

## **National Major Trauma Nursing Group**

Friday 5<sup>th</sup> May 2017 - 10am – 4pm  
Meeting Room, Crown House  
Ground Floor, 123 Hagley Road, Birmingham, B16 8LD  
**Draft Minutes v3**

### **Attendance**

Maureen Issott	North Yorkshire & Humberside Operational Delivery Networks
Neil Strawbridge	Sheffield Teaching Hospitals NHS Foundation Trust
Donna Brailsford	Sheffield Children's Hospital
Jill Windle	Salford Royal NHS Trust
Karen Berry	Greater Manchester CC & MT Services
Jenni Riley	Southport & Ormskirk Hospital
Sarah Graham	Midlands Critical Care & Trauma Networks
Angela Himsworth	Midlands Critical Care & Trauma Network
Steve Littleson	Midlands Critical Care & Trauma Network
David Swannick	Queen Elizabeth Hospital Birmingham
Ann Marie Heath	Royal Stoke University Hospital
Dawn Moss	Royal Stoke University Hospital
Andrea Hargreaves	University Hospital Coventry
Sharon Sanderson	Nottingham University Hospital
Dr Nichola Ashby	University of Nottingham, RCN CCIF
Sharon Budd	Royal Derby Hospital
Angela Morgan	St Mary's Hospital, Imperial College Healthcare
Michele Elliot	St Mary's Hospital, Imperial College Healthcare
Jennifer Mitchell	West Hertfordshire Hospital Trust
Sarah Swann	West Hertfordshire Hospital Trust
Robert Pinate	UCLH, London
Lorrie Lawton	Kings College Hospital, London
Laura Crowle	Severn Major Trauma Operational Delivery Network
Claire Marks	Derriford Hospital, Plymouth Hospitals NHS Trust
Jane Bakker	Royal Hospital for Children, Glasgow
Carys Fox	Director of Nursing for Specialist Services Clinical Board, Cardiff and Vale University Health Board

### **Apologies**

Julie Platten	North of England Critical Care Network/Northern Network, University Hospital North Tees
Rosemary Flannagan	Hull Royal Infirmary
Mike Cole	Sheffield Teaching Hospitals NHS Foundation Trust
Angela Lee	RMCH
Sharon O'Brien	Cardiff and Vale University Health Board
Becky Gammon	Abertawe Bro Morgannwg University Health Board
Sarah Bowley	Nottingham Children's Hospital
Dr Elaine Cole	Centre for Trauma Sciences, Blizzard Institute, Queen Mary University of London
Sean Treacy	Kettering General Hospital

Prof. Chris Moran	Nottingham University Hospital
Mark Dawes	Royal Wolverhampton Hospital
Julie Flaherty	Salford Royal NHS Trust
Stuart Wildman	Salford Royal NHS Trust
Rachael Webster	Sheffield Teaching Hospitals NHS Foundation Trust
Jane Roscoe	Sheffield Teaching Hospitals NHS Foundation Trust

### 13:30 – 16:00: NMTNG Main Group Meeting

1. Welcome and Around the Table Introductions by RP, welcoming new members.
2. Apologies noted above.
3. Approval of minutes of previous meeting 10.2.17 - Minutes approved as an accurate record.
4. Matters arising – review actions from previous minutes (not on this agenda)
  - a. RP asked if there was an update re: APLS and when continued assessment starts. Lorrie Lawton had not received an answer but will report this to the group as soon as one is provided. It is unknown if everyone nationally flipped over to the new system.
  - b. ETC Trauma Support Practitioner information from TC sent out by SG on the 23<sup>rd</sup> March 2017.

### 5. Allied Health Professional (AHP) membership onto the NMTNG

RP emailed out the discussion paper prior to this meeting. He reiterated that the group was set up because of the need for a nationwide major trauma nursing group. It has become clear that we need to actively engage with AHP colleagues and the proposal written by RP received responses from the group who agree we should engage with this group but keep the nursing identity of the group.

Dawn Moss posed whether we should engage with them via their own meetings/forums as some of them meet already.

RP said that 'membership' probably wasn't the right term and perhaps it should be 'active participation' instead. However, the group did agree that we should not change the name but should invite AHP colleagues.

RP re: ToR – After some discussion it was agreed that there would be no changes to the Chair and Vice Chair who need to remain from a nursing background.

Group agreed the following:

- The name of the NMTNG would remain
- The chair and vice-chair positions will continue to be held by registered nurses
- The membership of the group has always been multidisciplinary from the start and so this was not a substantive change to the ToR rather that the group would now actively engage and seek AHP representation on the NMTNG.

