

National Major Trauma Nursing Group

Friday 17th June 2016, 10am – 4pm

Meeting Room, Midlands Trauma Networks, 127 Hagley Road, Birmingham, B16 8LD

Approved Minutes

Attended by

Craig Ord	Trauma Co-ordinator/Educator	Royal Victoria Infirmary, Newcastle
Julie Platten	Critical Care network manager	North of England Critical Care Network, University Hospital North Tees
Rebecca Young	Trauma Ward Sister	Great North Trauma and Emergency Centre, Newcastle
Sarah Storey	Ward Manager, Major Trauma Ward	Royal Preston Hospital
Julie Hartley	Trauma Coordinator Adults	East Lancashire Hospital
Karen Berry	Trauma Network Nurse Lead	
Joanne Cross	Major Trauma Junior Ward Sister	Royal Preston Hospital
Yvonne Marsh	Major Trauma Nurse	Royal Preston Hospital
Nicola Caygill	Acting Senior Sister ED/UCC	Leeds Teaching Hospital NHS Trust
Tom Ladlow	Charge Nurse, ED	Leeds Teaching Hospital NHS Trust
Donna Brailsford	Trauma Nurse Coordinator/ED	Sheffield Children's Hospital
Gabby Lomas	Matron, Emergency Medicine	Salford Royal NHS Trust
Sarah Graham	Service Imp. Facilitator	Midlands Critical Care & Trauma Networks
Angela Himsworth	Acting Network Manager	Midlands Critical Care & Trauma Network
Allison Taylor	Lead for education in ED	Royal Stoke University Hospital
Andrea Hargreaves	Snr Sister/PDN	University Hospital Coventry
Heidi Neale	Educational Lead T&O	University Hospital Coventry
Cath Reid	Ward Manager MT ECU	University Hospital Coventry
Bernadette Olnier	General CC	University Hospital Coventry
Sharon Sanderson	Major Trauma Case Manager	Nottingham University Hospital
Josephine Merrifield		Nottingham University Hospital
Nicholas Darn	ACP- ED	Royal Derby Hospital
Rachel Brailsford	Trauma Ward Rep	
Gemma Pierce	Major Trauma Ward Sister	Leeds Teaching Hospital
Angela Morgan	Lead Educator, Critical Care	St Mary's Hospital, Imperial College Healthcare
Robert Pinate	Consultant Nurse - ED	Kings College Hospital, London
Lorrie Lawton	Consultant Nurse - Paediatric ED	Kings College Hospital, London
Lisa Thomas	Major Trauma Nurse Practitioner	Severn Major Trauma Operational Delivery Network
Jenni Fryer	Paediatric Major Trauma Practitioner	Bristol Royal Hospital for Children
Dean Whiting	ANP in Trauma & Critical Care	Stoke Mandeville Hospital
Vicky MacArthur	Senior Lecturer, Course lead for PG Cert in Orthopaedic Practice.	Oxford Brookes University
Hannah Sanderson	Major Trauma Coordinator	Salford Royal Foundation Trust
David McGlynn	Senior Charge Nurse A&E	New Queen Elizabeth University Hospital, Glasgow
Lucy Martin	Lead Educator	Queen Elizabeth Hospital Birmingham
Hannah Bryant	RO/ED	Queen Elizabeth Hospital Birmingham
Sam Cook	Chair of CC3N	CC3N Nurse Education Review Forum & Lead of the Greater Manchester Critical Care Skills Institute
Tracey Clatworthy	Resus Lead	Queen Elizabeth Hospital Birmingham
Nichola Ashby	Lead for Critical Care, Cardiac & Trauma Care	University of Nottingham
Michelle Elliot	Senior Nurse for Plastics, Ortho, ENT & MT	St Mary's Hospital, Imperial College
Jo Lockwood	Matron, MT Ward	St Mary's Hospital, Imperial College
Darren Darby	Paediatric Trauma & Resuscitation ANP	Kings College Hospital
Rebecca Blythe	Lead MT Specialist Nurse	Leeds Teaching Hospital
Pam Perks	Clinical Education Lead for Trauma	Queen Elizabeth Hospital Birmingham

1. Welcome and introductions:

Introductions were made around the table.

