



North West Midlands & North Wales Trauma Network
Business & Data Meeting
3rd December 2015, 10:00-13:00
ED Seminar Room, Leighton Hospital, Middlewich Road, Crewe,
Cheshire, CW1 4QJ

Approved

Present:

Sue O'Keeffe (Chair)	SOK	Network Manager (Wales)	N Wales CC Network
Simon Davies	SD	Major Trauma Coordinator	UHNM - RSUH
Alex Ball	AB	Consultant in Rehabilitation Medicine/Network Rehab Lead	UHNM - Haywood
Steve Littleton	SL	MCC&TN Data Analyst	MCCTN
Verity Locket	VL	Service Manager	MCHT
Malik Abbas	MA	Trauma Clinical Lead	Burton
Adrian Vreede	AV	Operations Manager	SATH
Kay Newport	KN	MTC Coordinator	BCH
Ash Basu	AB	Consultant in Emergency Medicine/Major Trauma Clinical Lead	BCUHB-Wrexham
Alison Lamb	AL	Consultant Nurse	RJAH
Richard Hall	RH	ED Consultant	UHNM
Shane Roberts	SR	Head of Clinical Practice	WMAS
Simon Shaw	SS	Trauma Lead for RSUH, Consultant Neurosurgeon	UHNM-RSUH
Jeff Osborne	JO	Network Manager	MCCTN

Apologies:

Graham Spencer	GS	GP and Chairman of CSI Basics	NWAS
Clive Bezzina	CB	Consultant in Rehab Medicine	UHNM-RSUH
Joy Choudhury	JC	Consultant Surgeon- Spinal Injuries	RJAH
Trudi Massey	TM	Trauma Rehab Coordinator/ Specialist Nurse	UHNM-RSUH
Dianne Lloyd	DL	Therapy Clinical Director	SATH
Sarah Tudor- Ansell	STA	Trauma Rehab Coordinator/Advanced Occupational Therapist	UHNM-RSUH
Mark Winter	MW	Service Manager EMRTS	EMRTS
Claire Powell	CP	Directorate Manager	UHNM
Mark Anderton	MA	Consultant in Emergency Medicine/ED & Major Trauma Clinical	BCUHB-Glan Clwyd
Sarah Graham	SG	Improvement Services Facilitator	MCCTN
Karl Hughes	KH	Clinical Team Lead	Welsh Amb Sev
Jonathan Dwyer	JD	Trauma Orthopaedic Surgeon	UHNS
Rob Perry	RP	Consultant- Emergency Medicine/ED Lead Clinician	BCUHB-Bangor
Tina Newton	TN	Consultant Emergency Medicine - Paediatrics	BCH
Karen Hodgkinson	KH	MTC Coordinator	BCH
Amanda Walshaw	AW	Head of O/T & Scheduled Care Centre Manager	SATH-RSH
Mark Brown	MB	Consultant in Orthopaedics - Spine	UHNM
Roger Jones	RJ	Advanced Paramedic	NWAS
Mark Prescott	MP	Consultant in Emergency Medicine	SATH
Paul Knowles	PK	Consultant in Emergency Medicine	MCHT
Ellie Fairhead	EF	Service Manager, Major Trauma	UHNM-RSUH

1	Welcome and Introductions –Sue O'Keeffe chaired the meeting in PK's absence.	
2	Apologies (see above) Apologies were noted.	