Action: RP to e-mail the NMTNG with above points.

6. Review of action plan tracker:

RP presented the tracker and the group reviewed & updated the current version.

- TARN and who attends the trauma call? RP and GW have put forward a set of questions to the TARN Team which will become mandatory for completion. These include which non-medical staff attended the trauma call. TARN are willing to update the dataset.
- Website – RP displayed the website which he has been working on with Steve Littleton today. It still needs some work to populate with information and therefore should not be shared at this point. The next meeting dates will be on the website including agenda's, approved minutes etc. A Contact Form is also being developed. Each sub group needs to populate their section with some dialogue around its purpose, ToR etc. RP asked that everyone take some time to review the website and think about what needs to go on it. It will include key national documents which will be hyperlinked. Angela Himsworth mentioned a feedback section like the CC3N , this could go in the 'reach out section'. We should aim to publicize the website in September 2017.
- Accreditation (9a) – RP proposing this be dropped as the work has already been agreed by the Major Trauma CRG. It is a lot of work and will it be worth the effort considering what it would change. Dawn Moss said that the endorsement by the groups would add power and credibility to the documents and can make some difference as to whether the trusts use them or not. RP mentioned that the documents are mandated by NHS England and the Major Trauma CRG. Dr Nichola Ashby felt it is more about endorsement which is different to accreditation. Organisational Logo's on the document are more about endorsement. AH said to ask members of this group who are members of any national groups to take them back to get endorsed.  
No further feedback from Scotland at this stage.  
**Action:** Group agreed to amend the action and pursue endorsement from RCEM, RCN and NES
- HEE – Education programmes and funding is important and we need to make contact with them. Wales have Welsh Education Board, they are still deciding MTC status.

**Tracker Actions:**

- a. SG asked to send out the MTC/TU list with the minutes & add to the website.**
- b. RP to split Point 5 into 2 parts for paediatrics.**
- c. SG add the Network Overview document onto the website.**
- d. RP to change accreditation to endorsement.**
- e. RP to make contact with HEE.**
- f. Add new no. 13 & 14 – establishment of peri operative group and rehab group. Formation by the end of the year.**

**7.** Concurrent Sub Group Meetings – feedback:

**10:00 – 13:00:** Paediatric Sub Group – L1 competencies virtually complete, they are similar to the adults version. The group spent time discussing the educational standard for ward nurses, as there is none currently available, certainly nothing national. There may be a need to bolt on an e-learning education package. Further discussions regarding the TQUIN Quality Indicator (QI), the group have drafted the first version which is not unrealistic for the trusts to meet.

Paediatric Critical Care – At the next PICS meeting they will discuss the competencies and provide feedback for the group, however they are mostly around head injuries. There is still more work to do which probably won't be ready by June.

RP said regarding the QI's its more about informing the CRG that these are being developed, as there probably won't be any changes to them this year.

The group will be writing a paper for Paediatric Nurse Journal.

**10:00 – 13:00:** Adult Trauma Ward Sub Group – Further discussions about L1 Competencies which the group hope to sign-off once formatting is complete. They have written a QI and it needs to be formally agreed by the group. Their forwarding message encompasses the different ward set-ups in the hospitals. They will be starting to review L2 competencies in September 2017. A Crib sheet for L1 & 2 assessors has been approved, it will be like the version the CC3N group use. They should be in a good position to have everything signed-off by June.

The local academic course discussion proved it to be very sparse & varied but hopefully it should improve with the introduction of the competencies. However, there doesn't appear to be much available for ward staff.

**11:00 – 13:00:** Critical Care Sub Group – There has been a lot of formatting of the competencies and they have given themselves a 4 week deadline to finalise them so that they can take them to the CC3N group meeting in June, they only need to write the bibliography.

The group discussed how they will promote the competencies and will be publishing their work. They will go outside of the NHS e.g. military. In the long-term they will be looking at effectiveness and efficiency and aim to write a QI in September.

For CC3N the competencies will be a specialist bolt-on and they will be looking to get them endorsed by BACCN and onto the CC3N website.

RP mentioned that the QI's will need to be emailed to the National Trauma Clinical Reference Group.

**8.** Regional/National updates:

- a. Scotland – Deferred until next meeting.
- b. Wales – Still no decision about where the MTC is going to be located in South Wales but there will only be one. They have started talking about competencies and it is hopefully that they will adopt ours. The group should engage with the Welsh Education Board.
- c. Northern Ireland - RP was invited to Ireland to discuss the competencies. Their network is established as is there MTC. They have agreed that they will be using our nursing competencies in their entirety.

