

NATIONAL MAJOR TRAUMA NURSING GROUP

MINUTES OF THE MEETING HELD ON
WEDNESDAY 1ST JULY AT 11AM – 3PM
HELD AT THE
MIDLANDS CRITICAL CARE NETWORK OFFICE
127 HAGLEY ROAD BIRMINGHAM
Approved Minutes

PRESENT:

Mandie Burston (Acting Chair)	Trauma Co-ordinator, Royal Stoke University Hospital
Jonathan Jones	Consultant in A and E, Leeds Teaching Hospital
Robert Pinate	Nurse Consultant, Kings College Hospital London
Sarah Graham	Service Improvement Facilitator Midlands Critical Care Network
Andrea Hargreaves	Practice Development Nurse, University Hospital of Coventry
Mark Dawes	New Cross Hospital
Sharon Sanderson	Major Trauma Case Manager, Nottingham University Hospital
Laura Walker	A and E Educator, Nottingham University Hospital
Rosalind Palfrey	Major Trauma Co-ordinator, University Hospital Southampton
Bruce Armstrong	Lead Clinical Educator, University Hospital of Southampton
Jane Owen	Major Trauma Service Lead, University Hospital of Coventry
Anne Taylor	Consultant Anaesthetist, Royal Stoke University Hospital
Sue Booth	University Hospital of Newcastle
Claire Burgess	Secretary, Royal Stoke University Hospital

Apologies:

Simon Davies	Trauma Co-ordinator, Royal Stoke University Hospital
Karen Wood	Sister in A and E, South Tees Hospitals Foundation Trust
Sue Murphy	A and E Manager, South Tees Hospitals Foundation Trust
Professor Rob Crouch	Consultant Nurse

INTRODUCTIONS

Introductions were made round the table. MB welcomed the group and thanked colleagues for attending.

APOLOGIES

Recorded as above.

The aim of this group was outlined: Standards of care need to be identified for nurses as the current requirement stated on the peer review process stipulated that nurses hold a ANTC or equivalent qualification. Sir Keith Porter and Prof Chris Moran along with Rob Pinate discussed and agreed that a group should be formed to challenge and define/discuss the term "equivalence". The aim was to formalise a programme of nursing trauma education, with an agreed national standard of care throughout the patient pathway from door to discharge.

OUTLINE OF TILS - PRESENTATION BY BRUCE ARMSTRONG

Bruce Armstrong, University Hospital of Southampton gave a presentation on the TILS course which he leads in Southampton. The programme was formulated as a response to the lack of basic trauma education available.

There are 5 phases: Trauma Epidemiology and Introduction of TILS. Crew Resource Management in Trauma Care, Damage Control, Clinical Workshops (catastrophic haemorrhage, head injury and RSI, C-spine, MILS, log rolls, pelvic and long bone injuries and use of scoop, then follows 2 clinical simulation exercises. Feedback from staff who completed the course has been very positive.

BA stated that TILS was used only as a stepping stone, it does not replace TNCC, ETC etc it compliments them. Nurses currently complete the course every 18 months as part of the mandatory training programme within the MTC. The course is fully funded by the department. BA mentioned that there is no manual, candidates are signposted to current internet literature etc.

The course is generally aimed at nurses, rotating students and junior doctors working in A and E. The course can be delivered flexibly to replicate individual needs and areas of departments. Southampton successfully can deliver this training with the use of an inflatable CT scanner for staff to simulate real life situations.

There is no pass/fail for the course, but if people do struggle then you can use mentorship and learning plans to support, candidates follow continuous assessment throughout the day. The group noted that the ratio for the course should 1:6 instructor to candidates. He suggested offering 12 places per session. Colleagues who have completed the "Train the Trainer" course can deliver TILS in their local MTC/TU. The cost of "Train the Trainer" is £1,300 for up to 12 candidates. Faculty should note there needs to be one hour preparation time.

NURSING STRATEGY FOR TRAUMA CARE PRESENTATION BY ROB PINATE

Rob Pinate, Kings College Hospital & Pan-London Trauma Nursing Group Co Chair gave a presentation on the development of the London Trauma Nursing Group. He outlined the objective and standards for trauma nursing which had been agreed with the Pan Group.

The aim was to identify the trauma nurse role which would encompass – competences, education development and the role of the trauma nurse.

Standards

It was recognised nationally there is a multitude of trauma training opportunities including University modules, TNCC, ATNC, ATLS and ETC also offering nursing observational spaces. It was also recognised there is no agreed national standard. The access to these courses is heavily budget dependent.