3	<u>Approval of Previous Minutes 10.09.2015:</u> The minutes were approved as an accurate record of the previous meeting.	
4	<u>Actions from Pervious Minutes:</u> 6b) The time for referral for spines cases still needs defining from CRG – refer to Matthew Wyse. 6c) SOK to check if DR sent SG details of Welsh Blood Transfusion Policy. 6d) JO to check if SG sent out Feedback forms/questionnaire forms to the Networks 6f) SOK to ask RP where he is up to with discussions with thoracotomy guidelines for the Trauma Handbook	
5	<u>Data Activity:</u> SL gave the Network a presentation regarding Q1 of the Trauma Units comparative data. (Wrexham data clerk long term sick, so data is limited). TARN - Report time frame: request consideration to produce reports by 'discharge' and give reasonable time frame to submit reports. RH mentioned Peer Review Measures Group have considered this issue, re: The 40 days reporting requirement. TARN can only do what CRG requests. CRG are 'happy' with the current schedule. Board requests CRG reconsider this. SS mentioned TARN will be producing a 'user survey' to write views/opinions to finesse reports. SS sits on TARN audit committee and will feed this back. SL advised the Network to 'sense check' data submitted by clinicians and not leave it just for data clerks. <u>TU 08 Measure:</u> SD highlighted the potential influence of chemical drugs/alcohol that skews GCS. RH confirmed this is merely a comparative figure. Having 100% compliance is not realistic. It was noted that the North West Midlands & North Wales percentages of metrics is above the national average. <u>TU 10 Measure:</u> Leighton scored 34.5% - very commendable. AB challenged national 40% compliance and questioned the accuracy of the data regarding Rehab Prescriptions. <u>TU Q2</u> - Provisional Dashboard released with three weeks turnaround for validation. <u>MTC</u> – SL presented Q2 validated dashboard. RSUH are disadvantaged by taking North Wales patients: with the prolonged journey and the amount of time it takes, this has impact upon meeting time frames. SD referenced a Leeds consultant coming in for on-call to treat open fractures and plastics. Hence their high compliance. RH suggested plastics needed to be called earlier. SD pointed out, that since February, there had been 15 amputations in RSUH, which is a surprisingly high figure. <u>TU 11</u> – SL confirmed that at RSUH this represents primary referral to MTC and excludes TU referrals.	
6	<u>Business Update:</u> <u>6a) Paediatrics:</u> - KN reported a high level of activity and the fact that they were one Rehab Consultant down at present. <u>6b) Spinal Injuries:</u> - SL has linked TARN for numbers to report to help further investigation/analysis. SL requested time of diagnosis to be included. Currently NSCI database does not capture this. AL has highlighted this to National database as an	

issue. AL is still working on Spinal Injuries Protocol. The spinal protection regarding lie flat v sit up is being questioned nationally, to look at standardisation. SR confirmed that best practice is to encourage self-extraction and head immobilisation but does not necessarily require a collar. Head blocks are frequently used for first choice of head immobilisation. Disposable head blocks are used to prevent cross infection/contamination.

6c) Ambulance Service:

SR reported being unable to provide the monthly reports due to software issues. SR has requested direct access into Burns Centres. This has been discussed at P&Q, and KP was taking this item back to the Burns Lead at UHB. This will be discussed at the next P&Q Meeting.

Vacuum Splints for spinal transfer: to kit out and train WMAS is unrealistic. It has been proposed that the MTCs hold stock of vacuum mattresses, but this would prove a logistical problem.

Pragmatic solution would be for RJAH to provide a referral service.

RSUH have a SOP for removal from vacuum mattress.

AB has requested RSUH investigate an issue relating to vacuum mattresses and method/technique for removing patient from a vacuum mattress.

EMRTS The EMRTS Clinical and Operational Board through the commissioning body is seeking approval to proceed with a business case process to expand the existing service ahead of the 1year service evaluation. The service will update the network in due course with a progress update on this.

SD referred to issues with Lyoplas and potential allergic reactions, particularly relevant due to drug issue licence.

NWAA- SD is still TRIDing issues relating to unprotected airways, he asked when this would be reviewed with NWAA. RH raised concerns on information transmitted by NWAA to MTC, particularly notifying ETA and some clinical information relating to paediatrics and Obstetrics. Air crews need to give prior notification for MTC standby.

6d) Rehabilitation:

AB presented activity data referring to the Haywood who are experiencing capacity issues which are causing delayed admissions.

ART Unit – SS updated, that this Unit will have a phased opening commencing the end of February 2016.

TU Rehab slow progress for securing sessional time/SLA with Leighton, for formal Rehab sessions.

AB updated that work is under way to develop a combined post in the New Year with SATH.

Chris Moran is to Chair an MTC meeting in February to discuss Rehab, but this does not appear to address Trauma Unit Rehab.