9. AOB:

- Jill Windle - is standing down as Vice Chair of the NMTNG, thanks went to Jill for all her hard work and commitment to the group. RP proposed a process to identify a new Vice Chair, essentially he will email the entire group, invite them for expressions of interest and depending on the number RP will decide the way forward. The group agreed the process.
- Jill Windle – was approached by Dutch Nurse Association who have been teaching TNCC. JW shared our work with them and they were considering writing a set of competencies. They were notified that ours will be available in due course on our website. The group agreed that we will get some interest from our European counterparts as courses are in demise and there are very few standards around.

**Dates of next meetings:**

- a. Friday 8<sup>th</sup> September
- b. Friday 1<sup>st</sup> December

## **Appendix 1**

### Draft Minutes for Trauma Ward Sub Group - NMTNG

5 May 2017

#### Present-

Clare marks VC - Plymouth

Cerys – Cardiff

Sharon Budd- Derby

Michelle- London

Laura Cowle – Severn

Neil- Sheffield

Jenny- Southport

Hannah- Nottingham

Rachel – Leeds

Agreed meeting was quorate

#### Apologies

Rachel Webster Trauma nurse coordinator

Stuart Wildman Chair

#### Minutes of previous meeting

The minutes of the previous meeting were reviewed and approved as a true record

#### Action Tracker:

Review of action tracker

1 not complete

2 complete

3 educational standard- don't need an absolute standard but more of a guiding statement

#### Update on Level 1 competencies:

Currently awaiting CRG sign off but unable to be signed off until the Quality statement and foreword section is completed. Which is something to be achieved in today's meeting. Final formatting to be finalised. The group thanked Laura for her hard work.

#### Educational standards

The group had a discussion of current educational courses that are available nationally.

Michelle gave a briefing on the work the PanLondon group are doing on educational standards/ training course for trauma ward nursing. They are in the process of mapping out a bespoke course to meet the competencies. This working party is in its early stages but the aim would be to learn from other courses and bespoke packages to create a fit for purpose. She will feedback on the progress at the next meeting.

Update from Preston University 'continuing care continuum course' ran over 8 weeks, once weekly. The assessment method is with an assignment format, but contains no competency based element

or clinical skills element, mainly theory based content. Candidates contain paramedics, ED nurses, few ward based nurses the cost is £760 examined at level 6. Course content contains AtIs principles, long bone injuries, head injuries, burns, pelvic injuries, Tarn session, spinal injuries, thoracic injuries, renal/abdo and rehab principles. Feedback from people attending course was it wasn't very relevant to ward based nurses and was very theory based. Preston are happy to alter course to meet competencies.

Plymouth Uni has trauma courses available but mainly pre-hospital based in nature and lack the relevance to Ward based nurses.

Salford have a 1 day course aimed at Trauma ward nurses, and have other 1 day training sessions available for spinal and head injury patient care.

Derby utilise their TILs course with different rotation stations for elements of ward based nursing care e.g. handover of patients from them emergency setting. They also run in house spinal training.

Plymouth discussed the benefit of having a consultant led course to give weight to keeping it running given operational pressures

Aintree are developing a course for MTC ED nurses ran quarterly and a standalone e-learning package for level 1 ward based competency sign off.

Severn network E-learning package being developed aimed at ward based nurses.

St Mary's developing spinal training with bowel care course in house with aim to roll out to network, which will include the OSCE element. Surgical Division has educators for surgery ward which will aid with sign-off of competences.

Spinal association and specialist centres run education packages and eLearning packages but again this lacks the whole overarching template of the level 1 competencies.

The Group discussed the challenges of meeting the standards with education or formal courses support

#### Forward section of document

Group explored setting standards that were achievable and aspirational to recognise the importance of major trauma and agreed that we need to set a minimum standard to ensure that there will provide an example to follow.

Discussed whether we could find a way of including a psychological care for the Nursing team given the psychological burden of caring for challenging behaviour, caring for relatives, sudden death of patients, physiological injuries. We discussed Trim training, and adequate Debrief for nursing team. It was agreed this would sit in the forward section of the document.

#### Formulation and wording for quality indicator.

There should be a ward based nurse involved in the care of trauma patients 24/7 who has attained the competency standard of level 1 (as described in the National Major Trauma Nursing Group guidance)

Measured by –  
Operational policy including details of training

Formulation of forwarding messages –

The group worded this section during the session- Laura to send this separately.

