

Central England Trauma Network

Minutes of Governance Meeting

11th May 2016

CERU – Leamington Spa

[Draft v.1](#)

Reviewed by chair: sent 13/5/16

Approved by Board:

Present:

Jane Owen	JaO	Major Trauma Service Team Lead	UHCW
Ian Mursell	IM	Head of Trauma	EMAS
Julie Nancarrow	JN	Emergency Medicine Consultant	SWFT
Linda Twohey	LT	Consultant Anaesthetist	KGH
Matthew Wyse (Chair)	MW	Consultant in Trauma Anaesthetics & Chair CETN	UHCW
Nicola Dixon	ND	Major Trauma Therapy Lead	UHCW
Sarah Graham (minutes)	SG	Service Improvement Facilitator	MCC&TN
Sue Bleasdale	SB	General Manager	CERU, SWFT
Karen Hodgkinson	KH	Joint MTC Manager/Coordinator	BCH
Aimee Taylor	AT	Rehabilitation Coordinator	UHCW
Caroline Leech	CL	Consultant Emergency Department	UHCW
Jonathan Young	JY	Consultant in Orthopaedics	UHCW
Derar Badwan	DB	Consultant in Rehabilitation Medicine	CERU

Apologies:

Phillippa Gibbs	PG	Coventry Airbase Manager	TAAS
Rajesh Khurama	RKh	Consultant in Neuro Rehabilitation	UHCW
Matthew Fletcher	MF	Major Trauma Coordinator	UHCW
John Hare	JH	Consultant Anaesthetist	NGH
Aheed Osman	AH	Consultant Surgeon, Spinal Injuries	RJAH
Abdul Rasheed	AR	Major Trauma Rehabilitation Consultant	UHCW
Julian Northover	JN	Consultant in Orthopaedics	NGH
Mandy Blackman	MB	Lead Nurse for Urgent Care	KGH
Richard Clayton	RC	Head of Operations	TAAS
Shane Roberts	SR	Head of Clinical Practice, Trauma Management	WMAS
Tina Newton	TN	Consultant in Emergency Paediatric Medicine	BCH
Julia Weatherill	JW	Joint Medical Lead	NGH
Kathy Wagstaff	KW	Lead Nurse	SWFT
David Bowden	DB	Consultant Emergency Department	SWFT
Sharon Ryan	SR	TARN Coordinator	NGH
Tristan Dyer	TD	Consultant Emergency Department	NGH
Kay Newport	KN	Joint MTC Manager/Coordinator	BCH
John Trenfield	JT	Consultant Emergency Department	JT

No.	Item	ACTIONS
1	Welcome and Introductions	
2	Apologies The apologies were noted (see above).	

3	Approval of Minutes The minutes of the governance meeting held on 9 th March 2016 were approved as an accurate record with only minor alterations.	
4	Outstanding Actions from last meeting: 9e) SB will report the recent never event to the next CETN meeting and obtain some information about the CORTACK scanning system. SB informed the group that this case went to the Coroners Court who recorded the event as misadventure. The Coroner felt that CERU had been very open and transparent and had put measures in place extremely quickly, quicker than he had ever seen in the past. SB reported that CERU continue to work on the measures and the governance procedures. The family commended the Unit for all their hard work and support. CERU will also do some work with colleagues at UHCW. CERU and SWFT are looking into expanding their PEG service. All agreed presence of NG tube not a contraindication to admission to CERU. 9f) Adolescent Pathway - JaO to go through the mapping process with SB at CERU. This work will be done between both organisations to ensure there is a seamless pathway in place in the future. SB provided a further update today – the pathway is clear but there is still a piece of work that is ongoing especially around the risk assessments that CERU can populate. SB mentioned that the Specialist Commissioners did a quality review recently. UHCW want to do a piece of work around why the patient had to go to BCH. This piece of work will be brought to the PaQ Board when complete, as it could have an impact on the whole region. 5c) TRID 1094 – closed 5f) TRID 1271 - UHCW have sent further images to NGH and there appears to still be problems. 5f) TRID 1276 - SG to chase calls to RTD. In Progress. 6) JN to email PG the details of the case of the patient falling from his horse. SG confirmed this has now be TRID logged, there investigations will be done via this method. 6) LT agreed to feedback from the KGH ED/M&M Meetings. 7) SG to send the list of priority guidelines/policies required for Peer Review to network leads. Complete. 7) SG to put details of Peer Review in a brief to be sent out to all Networks to help prepare for this year's Peer Review. Complete. 7) STB to email out invites to the Network regarding booking Peer Review Visits. SG completed this 10/5/16. 9g) EMAS Bulletin to go out about how the East Midlands are to use the West Midlands RTD. This has been circulated.	