RP welcomed the new members and thanked colleagues for attending.

RP gave some background about the group. We have been able to influence the peer review standards which was a rapid but welcomed journey. From this particular piece of work and the talks with the CRG, the quality indicators may be reviewed next year which will provide us with further opportunities to develop them as a group.

RP had asked colleagues from Pan London Nurse Group to present the work they have done so far.

RP explained the format for the first part of today's meeting. The morning session will be the workshops for the groups identified as the Adult Critical Care Ward, Adult Trauma Ward and Paediatrics, RP explained the remit and outcomes required from each of them. Each group needs to appoint a lead(s) to ensure we have a single point of contact allowing information and communication routes clear and concise.

We will need to set deadlines in order to produce the work in a timely manner.

2. Apologies:

Recorded as above

3. Minutes of the last meeting 6.11.15

Approved as an accurate record.

4. Matters arising:

- 5a Draft educational standard, level 2.
RP will take it forward to the CRG for them to agree this as part of the measures. This has been completed.
- 12a NMTNG Website
SG to seek ideas from Network Data Analyst and Web Designer. SG updated re: MCC&TN website development and cost which is very cheap. The group agreed they need their own website as a repository for their information. RP is also exploring the group logo options.
- 12d Network Representation
RP explained that the group will review all of the ED documentation again next year. The Terms of Reference will need to incorporate the active work group members, as we originally said no more than 5 per network. The updated distribution list will show the different work groups.
Action: SG will send out the distribution list for colleagues to choose which group they will sit on from the drop down list provided

RP envisions that this is not the only nurse group colleagues should sit on, where possible they should represent their specialty at local/regional groups. This group will feed into NHS England via the Clinical Reference Group (CRG) which will include Trauma, CC and Burns. RP explained that the CRG are going through some reforms and restructuring at the moment.

RP mentioned that we now have all networks represented in England including Scotland, Wales and Ireland.

5. Review of action plan tracker:

1. TOR - close and remove, will need further review in the future.
2. Competency documents for emergency nursing – close and remove.
3. 'Equivalence' paper – complete and closed.
4. Networks overview paper – updated and will circulate again for information.
5. Development of an accreditation sub-group to define accreditation framework for bespoke education packages – this group does not have the authority to accredit training course therefore we will close this action. Closed.
6. Development of CC trauma competencies – add an Educational Standard.
7. Development of trauma ward competencies – add an Educational standard.
8. Development of Paediatric intensive care and ward competencies and standards.
9. TARN – Inclusion of specific nursing questions in the data set to build on current 'Attendants' section. Ensure this section is refined. We need to agree the mandatory questions so we can obtain relevant data.
10. Website & Logo – separate action points.
11. Accreditation – Emergency Nursing and AHP work. To be actioned.
12. Competencies – how staff will be assessed. Develop work place based assessments.
13. Health Education England – Currently no link or representation. It is now desirable that they should be included in the group. Contacts will be made for them to liaise with us.
14. Paediatric Trauma Nursing Education – development of the group.

6. New Emergency Nursing Trauma Quality Indicators – feedback and discussion:

RP mentioned the Band 7 inclusion for MTC's component – the work completed by this group went to CRG, who advised that they should be part of the Quality Indicators. They wanted the inclusion of the Band 7 component.

RP went onto address the numerous emails about the Band 7 statement. He saw the draft version and the Band 7 statement was completely separate. RP advised what the wording did say and was surprised about the changes made. It was included because of the other mandated indicators.

It will be a massive challenge for some MTC's where there isn't Band 7 24/7 cover. How do they meet the indicator? RP has fed this to NHS England. However, it was noted that because the standard has been set and data will be collected, it will prove the gap in the funding that is available.