The forward message talks about the aim of the group, why we were set up, the educational standard to:

To provide assurance that there is a baseline of one nurse per shift, who is an appropriately skilled trained and competent individual relevant to the major trauma patient groups cared for in your ward environment. The responsibility for completion of this competency book is for MTC's and MTU to decide locally which sections are to be completed per ward area as per local policies and procedures.

The group decided that there would be the development of an assessor's booklet to provide standardised guidance to assessors which would include a section on how to assess and who should assess. Andrea Hargreaves to complete.

Guidance for how this can be utilised for revalidation purposes as an enabler to getting competencies completed at ward level.

Level 2 competencies will be completed in the next session September Laura and kindly agreed to format this document proving people contribute to relevant specialist sections and utilise the standard template that will be sent out.

Action Tracker updated to capture work streams moving forward.

## Appendix 2

### Paediatric Sub-Group - NMTNG

5<sup>th</sup> May 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)

Kate Hammond ED Sister Birmingham Children Hospital (KH)

Charlotte Adkins ED Birmingham Children Hospital (CA)

Sarah Swann ED Watford General Hospital (SS)

Jane Bakker ED Royal Hospital for Children, Glasgow (JB)

#### Apologies

Angela Lee – Education Development Practitioner – PCCU –Manchester Children’s Hospital(AL)

Helen Blakesley (HB)

Kimberly Hamilton (KH)

Previous minutes of the meeting held on 10<sup>th</sup> February 2017 were accurate

Item	Discussion	Action
<b>Matter arising from minutes</b>	APLS – still not recognised for educational standard for paediatric nurses in trauma. Discussion re; peer review and the implications for MTC, TU. LL still needs to chase the start date for the APLS for the changes	LL to e-mail RC  LL

<p><b>Ward Competencies</b></p>	<p>This are nearly completed - discussion that there is only a need for one level, and no indication as yet for level 2 competencies.</p> <p>Discussion that these competencies would be applicable for all ward paediatric nurses working with paediatric trauma. However, the group recognise that the paediatric trauma is rare and that nurses may not have much contact during their working day. Therefore, the nurses can pick which of the competencies was suitable for them as individuals</p> <p>QI needs to be developed –discussed draft statement  “A minimum of one registered paediatric nurse on each shift that has completed the relevant competencies to their own ward environment. 24hour 7 day per week.”</p>	<p>LL to draft introduction for comments</p> <p>LL to draft QI for comments</p>
<p><b>Educational Standard for ward competencies</b></p>	<p>Group discussed that there is no known educational standard for paediatric ward trauma nurses. APLS not suitable for ward nurses as concentrate on initial resuscitation.</p> <p>Could standardise the education by developing an e-learning package. However, this would need to be hosted by either university or other institution. This would have cost implication</p> <p>Need to discover what is already available across the country</p> <p>Discussion re: mapping the ward competencies across to what is already available</p> <p>Discussion re: development of e-learning package. This could be supported by sponsorship by company.</p> <p><b>Trauma network</b> - in house training</p> <p><b>Child safeguarding:</b> Level 3 Trust Safeguarding &amp; knowledge local safeguarding policy, or evidence of accredited e-learning package</p> <p><b>Bereavement</b> – local child bereavement</p> <p><b>Head Injuries</b> - NICE guidelines</p> <p><b>Paediatric Pain</b> – local policy &amp; local education - have tabs to redirect to other resources</p>	<p>ALL – need to find information regarding local course available</p>
<p><b>E-learning</b></p>	<p>Discussion re: the potential development of an e-learning package for ward base nurses. The structure for each section would be:</p> <p>Anatomy</p> <p>Mechanism of injury</p> <p>Treatment and complications</p> <p>Summary and case studies</p> <p><b>Areas to be develop could include:</b></p> <ol style="list-style-type: none"> <li>1.Chest injuries - LL</li> <li>2. Abdominal injuries – Jane</li> <li>3. Head injuries - Sarah</li> <li>4.Orthopaedics - Donna</li> <li>5.Spinal cord injuries - Donna</li> </ol>	