	10) SG to distribute the notes from both Mass Casualty Event 7 th March and Major Terrorist Attack Event 8 th March to the Networks. – Complete.	
5	Review Current Network Related TRIDs a) TRID 1353 – Case presented by AT. Details of discussion/outcomes have been recorded on the TRID. b) Case presented by ND – to be TRID Logged as no. 1359. Further work required regarding this case which will be done via the TRID investigation process. c) LT discussed a case that effected NGH. Patient had multiple injuries. Both air and road ambulance personnel were tasked. The patient was adamant that she be taken to NGH. The crews could felt unable to dissuade her, even though she needed to go to an MTC. Following initial management at NGH, she had to be transferred to UHCW. LT wanted assurance that a patient's preference should not over-rule the clinical decision of paramedics and doctors. LT was reassured this would not normally happen, this is quite an unusual case. MW to discuss with Air Ambulance Crew d) TRID 1094 – still waiting for feedback from the CC Network. e) TRID 1276 – still open – just need to review Issue no.2 f) TRID 1327 – SG to chase WMAS for an update. g) TRID 1363 – Closed.	MW
6	Feedback from M&M meetings KGH - LT has established that KGH are having M&M meetings and will feedback in the future. UHCW – MW discussed a case taken to one of their recent M&M's. The patient was initially identified as being stable but it was later established that there was a lack of recognition as to her injuries. She spent too long in theatre, was under resuscitated and later passed away. This has been widely discussed at UHCW with specialties and individuals involved. There has been learning opportunities recognised and UHCW are inviting someone from the military at UHB who can speak with their colleagues at an anaesthetic QIPs meeting, to ensure they are more aware of the need for blood, clotting factors, stabilisation, damage control surgery etc.	
7	Trauma Handbook Documentation for approval a) Management of Rib Fractures v1.4 – Approved b) Traumatic Spinal Cord Injury v2.3 – Approved	
8	AOB a) Peer Review Update provided by SG, all TU visits are booked other than NGH and Russell's Hall. SG continues to provide correspondence to the network, keeping them up to date of developments. b) Sam Turner-Brown is leaving – SG mentioned that STB is leaving the network management team, STB is Bank Staff and will be replaced short term from the Bank again and that Angela Himsworth, Acting Network Manager is proposing to make this a substantive post again. SG updated on the recent changes within the Network Management Team and the work that is being developed e.g. review of the Oversight Board, the Memorandum of Understanding, better financial awareness and reporting mechanisms, options appraisal requirements. c) Transfer Audit presented by Dr Caroline Leech, UHCW. CL presented network data showing 68 transfers to UHCW, and whether they were considered	

Comment [WM(CA1)]: Completed action

	<p>appropriate or could have been kept in the TU. CL felt it would be good for SWFT to look at their data. CL continued to present the cases that did not pass through their ED. CL highlighted that not all patients need transferring and that initial discussions with MTC colleagues would be an advantage particularly for elderly patients</p> <p>CL mentioned that there is a couple of cases that need to be reviewed in more detail to establish if they should have been transferred to UHCW and whether an MRI should have been performed at the TU first. Further cases were discussed in respect of this. CL then showed the number of patients with a low ISS, this highlighted the need for better information about splenic injuries. The board agreed network guidance is required.</p> <p>ACTION: Produce network guidance around splenic injuries.</p> <p>CL continued to present the transfer times, some were particularly long. Again, we need to ensure patients receive proper care and management and where this will take place. CL highlighted that many of the patients did not require a hyper-acute transfer. The length of stay was indicated which were quite reasonable and most patients were not transferred back to TU's. It was highlighted that the hyper-acute policy needs more work around what constitutes a hyper-acute transfer, from both a clinical point and timing point of view, should they be a hyper-acute transfer for immediate intervention? Or a specialty to specialty transfer? CL feels that more patients could be kept at the TU's. CL/MW agreed to circulate the main bullet points of the tasks and the further work required.</p> <p>ACTION - It was agreed that the current hyper-acute policy should be reviewed.</p> <p>ACTION – JN was asked to review the cases that went to SWFT and whether they were appropriate to be taken to an LEH.</p> <p>ACTION: CL/MW circulate list of tasks and work to be done – discuss with units involved.</p> <p>d) Surgical Skills Training – CL mentioned that UHCW had funded places for NGH, KGH and Warwick and that the training had been well received and well attended.</p> <p>e) Trauma Team Leader training held at UHCW – CL provided an update and again it was well received, she questioned whether she should organise further events.</p> <p>f) CT's for falls less than 2 metres, TU's to think about their approach. CL will share their new guidelines.</p> <p>g) TARN Award presented to UHCW who won joint first prize for their BOAST 4 work. ACTION – SG asked for a Newsletter article. MW agreed to do this.</p> <p>h) MW mentioned that this would be Jane's last CETN meeting before she goes on maternity leave, all wished her well.</p>	<p>CL & MW to review CETN transfer pathway UHCW</p> <p>NETWORK</p> <p>JN</p> <p>CL/MW</p> <p>MW</p>
9	<p>Date, Time, Venue of next meetings (all 9:30 – 11:30) Business/Data: Wednesday 8th June, UHCW.</p>	

--	--	--

DRAFT