-groups – attached and checked by members of each sub-group.

4. Matters arising – review actions from previous minutes (not on this agenda):
 - a. APLS - Level 2 educational standard document – update
The document has been sent to the national CRG and is awaiting their approval. Clarification that it does not include level 2 practice for adult patients, this only applies to the paediatric level 2 standard.
The statement is back dated to April 2016 but it has been highlighted that continuous assessment was instituted as early as January 2016 so may need inclusion in the statement
Action: LL to further investigate and report back
 - b. Actions no.11, SG will chase TC for the ETC information for circulation to the group. RP mentioned that she is presenting this at the international trauma care conference on 16th March as part of the nursing programme.

Places for the conference are available at a cost of £55.00. For anyone from the Midlands Critical Care and Trauma Networks there are free places available.
 - c. Action No. 9 RP circulated the competencies sign off document and it will be put on our new website when it's up and running.
 - d. Action No. 9b. NA spoke at the last meeting about the university module and how to obtain credits, this is in draft form and will be launched soon.
People who attend the course will put the competencies into practice, then do a reflective piece of work and will then obtain the credits. The course will be available on-line. Other HER's could replicate. When it is finally ready, you will be able to find it at www.nottingham.ac.uk under Critical and Acute Care. It looks at Ward to Rehab, the Adult Ward Sub Group may be interested in this.

5. Review of action plan tracker -

- RP presented the tracker. The list of the MTC/TU by Network – please check for accuracy. SG will re-circulate.
- Subgroups will be updated from today's meetings.
- APLS – green complete
- TARN – re: adding questions, Gabby is dealing with this with TARN Leads. This is the best way to understand the national picture.
- Website / Logo – the website needs populating and Jo Lockwood's husband has offered to design a logo for us as this is what he does for a living.
- Accreditation of key documents – rubber stamping the competencies. Now part of TQulNs. Scotland are talking it through. RP may change this action.
- Approach HEE – RP will approach them.

- NHSES – DM informed RP of an update. This will turn to amber as he has started off these discussions. Hopefully they will approve what we are already developing as a group.
- NHS Wales – not yet approached.

RP asked the group if there were any other items that should be added to the Tracker. Members of the group put forward their ideas for forthcoming sub groups e.g. Peri Operative, Rehabilitation, Anaesthetic Nurses and ODP's.

Action: RP will add them to the tracker.

DM asked where spinal centres fit into the group – RP will need to think about this and bring back to the group for further discussion.

TQuINs standards - TU's – It was highlighted how challenging the nursing standards is for TU's. RP felt that they should have in the very least a plan to work towards the standard. There will be no change in the standards next year.

6. Concurrent Sub Group Meetings – feedback:

a. Adult Critical Care

- SS fed back that the competencies will be finalised by the 1st week in March and that they are ratifying their ToR which will be finalised in 2 weeks.
- SS informed the group that she will be stepping down as Vice Chair of the sub group and that Dawn Moss has offered to take on the role.
- The group will be building up the learning and resources & develop good articles to add to it.

b. Adult Ward:

- ToR finalised.
- The sub group are working on their competencies and aim to meet the March 2017 deadline, the main text has been agreed as have the need for both L1 and L2 competencies. They will take forward the educational standards and aim to have all complete by 10th March.
- They will then progress with the TQuIN and an agenda for next meeting.

c. Paediatric Critical Care and Ward:

- The sub group went through the draft L1 ward competencies.
- The Critical Care competencies will be done by representatives by mid-march and formatted etc. by end of March. Formatting will be the same as the ED version. The group will wait to see what Critical Care produce so that they don't duplicate the work. They also aim to set up a TQuIN which will be discussed at their next meeting.
- Previous minutes accurate. They discussed APLS with the quality standards template and how they will address certain areas that are not included e.g. pregnant patients, they have decided to review them after the competencies are complete.
- There are still gaps in paediatric specific trauma courses. (CIT / CAT course dates are available and include simulation, £175 for 2 days).