7. Concurrent Workshops – feedback

RP asked that the notes/minutes from each group be sent to SG to compile and circulate with the next set of meeting papers.

RP said that final draft documents will be required by the end of December. Each group will present their information to the main group in September.

Each Group should think about the educational standards they want to set and to look to see if there is something already available that can be used.

RP said we can help with disseminating this information to other members on the main group.

Adult Critical Care Ward – Lead Angela Morgan – Imperial/St Mary's
Minutes already done. The work they will produce is based on the CC3N competencies and they will aim to produce 1 document.

Paediatrics – Lead Lorrie Lawton - Kings

The looked at the HDU – they will add to the current standards. They will add in some standards around rehabilitation. Need to be careful what the competencies are achieving. This group may need to work with PICs to see what is already out there and address any gaps. They have links to other colleagues including those on the main group.

Adult Trauma Ward – Leads Gemma Pierce, Tom Ladlow, Nicola Caygill and Rebecca Blythe (Leeds)

Some discussions about the L1 & L2 Competencies. Everyone sharing their competencies to pull into one document, they will have discussions by email to see how it can be formatted. They discussed MTC v TU.

There is a grey area for level 1. Some of the competencies have been developed for CC but could be adapted. Ward Nursing – there are gaps in training, and do they need a standard?

Discussions about the Trauma Coordinators in MTC's and TU's. NICE have produced some guidance about what they should do regarding MTC's (NG40 – key worker, but the mean a coordinator. The TU version has been added by the London Network. It covers Major Trauma and T&O. Group also recognised that not all trauma coordinators are nurses by profession and in additional there is already an established trauma coordinator national group. Our focus is therefore primarily on the competencies and educational standard for ward staff.

Whatever we develop it must also support those in the TU's.

8. AOB

1. European Trauma Course – Support Practitioners Programme: Tracey Clatworthy presented the programme developed by the group and asked the group to think about what other programmes are required?

TC is currently working with ETC on how they can develop something that satisfies L1 & L2 competencies.

Trauma Support Practitioner - TC presented the course content, they allow observers onto the course who are asked to interact so that they get some of the benefits of attending. Over a course of 18 months, Observers feedback was positive.

They are now looking at how colleagues can be integrated. There has not been a huge amount of funding available to staff, which has limited the ability for people to attend the training. This leaves a gap for newly qualified staff and is definitely a missed opportunity.

The course is very adaptable for e.g. paediatrics. Where people want to proceed to L2, they will find that they will have already done many of the skills required.

TC mentioned that the next step is to get the course accredited. The complete cost of the course is £200.

RP explained that this group is unable to accredit the course, but we could support it. Level 1 will not need to be accredited.

Level 2 will need to be approved by peer review.
People will need to complete the form to see if the course is acceptable for Peer Review.
They will confirm what is acceptable.

TC will send SG the paperwork to circulate.

LL raised concerns that the course does not include paediatrics, like many of the courses out there. So for paediatric trauma colleagues there is nothing around to support them. RP felt that this for the paediatric work group to discuss further especially around APLS and whether it needs to be re-appraised due to the change in the assessment process, they will also need to review the pass/fail element. There appears to be a gap in the market for this group. It is important that there is something developed that can be used in-house but has been signed off by peer review. TC agreed to look at the paediatric element.

Adolescents is also another area that needs to be developed.

It will prove to commissioners that because of the gap everyone in paediatrics will fail the standard.

RP offered to send the course content to some colleagues for them to review it for peer review. TC to email RP to ensure he can get the right people to review the course, for critical appraisal.

