

Central England Trauma Network

Minutes of Governance Meeting

23rd November 2016

Kettering General Hospital

Approved Minutes

Approved by Chair:

Approved by Board:

Present:

John Hare (Chair)	JH	Consultant Emergency Medicine Clinical Lead for Trauma	NGH
Shaun Tracey	ST	Trauma Nurse	KGH
Sarah Graham (minutes)	SG	Service Improvement Facilitator	MCC&TN
Karen Hodgkinson (T/C)	KH	Major Trauma & Rehab Coordinator	BCH
Aimee Taylor	AT	Major Trauma Acute Coordinator	UHCW
Matthew Wyse	MW	Clinical Lead	UHCW
Linda Twohey	LT	Clinical Lead	KGH
Phillippa Gibbs	PG	Coventry Airbase Manager	TAAS
Tansley Capps	TC	TARN Coordinator	KGH
Adrian Ierina	AI	ED Consultant	KGH
Danielle Neighbour	DN	Northants Locality Quality Manager	EMAS
Jonathan Young	JY	T&O Consultant	UHCW

Apologies:

Shane Roberts	SR	Head of Clinical Practice, Trauma Management	WMAS
Sue Bleasdale	SB	General Manager	CERU, SWFT
Steve Littleton	SL	Data analyst	MCC&TN
Nicola Dixon	ND	Major Trauma Therapy Lead	UHCW
Dave Gemmell	DG	Emergency Medicine Consultant	SWFT
Tina Newton	TN	Consultant in Emergency Paediatric Medicine	BCH
Sharon Ryan	SR	TARN Coordinator	NGH
Tristan Dyer	TD	Consultant Emergency Medicine	NGH
Caroline Leech	CL	Consultant Emergency Medicine	UHCW

Item	ACTIONS
1. Welcome and Introductions	
2. Apologies The apologies were noted (see above).	
3. Approval of Minutes The minutes of the meeting held on 21.9.2016 were approved as an accurate record.	
4. Outstanding actions from last meeting 21.9.16 4.i) UHCW Transfer Audit ACTION: CL Feedback on outstanding cases. CL unable to attend today's meeting, and will be invited to feedback at a future meeting. ACTION: Produce network guidance around splenic injuries - UHCW do not have a policy. Although treatment of these patients is not an issue, there are issues around on-going care and follow-up. UHCW colleague will be sending out a survey monkey questionnaire to colleagues for some feedback. AT is writing some information for patients. ACTION: JN was asked to review the cases that went to SWFT and whether they were	CL

<p>appropriate to be taken to an LEH. JN was unable to attend today and will be invited to feedback at the next meeting.</p> <p>4.ii) Network Hyper-Acute Transfer Policy MW updated that this proved to be a very good discussion at the regional clinical forum meeting on 12.10.16.</p> <ul style="list-style-type: none"> • Displayed were the CETN transfers currently taking around 6 hours, which the Network aims to improve. • The problems in the BBCHWTN when trying to transfer neuro patients into the MTC, they will now use the principal of send and call and will not use the NORSe which slows down the transfer. NORSe will be updated afterwards. • Imaging in TU's - if they are done by the TU they must be good quality images. <p>MW & Jon Hulme have revised some sections of the policy which will be circulated in due course.</p> <p>4.iii) Newsletter article re: BOAST 4 Award – MW agreed to do this when required. MW mentioned the new TARN Award for TARN Clerks and encouraged units to put cases forward.</p> <p>8.i) PEGs - UHCW now have Rachel a Dietician working within the MTS and is reviewing the pathway issues. She is reviewing risks and talking with the PEG team in order to make some improvements. She is also linking with the national dietetics teams.</p> <p>8.iii) SR has been reinforcing the roll of the RTD. DN re issued the memo to staff at EMAS and is trying to strengthen/encourage the use of the trauma tool, working progress. MW asked if EMAS are sorting out their trauma support system but DN said there have been no further discussions about an RTD and the CAD are limited on the advice they can provide, there is very little organisational support.</p> <p>8.v) SB - CERU bed numbers. Business case developments to be discussed as part of B&D CERU section</p>	<p>JN</p> <p>SB</p>
<p>5. Review Current Network Related TRIDs</p> <p>1477 – SR circulated the memo regarding Entonox administration. Feedback to the crew will be initiated. Close</p> <p>1476 – Original information not available from EMAS showing the GCS, there is an issue that KGH are unable to print off the PRF information. DN confirmed that this has been discussed with the crews and further trauma training is required. Close</p> <p>1475 – AT received an update from JN, that she has discussed the TRID with the associate specialist involved, there were attempts to contact the neuro consultant at UHCW, but this was not conveyed to ED, so patient just turned up. Use of the RTD reiterated. Scans were sent but no report, AT reiterated the need for a report either printed or written into the patient notes. Close</p> <p>1473 – Presented by AT today – DN confirmed there were staffing issues on EOC that evening, but assured they did discuss the case with the RTD. DN will discuss the location with the crew involved. Police escort was requested because the problems the crew were having when trying to get the patient in the ambulance. There were issues and confusion about the RVP, the crew lost the Police escort due to the heavy fog and</p>	