	<p>8.ENT/Max-Fax - kate  9.Ophthalmology - kate  10. Teenage pregnant trauma patient - charlotte  11.Burns - Sarah  12. Assessment</p> <p>Approached RCN re: possibility of hosting this e-learning package, attach CPD points, hours for revalidation, plus possible certificate.</p> <p>Approach local universities to see if they would host either e-learning package or WBA. What cost would this be.</p>	
<b>Critical care competencies</b>	<p>Reviewed the ones developed - seem to focus on head injuries and there is a need for other traumatic injuries to be explored</p> <p>PICS meeting 12<sup>th</sup> May - to discuss the trauma competencies, should feedback to this group.</p> <p>Await the outcome of the PICS meeting and ask for feedback</p>	AL, HB, KH
<b>AOB</b>	<p>11<sup>th</sup> December 2017 - Pan London Trauma Nursing conference LL will send out when call for paediatric papers</p> <p>Publicity - e-mail paediatric nurse re: this group</p> <p>E-mail Mike Wafer – Vice Chair CMTC 5+11 group, to publicise the group.</p> <p>Website: discussion re: NMTNG and its content, please can individual look at the <a href="http://www.nmtng.co.uk">www.nmtng.co.uk</a></p>	DB
	<p><b>Next meetings -</b>  <b>8<sup>th</sup> September 2017</b>  <b>1<sup>st</sup> December 2017</b></p> <p><b>All at present scheduled for Birmingham and to commence at 10am.</b></p>	

Appendix three:

<p><b>SUB GROUP CRITICAL CARE; NATIONAL MAJOR TRAUMA NURSING GROUP MEETING FRIDAY 5<sup>TH</sup> MAY 11:00 BIRMINGHAM MINUTES</b></p>	
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<b><u>PRESENT:</u></b>		
Nicola Ashby	University of Nottingham and RCN Critical Care & Inflight Nurse Forum.	NA
Karen Berry	Greater Manchester Critical Care & Major Trauma Network.	KB
Cary Fox	Cardiff Director of Nursing, Wales.	CF
Ann-Marie Heath	Lead Sister for Outreach at Royal Stoke, University Hospital North Midlands (UHNM).	AMH
Angela Himsworth	Midlands Critical Care Networks.	AH
Maureen Issott	North Yorkshire & Humber Adult Critical Care and Major Trauma ODN.	MI
Angela Morgan (Chair of the Critical Care sub group)	Imperial NHS Trust Lead Educator Critical Care.	AM
Dawn Moss (Vice chair and secretary)	UHNM NHS Trust Lead Educator Critical Care.	DM
<b><u>APOLOGIES RECEIVED:</u></b>		
Sam Cook		SC
Julie Platten		JP
Sharon Sanderson		SS
Dean Whiting		DW

<b>SUMMARY OF NEW ACTIONS AGREED</b>			
<b>No.</b>	<b>Action</b>	<b>Person Responsible</b>	<b>Due Date</b>
<b>1.</b>	All group members will review useful supportive reference and websites for competencies and forward to AM before the 19 <sup>th</sup> May 2017.	<b>ALL</b>	<b>19 May 2017</b>
	Trauma competencies to be completed by 26 <sup>th</sup> May 2017 and forwarded to the group for comments with a one week window to review.	<b>AM</b>	<b>26 May 2017</b>
<b>2.</b>	Comments from group to be returned.	<b>All</b>	<b>2 June 2017</b>
<b>3.</b>	Trauma competencies to be fully finalised and completed by 5 <sup>th</sup> June 2017 and forwarded on to AH to take to the CC3N meeting.	<b>AM</b>	<b>5 June 2017</b>
<b>4.</b>	Take completed Major Trauma competencies to CC3N meeting.	<b>AH &amp; KB</b>	<b>6 June 2017</b>
<b>5.</b>	Major Trauma Competencies will not be used as part of the critical care course. Steps 2 & 3 will remain the competencies for the course. The Major Trauma competencies can be used as work based learning for standalone modules for Major Trauma. Feedback to the CC3N. CC3N will inform Universities.	<b>AH &amp; KB</b>	<b>6 June 2017</b>
<b>6.</b>	To send for Alliance endorsements after 6 <sup>th</sup> June 2017	<b>AH</b>	<b>13 June 2017</b>

<b>ONGOING ACTIONS FROM PREVIOUS MEETINGS</b>				
<b>Start date</b>	<b>Issue</b>	<b>Action</b>	<b>Person Responsible</b>	<b>Due Date</b>
	Collection of references and reading material for competencies.	All group members to feedback to <b>AM</b> with reference material, including websites to aid completing competences.	<b>Group to gather material and email to Chair</b>	<b>5<sup>th</sup> May 2017</b>
	Development of a TQUINs.		<b>Group to think about the development of TQUINs for Critical Care</b>	<b>5<sup>th</sup> May 2017</b>

