**BOA Committee Structure**

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| **Committee Name** | **Trauma Committee** |
| **Type** | Standing Committee |
| **Purpose** | Support the BOA strategy by developing and delivering trauma specific policy and guidance, including BOA standards for trauma; identifying and delivering quality improvement initiatives and engaging with key stakeholders to raise the profile of trauma care. |
| **Scope** | Responsibility for the following areas:   * Policy issues such as Major Trauma Centres (MTCs) and Trauma Networks * Trauma-specific consultations * Hip Fracture Reviews and hip fracture care day * Getting It Right First Time (GIRFT) trauma * Trauma Audit Research Network (TARN) and National Hip Fracture Database (NHFD) issues/engagement * HipQIp (Hip Quality Improvement) or other trauma Quality Improvement programmes * Research liaison (in conjunction with Research Committee), including new and upcoming trauma trials * Collaborating with other specialties on trauma issues with a shared interest, e.g. Orthogeriatrics, Orthoplastics, Well-leg compartment syndrome, (current examples) * Trauma coverage at Congress * Trauma BOA Standards (BOASTs) (developed by subgroups with significant review, input and sign off here) * Engagement with Royal Osteoporosis Society (ROS), Falls and Fragility Network (FFN) UK/Global, One Day, Falls and Fragility Fractures Audit programme (FFFAP) * Professional groups: British Geriatric Society (BGS), Orthopaedic Trauma Society (OTS), British Trauma Society (BTS) * Plus other relevant issues as they arise |
| **Authority** | * The trauma committee will devise and deliver strategies and projects in support of the approved strategy. * Council (trustee only) is responsible for the overarching governance and financial approval of the work of all committees. * All new initiatives or significant changes to ongoing projects should be developed within the committee and proposed/recommended to Council for approval. * All publications/positon statements/standards documents should be presented to Council for approval before publication. * Where necessary the Executive group, on delegated authority from the Council, can provide financial approval for projects or activities. |
| **Chair and Vice-Chair** | The Chair shall be a member of the BOA Executive actively working in trauma (or elected member of Council if no member of the Executive actively working in trauma). The selection process shall be as follows:   * An elected Officer of the Association, normally in the Presidential line, is selected by the President in consultation with the Executive Group. * An elected member of Council shall be selected if no member of the Executive is actively working in trauma. * If there are no trauma surgeons on Council, the Executive Group will appoint a suitable trauma surgeon through open recruitment, who will have an ex-officio position on Council. The tenure of this appointment is usually two years, at the end of this tenure the Chair will revert to Executive.   Vice-Chair  To be appointed from the existing committee in the first instance, and for future appointments the Vice Chair will be appointed by the Executive Group and ratified by Council, following an open application process.  Previous and existing members of the Committee are encouraged to apply, and are not required to take one fallow year if moving from an existing Committee role into this position. |
| **Membership** | Maximum ten members in addition to the Chair and Vice Chair   * One member of Executive Group (if not already the Chair) * Two members of elected Council * One BOTA Rep * One SAS member (appointed through open application) * President of Orthopaedic Trauma Society (OTS) (or someone from Presidential line) * Four additional members with always at least one from Trauma Unit and one from Major Trauma centre \* appointed through open an application process * Among the appointed or Council members, there will be designated a ‘Lead for BOASTs’ and ‘Lead for Hip Fracture Reviews’.   **Invited members**  In addition to the full committee members, the following are external postholders who can be invited to committee or involved in committee business whenever appropriate. They do not constitute full members of the committee:   * National Clinical Director for Trauma * GIRFT Trauma Lead * GIRFT Paediatric Orthopaedic/Trauma Lead * Demitted members may at the chair’s discretion be invited to continue as members of the committee to facilitate completion of a specific project.   **Appointed members**   * The tenure of the appointment is three years, with appointments staggered in the interests of continuity, always commencing in January. * An open application process is held:   + Using a brief person specification   + With an advertisement placed in JTO and newsmail * Short listing and interviews (if necessary) conducted by a member of BOA Executive, the Trauma Committee Chair and Vice-Chair. * Appointments to the committee will be ratified by elected Council. * Any appointed committee member can stand for re-appointment after one ‘fallow’ year. * Persistent lack of attendance and/or contribution would lead to resignation and replacement. Appointed committee members should be actively involved in trauma at the time of application.   There may be circumstances where a demitting member is responsible for a major piece of work that is not completed at the time they would demit. Such circumstances are likely to be rare as succession planning should allow transfers of responsibilities. However, if a Chair wishes to extend the term of a demitting member, they would need to seek agreement from the Elected Trustees prior to the end of that member’s term. The extension should be for no longer than one year and only one person on the committee may be on an extended term at any time.  The new committee structure comes into effect in January 2020 and some members of the previous ‘Trauma Group’ will be transferred into the new committee in the ‘appointed’ roles (to ensure continuity and allow staggered end-dates as these individuals will have earlier end-dates than those who are newly appointed to the committee).  \*Overall there should be a mix of people from Major Trauma Centres and Trauma Units across the committee membership.  In attendance   * Director of Policy and Programmes * Chief Operating officer (as required) * Member of the policy team for meeting administration and other staff for relevant discussion items |
| **Meeting arrangements** | * Three meetings per annum, with teleconferencing used as required * Meetings will usually last for a maximum of three hours held in the morning, with work on BOASTs taking place in a separate sub-group (in the afternoon) * Quorum: 50% of the members. * Non-quorate meetings may still proceed but no strategic decisions can be made. |
| **Reporting** | * The committee will report to Council via the Chair. * A formal report on activities will be provided to Council at each meeting. * New initiatives and requests for projects requiring additionally funding should be formally submitted to Council for approval. |
| **Resources and budget** | * A member of the BOA Office will be in attendance at meetings of the committee to advise on any resource issues; * The budget will be set annually and informed by agreed strategic priorities. * All projects approved by Council and within budget will be managed by the committee. * Requests for projects requiring additional funding should be formally submitted to Council for approval. |
| **Review** | Terms of reference should be reviewed and updated annually |