



Birmingham, Black Country, Hereford & Worcester Trauma Network Governance & Business & Data Meeting

6th January 2016 – 13:30-16:30

Meeting Room, 4th Floor, Kings House, 127 Hagley Road, Birmingham B16 8LD

APPROVED

Present:

Alastair Marsh (Chair)	AM	Consultant Orthopaedic Surgeon	DGH
Janet Hallam	JH	Physiotherapy Lead	UHB
Jonathan Hulme	JHU	Consultant, Intensive Care Medicine & Anaesthetics	SWBH
Adrian Simons	AS	Consultant Orthopaedic Surgeon	RWH
Jeff Osborne	JO	Network Manager	MCCTN
Nick Turley	NT	Trauma Lead A+E	WORCS
Martin Beard	MB	Surgical Care Practitioner	SWBH
Diba Shariat	DS	Consultant Rehabilitation Medicine	BHCH
Azam Majeed	AMJ	Director Emergency Medicine - Ultrasound	UHB

Apologies:

Keith Porter	KP	Professor of Clinical Traumatology	UHB
Zac Falope	ZF	Consultant in rehabilitation Medicine	BCHC
Tina Newton	TN	Consultant in Emergency Medicine – Paediatrics	BCH
Daniel O' Carroll	DOC	Medical Lead - Walsall	WALSALL
Shane Roberts	SR	Head of Clinical Practice , Trauma Management	WMAS
Nicola Bartlett	NB	Group Manager Division D	UHB
Alison Lamb	AL	Consultant Nurse	RJAH
Kay Newport	KN	MTC Coordinator	BCH
Steve Graystone	SG	Consultant Anaesthetist	WORCS
Rivie Mayele	RM	MTC Administrator	UHB
Jane McKiernan	JM	Acting Senior Matron	RWH
Ann Preece	AP	Neurosurgery Nurse	UHB
Becky Tinsley	BT	Air Operations MERIT/RTD Manager	MAA
John Craven	JC	General Manager – Operations INRU	BCHC
Vikram Anumakonda	VA	Consultant Physician	DGH
Mark Dawes	MD	Emergency Medicine – Advanced	RWH
Jane Wallace	JW	Trauma Nurse Practitioner	HEFT
Jane McKiernan	JM	Acting Senior Matron	RWH
Karen Hodgkinson	KH	MTC Coordinator	BCH
Andrew Thurgood	AT	Clinical Director - MARS	MARS
Peter Burdett-Smith	PBS	Consultant in Emergency Medicine	WVT



1	Welcome and Introductions – Alastair Marsh Chaired the meeting	
2	Apologies (see above) apologies were noted	
3	Approval of Minutes the minutes were agreed as an accurate record of the previous meeting	
4	<u>Outstanding Actions From Previous Meeting:</u> 5a) SL was not present at the meeting to update on the open fracture data TU v MTC. SL will email out the data to the Network. c) SR was not present at the meeting to update the Network regarding the Executive Meeting in December or Pre – booking vehicles for transports. 10c) AL was not present to update regarding the Spinal Cord Injury Pathway. 10d) NB was not present at the meeting to update regarding the Hand Service audit results.	
5	<u>Data Activity:</u> SL was not present at the meeting to present the data activity for the Network. JO mentioned if any of the Network would like any adhoc or data requests to contact SL directly. AM mentioned an interest in data for open fractures and compartment syndrome. AS suggested data for motor cycle RTAs.	
6	<u>Business Update:</u> <u>Paediatrics</u> – KH reported their feedback with regard paediatrics is around the continued pressures on their PICU capacity. They were in a situation prior to Christmas that they had two 15.5 year old outlying in UHCW to who whom were giving daily telephone support. One of these youngsters has since been transferred across to them with the second being discharged home. As information to the network, there are currently discussions around whether specialist commissioning could open up a funding route to allow the particular 15 year old access the adult rehab pathway. This is specific to this child, however, for the future may open up possibilities for other youngsters that sit in the grey area between children's and adult services. <u>Spinal Injuries</u> - JO updated the Network regarding the planned meeting with the MTC Leads, Network Chairs and the Team from Oswestry to discuss any Network issues. JO reported that Oswestry are happy to accept referrals within 4 hours of arrival, but any patients taking longer than 4 hours should be TRIDed. <u>Ambulance Services:</u> - there was no one present to update on the ambulance services due to service pressures. <u>Rehabilitation & Repatriation:</u> - DS reported that there are significant concerns about the major trauma, neurosurgery and spinal surgery pathways in relation to bed capacity and patient flow. Commissioners are planning to review specialist rehabilitation services for major trauma, neurosurgery and spinal surgery pathways in west midland. In terms of INRU, ward 9 in Moseley Hall Hospital, they are looking at increasing the capacity of tracheostomy beds, perhaps up to 6 beds. They are also investing in skills training for staff with increasing complexity of patients (such as tracheostomy management skills)	



