

National Major Trauma Nursing Group

**Adult Trauma Ward Sub Group**

**10/02/2017**

**Approved Minutes**

**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 be 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 28<sup>th</sup> 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 if 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 31<sup>st</sup> March, final draft proof read deadline by 10<sup>th</sup> March back to LC. Feedback after this dead line will not be considered.

**TQUIN definition and educational standards 2<sup>nd</sup> 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