Action – all sub-groups: RP asked each sub group to start to think about their TQuIN, the wording etc. and to look on the TQuIN website for guidance.

7. Regional/National updates:

- a. Scotland – Going live 2020, still looking at 4 Networks.
www.traumacare.scot website available – advertising for the clinical lead and programme director.
- b. Wales – All Wales Network Manager post is under review. MTC provision still to be agreed.
- c. Northern Ireland - Setting up a HEMS. They are reviewing who will be Trauma Units. They will have a formal network. RP has been over to talk with them about the NMTNG, the competencies work and the sub groups, they wish to adopt all of our information, documentation, clinical aspects etc.

8. AOB

- a. Is there any trauma training available on line? There is spinal, e-learning for health, trauma.org. This information could also be put on to our website and in the competencies documents.

Dates of next meetings:

- a. Friday 5th May 2017
- b. Friday 8th September 2017
- c. Friday 1st December 2017

Appendix 1

National Major Trauma Nursing Group

Adult Critical Care Sub Group

10th February 2017

Draft minutes v1

Attendance:

Sharon Sanderson	Vice Chair/Manager Trauma Case Manager, University of Nottingham Hospital
Dawn Moss	PDN, Critical Care, University Hospital North Midlands
Angela Himsworth	Acting MCCT Network Manager & Regional Critical Care Nursing Lead
Julie Platten	Critical Care Network Manager, North of England Critical Care Network/Northern Network, University Hospital North Tees
Sarah Graham	Service Improvement Facilitator, MCCTN

Apologies:

Dr Nichola Ashby	Lead for critical care and major trauma, University Hospital Nottingham. Representative of RCN forum for critical care and inflight nursing
Dr Elaine Cole	Director of research and innovation: London Trauma System
Angela Morgan	Chair of Sub-group & Lead Educator Critical Care, St Mary's Hospital
Samantha Cook	Critical Care Skills Institute Manager & Chair National Critical Care Nurse Education review Forum. Chair of CC3N.
David McGlynn	Senior Charge Nurse A&E, Queen Elizabeth University Hospital, Glasgow
Dean Whiting	ANP in Trauma & Critical Care, Stoke Mandeville Hospital

1. Vice Chair role

Sharon S notified the group that she is stepping down as a participate member of the group as she has a new work role on a Friday which is when these meetings take place, but asked that she stay on the contacts list so that she continues to receive information from the group. DM offered to take over the role of Vice Chair, but felt this should go out to the group in the first instance.

2. Terms of Reference document review

The group systematically reviewed the document and asked for the following amendments:

3a – add in L2/L3 patients

3e – take out NCC Networks and add CCN Education Review Forum (CCNERF)

3g – Add that updates to CCNERF are required

Add in a comment that people are expected to respond to communications sent out by the group in a timely manner or by any deadlines provided.

Add in a line about members not attending for more than 50% of meetings or actively participate in communications will be contacted a) by the Chair and b) may not be acknowledged in any documentation produced by the group.

SG to send next draft back to the people in attendance before ratification by the wider group. Deadline for response 2 weeks. Then documentation to be sent to Rob Pinate and Sarah Graham.

3. Competencies

The group reviewed the corrections/amendments sent out by SC via email. SG agreed to proof read the document, ensure a consistent approach to formatting and send back to the group before final approval no later than 10/3/17 and then send back to Rob Pinate.

4. Other discussions/Questions for larger group

Further discussions about representation to be included from Spinal Cord Injury Centres. DM will bring this up with the larger group.

Appendix 2

National Major Trauma Nursing Group - Adult Ward Sub Group

Draft Minutes 10/02/2017

Welcome and introductions

Apologies -

Chelsea Sills

Neil Strawbridge

Hannah Bryant

Becky Blythe (Leeds)

Updates

Previous minutes 25/11/16 reviewed and agreed by group

TOR modified by SW – TOR approved by group

Key objectives approved

Level 1&2 Competency Review

It was asked if we needed spinal key workers and should spinal centres represented at this group. It was felt that spinal injury is encompassed in rehabilitation and pathways differ therefore the rehabilitation pathway is best to continue this.