	Publicising of the work of the groups.	<b>AH &amp; NA to attend the National Trauma Conference at Stone, Staffordshire.</b>	<b>AH &amp; NA</b>	<b>5<sup>th</sup> May 2017</b>
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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>AM</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>AM</b>
<b>2.</b>		<b>MEETING AGENDA</b>	
	2.1	Discussed the need to keep in contact with all critical care members on the emailing list. <b>DM</b> to contact the group every four weeks to aid communication.	<b>DM</b>
	2.2	<b>AM</b> gave feedback from Dean Whiting, small changes required such as how to remove devices such as pelvic binder and removal of intraosseous. <b>AM</b> will make those relevant changes.	<b>AM</b>
	2.3	<b>JP</b> raised the question, at what point would the competencies “bolt on” in the learner’s progression with the Step 1, 2 & 3 books? Group agreed that the Major Trauma Competencies would not be suitable for all critical care units and that the competencies would be added to the practice areas that have trauma patients. It was agreed that the competencies must be completed after step 1, but could be completed before or after step 2 & 3 pending on timing of courses.  <b>NA</b> feedback that it would be difficult to add these into the critical care course due to the already significant high workload of the course. Group agreed that these competencies would not be used as part of the critical care certificate programs, but could be used as work based learning in standalone modules for Major Trauma.  <b>AH</b> will feedback to the universities via the Critical Care Network – National Nursing Leads (CC3N) group that these Major Trauma competencies would not be added to the critical care course.	<b>AM</b>
	2.4	<b>AH and KB</b> feedback to the group how the CC3N are working on a step 4 band 6 / band 7 leadership/management competencies work stream and documentation to help assessors.	<b>AH &amp; KB</b>

	2.5	The support of education in practice for assessment was discussed with feedback that the NMC would not be supporting mentorship course costs as it has enough assessors in practice. Discussion was raised on how the staff become assessors in practice, highlighting that many of the hospital are delivering their own in house courses for teaching and assessing adults with minimal costs and no University credits.	AM
	2.6	NA as the lead for RCN Critical Care and Inflight Nursing feedback to the group from the National Trauma Conference at Stone, Staffordshire. The session was the last slot of the program producing a small number of attendees. Discussion continued with the group as to how the competencies can be launched. AH raised the question "Do we wait to launch the Trauma competencies all together or with the bolt on competencies related to the critical care steps?" Agreed to bring the issue to the National Trauma Group Meeting at 13:30.	AM
	2.7	AM highlighted to aid the learner there is a need to list useful references and web sites within the document. NA agreed to research a list via the RCN library. AMH agreed to look at the Emergency Department competencies to see what they had already and feedback. AM asked all the group present and not present to review the competencies for any relevant reading references for staff to use emailed to her as per the actions list.	All group members
3.		<b>ANY OTHER BUSINESS</b>	
	3.1	NA highlighted the availability of distance learning Trauma Care courses at University of Nottingham both degree, MSc and PhD. Interested candidates can email; <a href="mailto:Nicola.ashby@nottingham.ac.uk">Nicola.ashby@nottingham.ac.uk</a>  RCN study event Inflight nursing 5 <sup>th</sup> July 2017 will include the introduction of the National Trauma Competences at the beginning of the day. Attendance application can be found at the RCN website.	NA
	3.2	AM highlighted the need for a succession plan as she is retiring in the next 12 months with the vice chair taking on the role once she retires. This was agreed and supported by the attending members of the group.	AM
		<b>DATE AND TIME OF NEXT MEETING</b> The next meeting will be held on <b>8<sup>th</sup> September 2017.</b> <b>Venue:</b> <b>Timing: TBC</b>	
		<b>DEADLINE FOR SUBMISSION OF AGENDA ITEMS</b> Please submit any agenda items for the next meeting to <b>Dawn Moss</b> at <a href="mailto:Dawnj.moss@uhnm.nhs.uk">Dawnj.moss@uhnm.nhs.uk</a> <b>three weeks prior to the meeting.</b> <b>Please contact Dawn at; <a href="mailto:Dawnj.moss@uhnm.nhs.uk">Dawnj.moss@uhnm.nhs.uk</a> if you would like further information or about being a part of the group.</b> <b>The National Major Trauma Nursing Group can be found at: <a href="http://www.nmtng.co.uk">www.nmtng.co.uk</a></b>	

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.