

Paediatric Sub-Group – Approved Minutes 17th June 2016

Present

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

E-mail: Donna.brailsford@sch.nhs.uk

Jenni Fryer – Paediatric MTNC – Bristol Royal Hospital for Children (JF)

E-mail: Jenni.Fryer@UHBristol.nhs.uk

Allison Taylor – Clinical lead for Education – University Hospital of North Midlands (AT)

E-mail: Allison.Taylor@uhns.nhs.uk

Darren Darby – Paediatric Trauma and Resuscitation ANP – Kings College Hospital, London (DD)

E-mail: Darren.darby@nhs.net

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

E-Mail: Lorraine.lawton@nhs.net

Item	Discussion	Action
1.	<p>Discussions surrounding what are we asking the nurses to do through the competencies that need to be developed for the Paediatric Critical Care of the traumatised child.</p> <p>Nurses are able to give nursing care for differing clinical conditions – through a combination of assessment clinically, discussions, e-learning.</p> <p>Producing a national standard of Paediatric Trauma care - that will improve the care of the traumatised child</p>	
2. Critical Care Competencies	<p>DD – already standards for nursing care on Critical Care - High Dependency Care for Children – Time To Move on – document by the RCPCH</p> <p>MTC – Level 2/ TU – Level 1</p> <p>Suggested that these competencies will be the RCPCH competencies plus specific trauma.</p> <p>Need to review these competences and decide what needs to be added. There is no standards that are enforced for commissioning of services in PITU – however it strongly recommended. Therefore, a way forward would be use these competences and add trauma specific.</p>	DD – coordinate the writing of the critical care competences
3. Specific trauma Competencies	<p>DD - Need to avoid critical care competencies such DCR rather than ventilation etc.</p> <p>JF – should there be joined competences between Critical care and ward – i.e. level 1 and level 2 for Critical care. Allows for movement of nurses between units and</p>	LL – to send the ED competencies to group for formatting purposes

	<p>then allows for development of the nurses competences – moving from level 1 - level 2</p> <p>AT – lots of the competences would be based upon ED competences - suggested that there is cross reference between the RCPCH document and the Paediatric ED document.</p> <p>DB – suggested just one document that moves with the nurse – level 1 and level 2</p>	
4. E-Learning	<p>DD – suggested that E-learning packages could be attached for specific conditions for example burns, to the group agreed. This should be available nationally to ensure that nurses can achieve level 1 and 2 trauma education</p> <p>DB – suggested going to own units and speaking to their clinical educators and seek out teaching that is already available.</p>	
5. Structure of Document	<p>Discussion around having one main document which should include Paediatric Major Trauma Nursing competencies – will include ED, Critical care (level 2, 3) HDU, (MTC and TU) and wards,</p> <p>Not to include the basic of Intensive Care nursing – but will add specific trauma competences.</p>	
6. Way forward	<p>DD – coordinate the writing of the critical care competences</p> <p>JF – Network and safeguarding, burns (critical care and ward), support RCPCH, paediatric Rehab.</p> <p>LL - to send around template for everyone to use, write minutes and distribute</p> <p>DB – long bones, traction, care – orthopaedics and general surgery</p> <p>Not allocated - Adolescents, pregnancy, violence.</p>	
	<p>Next 2nd September – therefore 26th August 2016 – - comments and peer review</p> <p>AT – formatting of document and proofing – documents to AT by 22nd August for formatting</p>	