It was discussed and decided that ward competences will be broken into level 1 and 2 as with ED. The question of what we want to achieve for Major Trauma Nurses was raised and the consideration of banding, progression and how this contributes to retention considered.

Level 1 – able to demonstrate a robust nurse

Level 2 – have expert knowledge and skills

As it stands with preceptees and new starters and their current 'sign offs' adding in MT competences to be completed in the first year is a lot as it currently stands at 50 pages. Having level 1 & 2 will make it easier to achieve and both levels 1 & 2 should all link with paediatrics and critical care.

It was raised that the competences are currently quite complicated and that simplifying them down may be an option worth considering i.e. level 1 competences being available online, the issue of skill demonstration, resources and money were highlighted

SW suggested we aim for a realistic framework with time for completion and consolidation

A vote was taken amongst those present and unanimously agreed to proceed with the breakdown of level 1 & 2 competences

It was decided that psychology is best kept as a separate section as it impacts in rehabilitation – highlight local guidelines for referral

For consistency Airway/ Pulse oximetry / will be lifted from ED competencies into ward document

Educational Standards

RP stated that the TQUIN for ED is 24 hr cover with a nurse proficient in TNCC etc. Bigger ward competences will be needed and level 1, 2, 3 is a good standard

Level 1 was suggested as TILS (ward based combined with ED and critical care looking at handovers, and communication then breaking into own areas and cover more specifically) and level 2 as ATNC/ ETC/ APLS, it was felt that the level 2 with these courses would be educational but not necessarily relevant. Bespoke courses can be used and peer review teams have standards to measure these by.

Nichola Ashby from Nottingham has a course designed 'Continuing Care for the Critically Injured Patient'. RP was not aware of any other providers and will invite NA to the next meeting to discuss further. As a group we need to let HEI know what we need and not get caught up in the funding aspect. This is an opportunity to design a template to be run in the networks, the challenge will be getting the curriculum together.

A work plan within the sub group to structure direction, develop ideas and identify what else we want as an adult trauma ward TQUIN was suggested by RP

SW asked everyone to go away and get more information about what is available locally with networks and university providers. It may be that something is already being developed and again will be an opportunity to talk with universities and create a TQUIN. The group agreed to bring information back and discuss at the next meeting.

Competency Document review

Document reviewed and edited throughout meeting, original kept. An assessor's document will be formed of the removed listed examples. Feedback to go through LC who is editing the document it will be sent out for review by 28th February.

- Urine output – does this need highlighting in shock?
- **To be level 2 comps**

A – Igel B – C - D –

Separate out Mx TBI to level 2 (A&P – principles of BBB, Monro Kellie)

SIADH/cerebral salt wasting

Lefort # / describe facial bones and divisions

A&P / structures of the eye

Spinal complete and incomplete spinal injury

Presence of bowel sounds

ACTIONS

SW to chase Becky for the foreword to the document

Group - Level 1 comp document completed by 31st March, final draft proof read deadline by 10th March back to LC. Feedback after this dead line will not be considered.

TQUIN definition and educational standards 2nd May 2017 – agenda for next meeting

AOB

Nil

SW – Stuart Wildman

LC Laura Crowle

RP Robert Pinate

Minutes taken by Claire Marks, Adult Ward – Vice Chair

Appendix 3

Paediatric Sub-Group - NMTNG

10th February 2017

Minutes

Present

Chair Lorrie Lawton - Consultant Nurse Paediatric Emergency Medicine - Kings College Hospital, London (LL)

Vice-Chair Donna Brailsford TNC/ED Sister - Sheffield Children NHS Trust (DB)

Charlotte Adkins (CA) ANP Birmingham Children's Hospital

Kate Hammond (KH) ANP Birmingham Children's Hospital

Sarah Pratley (SP) Watford

Jane Bakker (JB) Glasgow

Apologies

Kerry White

Angela Lee – Education Development Practitioner – PCCU –Manchester Children's Hospital

Helen Blakesley

Jennifer Mitchell

Darren Darby

Previous minutes of the meeting held on 25th November 2016 were approved.

