

Trauma Committee

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 • Appropriate trust reviews including NAFF • Engaging with Getting It Right First Time (GIRFT) trauma • National audits and registries that are relevant to trauma eg National Hip Fracture Database (NHFD) issues/engagement • 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 • To ensure appropriate trauma coverage at Congress including liaising where appropriate with specialist societies • 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, Day One, Falls and Fragility Fractures Audit programme (FFFAP) and other such organisations • Professional groups, including 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 BOA approved strategy. • BOA Council (Trustee Board 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/position statements/standards documents should be presented to Council and/or the BOA Executive Committee for approval before publication.

	Where necessary, the BOA Executive Committee, delegated authority from the Council, can provide financial approval for projects or activities including attendance of speakers at congress.
Chair and Vice-Chair	The Chair shall be a member of the BOA Executive Committee actively working in trauma (or elected member of Council if no member of the Executive is 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 Committee. - An elected member of Council working in trauma shall be selected if no member of the Executive is actively working in trauma. - If there are no trauma surgeons on Council, the Executive Committee 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 the Executive Committee. Vice-Chair Vice Chair will be appointed by the Executive Committee 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 - A minimum of one member of Executive Committee (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 OTS Presidential-line) - Four additional members with always at least one from a Trauma Unit and one from a 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'. - Elected Trustees of BOA Council should not apply for committee vacancies that are advertised, as there is a separate mechanism for Elected Trustees to become members of the Committee 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 Major Trauma & Burns and/or National Clinical Director for MSK • GIRFT Orthopaedic Trauma Lead • GIRFT Paediatric Orthopaedic/Trauma Lead • Patient representatives eg The Royal Osteoporosis Society Patient Representative, Day One Patient Representative • Demitted members may at the Chair's discretion be invited to continue as members of the Committee to facilitate completion of a specific project. • Representation from other relevant specialist groups (eg RCN Trauma and Orthopedics Forum as appropriate 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: - o Using a brief person specification - o 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 the BOA Council. • Any appointed Committee member may stand for re-appointment when their term ends without the requirement for a fallow year. If a Committee member chooses to reapply, the same recruitment process will, with no guarantee they will be appointed. • There is a maximum of two terms for any appointed Committee member. • Persistent lack of attendance and/or contribution will 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. *Overall there should be a mix of people from Major Trauma Centre's and Trauma Units across the Committee membership. In attendance • Head of Education and Programmes
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	• Head of Policy and Public Affairs • Chief Operating officer (as required) • Members of the BOA Secretariat for meeting administration and other staff for relevant discussion items
Meeting arrangements	• Three formal 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) • Committee meetings will often take place virtually (e.g. using Zoom), although at least one meeting will take place in person. In-person meetings should be attended at least once per year, and these are usually held in London at the RCSEngland building • Quorum: 50% of the members. • Non-quorate meetings may still proceed but no strategic decisions can be made. • In addition to the formal meetings, the Trauma Committee holds informal pillar meetings in-between formal Committee meetings. Attendance at these meetings is encouraged when relevant to Committee members. ◦ Only elected and appointed Committee members are invited to attend the additional/informal meetings. • Attendance at the three formal day-time meetings is required, but Committee members are allowed to be flexible in attending the monthly evening meetings.
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 additional funding should be formally submitted to Council for approval.
Resources and budget	• A member of the BOA Secretariat will be in attendance at meetings of the Committee to advise on any resource issues; • 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 in line with BOA strategy renewal