<p>ended up going the wrong way. PG has requested copies of the calls and this will be flagged in an M&M at UHCW in the near future. Leave Open until this is complete.</p> <p>1460 – to be presented at next meeting when JN is present.</p> <p>1459 – MW confirmed that multiple reinforcement and discussions have been held. With the constant change, around of staff units need to constantly remind staff of the network pathways. Close</p> <p>1452 – JH has discussed this with colleagues and will raise it with his medical director. Leave open until feedback is received.</p> <p>1443 – JH will discuss this with his colleagues, there were discussions as to why this patient did not go to the MTC, but the TU felt it could be dealt with by them initially and then changed their mind. Everyone agreed the patient was not put at harm. Close</p> <p>1416 – KGH are trying to establish the timelines and what advice was given. The patient's family have put in a complaint, UHCW offered assistance if required. Leave open.</p> <p>1327 – AT was unable to feedback about this case as there is not information available.</p> <p>1485 – AT presented today, paed case, discussions around communications with KIDS service. The Board felt that child was appropriately managed at the Adult MTC whilst awaiting transfer to BCH, however UHCW now feel they should have been more proactive with the transfer and dealt with it themselves as KIDS were extremely busy. TAAS could have assisted in the transfer.</p> <p>Imaging – discussions as to whether this should have been done earlier considering the vomiting.</p> <p>This will be fed back to anaesthetic and ED colleagues.</p>	
<p>6. Feedback from M&M meetings</p> <p>Nothing fed back from any Trust</p>	
<p>7. Trauma Network Guidelines for approval</p> <p>1. UHCW repatriation of MT patients back to TUs NGH & KGH – Revision only. Approved</p> <p>2. Radiology reporting standards - changes made by Chris Day – Revision only. Approved</p> <p>3. Traumatic Cardiac Arrest - Approved</p>	
<p>8. AOB</p> <p>1. TU Peer Review 2017 – SG fed back to the Board about the decisions made recently by the PaQ Board, that TU's will not be visited in 2017 as part of the review process, instead the Networks will use the September Board meeting to feedback against a self-assessment and progress from their 2016 review. The TU's fully supported this arrangement.</p> <p>2. Newly appointed Network Manager – SG informed the Board that the new manager for CC, Trauma & Burns is Simon Davies, who is hoping to start around February/March.</p> <p>3. Trauma Nurse Lead – the network will be advertising soon for a Trauma Nurse Lead to fill a 12-month secondment post.</p> <p>4. TRID database – SG mentioned that SL has worked hard to tidy the system and reduce</p>	

the number of open TRIDs. This may be something the new nurse lead will take over when in post.	
5. 2017 – SG reminded everyone that the meetings will be every other month starting from January and will be combined Gov/Business & Data and therefore will be increased in time to 9:00- 12:00.	
9. Date, Time, Venue of next meetings Wednesday 18 th January, CSB, UHCW 9am – 12pm	

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