It was felt that the programme of education had to be throughout the career of the nurse. Education should include all health care professionals involved in the care of the trauma patient ie theatres, ITU, ED, SSCU and T and O wards etc

The London group had also recognised that there could be a trauma nurse role, this would be different from the co-ordinator role and would be in Trauma Units as well as Major Trauma Centres. The role would encompass leadership, governance and education. In order for this to be successful there would need to be designated time allocated in the work plan.

The group recognised that the discussion was on adult care but that paediatric care would be included in any national developments.

Moving forward

Discussions with Professor Moran

The need to be included in TQUINS

Challenge "equivalent" in the Peer Review Documentation

Ensure that the standards correct?

Competence for nurses involved in the care of a trauma patient from door to discharge.

Set standards and national criteria

DISCUSSION

The group reviewed the current education situation, and discussed how to take things forward.

It was felt the correct people had been brought together in order to make a national representation, from MTC/TU and an educational background. It was recognised that the standard has to be achievable and realistic and that nurse training should be in the best interest of the patient regardless of cost.

To establish nationally recognised standards of education, with an agreement of understanding of the standards to be achieved by health care professionals is ambitious, which will require hard work and energy.

The group discussed that the trauma training (TILS) is established, well used and appears to be fit for purpose. This course could fit the basic standards for all staff working with a trauma patient, at any point of contact by health care professionals. The work already carried out in London again lends

themselves to being nationally accepted. Input would be needed from other trauma units and paediatric trauma units as well. The group noted that accountability would need to be via Rob Crouch and Prof Chris Moran. The Royal College of Emergency Medicine could also be involved.

MB mentioned that the Standard needs to be from Door to Discharge. Every speciality will need to have some input into the training for a be spoke training package dependent upon the area of care. It was suggested that Emergency Medicine could be the first department to set the standard as this was the main portal for trauma, then go to other specialties and add to the course/training as required for all specialities.

The group recognised that funding and budgets for departments will play a large part in the delivery of the training and getting the standard across the Country. The course will need to have national recognition and be based on evidenced based practice.

It was recognised that in the Peer Review documentation is asks questions about training and “equivalent” training. Equivalent was felt to be the wrong word generally, there needs to be a more robust term for the training/qualification. This word needs to be challenged/defined/discussed. The group also mentioned that TARN have the opportunity to collect data on the training standard of the nurses involved, however, currently this does not happen.

The group noted that there should be a minimum standard, every trauma unit should have a nurse lead. The trauma units have the “walk in” trauma patient, and need to be prepared. Junior medical staff should also be encouraged to do TILS as often they are involved in trauma cases and this would give then basic training. Teams who work together, can learn together.

The group recognised that some work has been carried out already, Sarah Graham produced a document on critical care, this could be useful and other work has been done previously which could also be incorporated along with the work of the Pan-London Trauma Nursing group.

The group noted that as the work stream changes the group will change to bring in other specialties. It was also agreed that Rob Crouch should be invited to the group for his academic input.

In the future the use of social media, twitter, development of a logo and maintenance of a web site. It is hoped the web site would become a electronic library of education for all to access.

Summary

Learners will be BASIC – EXPERT

Core education trauma principles to be offered DOOR-DISCHARGE

Training should be available to all health care professionals involved in the trauma patient pathway.

This should be based on a national trauma competence framework, which acts as a stepping stone to an accredited recognised course such as ANTC/TNCC/ETC.

FURTHER MEETINGS/DECISIONS

The group agreed that future meetings should be held in Birmingham

There should be representation from 1 person from an MTC and 1 from a TU.

Terms of reference, once finalised will need to be forwarded to Chris Moran

Programme of Meetings – 2 Monthly initially

A database of contacts of MTCs and TUs to be compiled

All participants to bring back to the group any information ie Terms of reference, existing competences, literature etc.

Invitation to colleagues from Scotland – BA to invite Mark Cooper

Invitation to Angela Himsworth (Network Critical Care Lead). Via SG

Officials of the Group

Chair – to be confirmed

Vice Chair – Rob Pinate, Proposed Bruce Armstrong , Seconded Mandie Burston

Secretary – to be confirmed

Doctor Representative – Jonathan Jones

Title of Group

National Major Trauma Nursing Group
MB thanked the group for attending the meeting.

DATE OF NEXT MEETING

The next meeting will be held on 14 September 2015 from 11am to 5pm

Venue: Critical Care Network Office, 127 Hagley Road, Birmingham B16 8LD