Item	Discussion	Action
1Ward competencies	<p>Prior to having this meeting the group in depth went through the ward competency sections.</p> <p>After the previous meeting it was agreed that different areas would send information on the sections they had been given to LL prior to this meeting. LL had received some individual pieces, but not everything, however together the group was able to go through the sections and CA will now format them and send back to LL for her to circulate to the group.</p> <p>The competencies discussed were:</p> <ul style="list-style-type: none">Introduction (knowledge of MTN's and MTC's and TU's)ChestAbdominalOrthopaedicPain	<p>LL</p> <p>CA</p>

	<p>ENT, Maxfax and Ophthalmology (this was easier to group together) Safeguarding in young person (to include bereavement and religion) Spinal Cord Neurosurgical – still outstanding some parts Pregnancy Bariatric Tertiary survey Communication (to include pre-existing learning difficulties) Organisational Transfer Organ donation</p> <p>Burns was discussed and LL to send an email to ODN to ask for the competencies they use instead of repeating ourselves. LL to also speak with those from Alderhey about plastics</p> <p>Once the competencies have been received by the group can we have feedback to LL by the end of March, so that they can be ratified in May’s meeting.</p> <p>Discussion was also raised about whether level 2 ward competencies would be required. Decision was made to complete all ward and critical care level 1 and then decide in next meeting.</p>	<p>LL</p> <p>ALL</p>
<p>2. Critical Care Competencies</p>	<p>There was no-one in the meeting to discuss the critical care competencies, LL to chase those involved (Kerry White, Angela Lee) LL to ask critical care group if they have considered drowning, hanging and asphyxiation.</p>	<p>LL</p> <p>LL</p>
<p>3. APLs course as education standard</p>	<p>This is now completed and is now awaiting review and hopefully approval at the next national CRG which is attended with Robert Crouch and Chris Moran.</p> <p>DB mentioned she had sat with Sheffield Children’s Hospital resuscitation training officer and APLS provider and they had looked at the quality and standards template that is recommended to be used for acknowledging courses, when comparing what APLS offers against the CAT (bespoke paediatric trauma course that is run at Sheffield Children’s Hospital). This identified that some things such as the confused agitated or aggressive, bariatric and pregnant trauma patient are not discussed, but this could be incorporated into the CAT course, and an email has been composed to see if once APLS is accepted and along with a bespoke trauma course this would aid the educational standard to be achievable. DB to keep updating the group.</p>	<p>DB</p>

	DB also raised about when APLS would be recognised from as the APLS provider at Sheffield Children's had said the new course format had come into place from January 2016 and not April 2016, LL to email ALSG to find out which date we can use it from, if APLS does get approved.	LL
4. TOR	Completed	
5. Paediatric Trauma Nursing course	DB brought to the group the flyer for the next CAT course. Discussion was made about how after the completion of competencies would there be a requirement to look into the creation of a paediatric course that can be accessed and recognised nationally. This will continue to be discussed in future meetings.	
6. ED Competencies	DB asked the group about if anyone was achieving these competencies with their staff even with using the condensed version and how it would stand against next peer review. General consensus from the group was that no-one had got far and it was decided to bring this up in the main meeting. DB to do so on LL behalf.	DB
7. TQuINS educational standard	Robert informed the group we all need to create an educational curriculum/standard to go with the ward and critical care competencies (similar to ED curriculum), and he advised us to be realistic and ensure it was achievable so as not to set the competencies up to fail. To address this in the next meeting.	ALL
8. Publicity	DB to email Victoria Philippon at TARN for her to publicise the forthcoming dates of the NMTNG and also ask for extra interest and attendance from paediatric nurses from critical care and trauma wards.	DB
	Next meetings - 5th May 2017 8th September 2017 1st December 2017 All at present scheduled for Birmingham and to commence at 10am.	