2. Work Group notes/minutes
RP asked that they be sent to SG within 2 weeks.
3. RP explained that each work group needs to write their own ToR, minutes, appoint a Chair and Vice-chair and develop the membership list. The work groups will continue to feed into the main group. They will need to meet as a group on the morning of the main meeting in September then join the main group meeting in the afternoon. Colleagues should remember that they can feed into other groups.
4. Feedback from Wales and Scotland:
 - Waiting to see what happens with Wales with regards to TU's/MTC's etc.
 - David McGlynn - Regarding Scotland, there will be 4 MTCs Aberdeen, Dundee, Glasgow, Edinburgh. Against all the advice given as they may not see the numbers required. They may adapt our TQulNS. There will be 1 paediatric MTC in Glasgow.
5. Network Nursing Groups – please share any minutes as a starting point. The London Trauma System website has a section on it for their nursing group. RP will circulate the website address.
6. Link to step 1,2 & 3 competencies for Critical Care, send the link to SG and RP.
7. Dual section for those working in paediatric MTCs – get in touch with Lorrie Lawton if you want to join the group.
8. Lisa T mentioned the Trauma Care Resus Aftercare Manuals are available. Based in the States. It's a very good course and may address some of the gaps currently being identified.
9. Date of next meeting: Friday 2nd September 2016, MCC&TN Office, Birmingham

Trauma Ward Sub-Group - Minutes

From Joanne Lockwood, Matron - Major Trauma Ward, St Mary's Hospital

The discussions around Trauma Ward nurse competencies was that some MTCs had trauma wards and some did not and the majority of the TUs did not and that therefore the requirement for a 'one size fits all' type of document was invalid.

With cohorting of Trauma patients becoming a national requirement this slightly alters things moving forward.

Michele and I felt that we had tried and failed to create a level 1 and level 2 document for Trauma Ward competencies and that we had tried to emulate the ED version but it was not easily reflected on the ward. We also said that the draft version was not exhaustive but that we did not add competencies that were felt to be something that a Trust would already have competencies for ie PCAs.

We also discussed the possibilities of a 'core' skill set and then an 'advanced' section.

Ultimately, after a lengthy discussion we decided that Rebecca and the team from Leeds would be lead and collate all the competencies that the rest of us would send her and that her and her team would try and make a level1/2 document. We could then get together in September and discuss the document and how it would work in each area. Would it be better to 'pull' applicable competencies for your respective areas?

Paediatric Sub-Group - Minutes

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.	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>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 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>	LL – to send the ED competencies to group for formatting purposes
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	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, Not to include the basic of Intensive Care nursing – but will add specific trauma competences.	
6. Way forward	DD – coordinate the writing of the critical care competences JF – Network and safeguarding, burns (critical care and ward), support RCPCH, paediatric Rehab. LL - to send around template for everyone to use, write minutes and distribute DB – long bones, traction, care – orthopaedics and general surgery Not allocated - Adolescents, pregnancy, violence.	
	Next 2nd September – therefore 26th August 2016 – - comments and peer review AT – formatting of document and proofing – documents to AT by 22nd August for formatting	

Critical Care Ward Sub-Group - Minutes

Chair Angela Morgan

Scribe Vicky MacArthur

Group membership:

Dean Whiting

David McGlynn

Angela Himsworth

Bernadette Olnier

Samantha Cook

Julie Platten

Nichola Ashby

Sharon Sanderson

E Cole

This group is looking at the trauma knowledge of critical care nurses.

The new competencies will be in addition to the CC3N competencies which should also be passed.

The same format as the CC3N competencies will be used (wording and headings) and this might be a good idea in all subgroups to make it easy for people to move between areas. The same step process will be used with colour coding to reflect the steps.

The document will not differentiate between major trauma units and trauma units. It may be necessary to look at the ED competencies and see what is transferable. This may include a mapping process from the ED competencies to be added to this document.

Various changes to the existing draft were identified on the day and further suggestions will be sent to the chair.

Angela Morgan has already started to produce a workbook which could be used alongside the new competency document.

Group members will share with Chair their own competencies already developed.

Next meeting will be Sept 2nd 2016, for which terms of reference and Chair/Vice Chair will be identified.