	<p>They are working with Central England Rehabilitation Unit to maximize use of tracheostomy beds across both services.</p> <p>JH mentioned a MTCs Rehabilitation Meeting to be held in February, in London. JH also shared the data from the UHB MTC Tracker, including Repatriation Reports and Active Patients in Trauma.</p> <p>JO mentioned the Rehabilitation Measures were still under review and still awaiting details – this year’s Peer Review needs to be completed by September.</p> <p><u>Network Update:</u> - JO mentioned the Peer Reviews for this year would need to be completed by September and the Post Peer Review Trauma Unit Visits for 2015, were still taking place. The Network hosting discussion is to be revisited but the Network Office venue should remain the same.</p> <p><u>TU Updates:</u> - AS reported there were no issues with the new ED at New Cross Hospital. However, New Cross have been receiving repatriation patients from two directions since the closure of Mid Staffordshire Hospital. AS mentioned some work that needs to be done regarding the rehabilitation pathway from Stoke to New Cross Hospital.</p> <p>JHU mentioned they now had more support for TARN, from their Clinical Data Clerk. JHU shared news of a contract being signed for a new hospital to be built, between Sandwell and City Hospitals – The <i>Birmingham Metropolitan Hospital</i> - but would not be complete until 2018. Sandwell and City Hospitals would be staying open, but have reduced services.</p> <p>NT reported that the position for Trauma Lead at Worcester has been advertised. Changes are taking place in Trauma and the Trauma Unit Visit is still being arranged. At Redditch, they are operating with 4 consultants – 3 locums and 1 sub and they are currently recruiting for more consultants.</p> <p>AM encouraged TU’s to send representatives to the Network meeting even if they are not “official” TU reps. This allows better discussion of issues and will only help information dissemination</p>	
7	<p><u>TRIDS:</u></p> <p>Discussions around the following TRID cases:</p> <p>1142 – It was agreed the correct course of action was taken and the case has been closed.</p> <p>1231 – It was recognised there was a pathway issue and needs to be stressed the importance of contacting the CTC at QEHB via the Regional Trauma Desk for advice on acute injuries (for example when the patient is still in ED) rather than contacting individual subspecialties. This is especially important when two or more systems are involved e.g. spine and pelvis. It was agreed to feedback to HM, urgent advice of acute management of poly trauma, refer to CTC via RTD. In the event of a CTC not being available, advice can be sought from the ED Consultant at QEHB.</p> <p>1232 – This case is to remain open. Some details need clarifying and sent to KP for review.</p> <p>1233 – This case is staying open, need to discuss with SR.</p> <p>1239 – This case is staying open, more details are required for investigation.</p> <p>1252 – This case is staying open, feedback from SR is required.</p>	

8	<u>AOB:</u> JO reported the Spinal Cord Injury data base does not allow access unless a patient is being entered onto the system.	
9	<u>ACTIONS:</u> 5a) - SL to email out the open fracture data TU V MTC to the Network. 5b) – SL to collate data for motor cycle RTAs, open fractures and Compartment fractures to bring to the next meeting. 8a) JO to look into TRID 1218 and update JHU.	
10	Date, Time, Venue of next meeting Wednesday 16th March , (13.30-16.30) Gov/B&D Wednesday 16th March- 2016 – Network Office	