SS has requested future data on rehab prescriptions and activity including waiting times and delayed admissions: to be presented to this forum.

SD feedback from the Spinal & Cranial Alliance. Steve Sturman's 'Models of Care', discussion with Director of Ops and identified Rehab Leads, TU payments that Rehab patients should receive, thus Reducing the perceived financial barriers of repatriating.

AB and SS raised concerns relating to referrals of patients into the Walton Centre for Specialist Rehabilitation. Cross Network discussions will be pursued in the New Year to help resolve outstanding problems. SD highlighted problem repatriating patients back to Powys in Wales. AB informed that each case required an individual funding request.

	<p><u>Network Update:</u> - From April 2016, North Wales will be 'All Wales' Critical Care Network. SOK has expressed concerns as to the Trauma remit of the Network, and this needs to be considered. The reorganisation may impact on Network management structure.</p> <p><u>TU Update:</u> - AV, SATH - mentioned new Capability Manager at Shrewsbury, and new appointment at Telford, expected for managing repatriation. Plans for SaTH are unclear in terms of service distribution, to include setting up ED services. North Wales - SOK informed of high levels of activity with a few delayed repatriations in North Wales. Sir Keith Porter and the Network Team will be visiting the three Welsh Hospitals in January.</p> <p><u>MTC Update:</u> - SS informed that Critical Care will be opening two more beds in January (with intensive recruitment). Critical Care capacity issues are problematic but the MTC will remain as 'open door'. SD informed the Network, the escalation policy is to be escalated internally and effective use of critical care beds to ensure an always 'open' to major trauma.</p> <p>RH updated on the Paris MTC day two onwards meeting: impact on critical care and theatre services. Advised carrying out CT on day one (as opposed to day zero). Hostile people policies need to be considered. Damage Control Surgery with further surgery on day one.</p>	
7	<p><u>Trauma Handbook:</u> To be deferred until the next Governance meeting. To help streamline the process it was agreed that DRAFT clinical documents would be circulated for comments via email with a deadline for responses set. Final versions will then be taken to the Governance meetings for final ratification.</p>	
8	<p><u>AOB:</u> RH updated, regarding Peer Review Measures – Further meetings are required. The release date for December has been delayed. SOK mentioned the outsourcing of radiology reporting is to be discussed at the next meeting. SOK has requested CQC action report from RSUH for contracts for department to see.</p>	
9	<p><u>ACTIONS</u> Carried forward from previous meeting:</p> <ul style="list-style-type: none"> • JO to ask Matt Wyse about CRG definition of time for referral for spinal cases • SOK to check if DR has sent Welsh Blood Transfusion Policy to SG • JO to check if SG has sent out feedback forms/questionnaires to the Networks • SOK to ask RP where he is up to with discussions with thoracotomy guidelines for the Trauma Handbook <p>Actions from this meeting: 5a) SS to feedback TARN issues to TARN Audit Committee. 5b) SL to evaluate specific metrics evidence for confirmation. E.g. Rehab Prescription to Verity Lockett at Leighton. 5c) SL to present trends to show performance over time for all TUs and MTCs. 6b) AL to circulate Spinal Injury report. 6c. 1) AL to discuss Referral Service with RJAH</p>	



	<p>6c.2) RH to take issue regarding removing patient from vacuum mattress back to RSUH for feedback.</p> <p>6d. 1) SD to set up meeting with Powys to develop exit strategy.</p> <p>6d. 2) SS to set up meeting with the Walton Centre regarding access for Specialist Rehabilitation.</p> <p>6g) RH to send Paris MTC Day two presentation for circulation.</p> <p>7) SG/JO to circulate draft documents for Handbook via email with due date for comments back set.</p> <p>7) SG/JO to agenda above documents at Governance meetings for final ratification.</p> <p>AOB 1) ST-B to add outsourcing of radiology to the next NWM&NWTN governance meeting</p> <p>AOB 2) SS/SD to send SOK action plan from CQC report.</p>	
9	<p>Date, Time, Venue of next meeting 10:00-12:00</p> <p>Business & Data Meeting Thursday 10th March, Leighton Hospital, Crewe.</p>	