

Trauma Performance & Quality Group Meeting
Wednesday 23rd March 2016, 13:30-16:30
Network Office Meeting Room, 4th Floor, Kings House, 127 Hagley Road,
Birmingham B16 8LD

Attendees:

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| Professor Keith Porter | KP | Professor of Clinical Traumatology | UHB |
| Ellie Fairhead | EF | Management Team Lead | UHNM |
| Jane Owen | JaO | Major Trauma Services Team Lead | UHCW |
| John Hare | JH | Clinical Lead – Trauma/CETN Chair | NGH |
| Tina Newton | TN | Consultant Emergency Medicine - Paediatrics | BCH |
| Sarah Graham | SG | Services Improvement Facilitator | MCC&TN |
| Jeff Osborne | JO | Network Manager | MCC&TN |
| Shane Roberts | SR | Head of Clinical Practice | WMAS |
| Matthew Wyse | MW | Clinical Director for Theatres | UHCW |
| Steve Littleson | SL | Network Data Analyst | MCC&TN |
| Simon Davies | SD | Major Trauma Coordinator | UHNM |

Apologies:

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| Ian Mursell | IM | Consultant Paramedic | EMAS |
| Nicola Dixon | ND | Group Manager | UHCW |
| Kay Newport | KN | MTC Coordinator | BCH |
| Paul Knowles | PK | Consultant in Emergency Medicine | MCHT |
| Rivie Mayele | RM | MTC Administrator | UHB |
| Alex Ball | AB | Consultant in Rehabilitation Medicine | UHNM |
| Sue O'Keeffe | SOK | Network Manager (CC & Trauma) | WALES |
| Nicky Bartlett | NB | General Manager | UHB |

| No | Item | |
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| 1 | Welcome and Introductions: Chaired by Professor Keith Porter. | |
| 2 | Apologies: Apologies were noted, see above. | |
| 3 | Approval of Minutes: the minutes from the previous meeting, 12.02.2016 were approved as an accurate record, following minor alterations. | |
| 4 | Outstanding Actions from Previous Minutes: 4a) JO has spoken to Shrewsbury regarding the Blood to Scene policy and they have been directed to speak to Jane Tidman. JO will be speaking to Hereford regarding the Blood to Scene policy when their Trauma Visit takes place in May. SD suggested EMRTS can provide Blood to Scene as there will be a Welsh Blood Transfusion Service Depot in Wrexham. KP mentioned Shrewsbury needed contacting again for answers regarding Blood to Scene protocol. 4a1) JO to follow up communication to Peter Burdett Smith regarding Blood to Scene policy. 4c) SL updated with the latest figures of organisations requesting places for the Trauma Care Conference in April as at 23.03.2016. 366 people had requested | |

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| | <p>336 days attendance. The original 500 places are now worth 666 places. KP mentioned he had collaborated with Trauma Care and is able to support more places for less profit. This gives our Network a wider possible opportunity to attend. KP is happy to recruit for longer, up to the week before the Conference takes place.</p> | |
| 5 | <p>New Items:</p> <p><u>Burns</u> - SR mentioned the progress of the Burns Pathway document. It has been agreed by 3 of the MTCs, but UHB and the Burns Network would like more discussions. The document has been amended and sent to the Executives and will be brought back to P&Q. SR reported there is a Burns Pathway meeting on 15th April at UHB to discuss the Burns pathway.</p> <p>SR has requested this item be added to the agenda for the next P&Q Meeting in May.</p> <p><u>Regional Trauma Chair from January 2017</u> - SG reported the next regional Trauma Network Chair is due to change. SG has suggested the Chair be from Paediatrics and that it runs for 2 years instead of 1. The last quarter of the year is the handover period (3 month handover) Draft job descriptions will available including terms of reference and terms of office and they will be brought to PaQ for approval. TN is happy to take on the role of Regional Trauma Chair. Previous Chairs feel that a year is not long enough to settle into the post. KP will hold the post until 31st December 2016 and TN will take over from January 2017 and stay in post for 2 years.</p> <p><u>2016/17 Work Plan</u>- SG updated with the Work Plan for 2016.17. The plan includes:</p> <ul style="list-style-type: none"> • Emergency Preparedness - currently Network wide approach but will go out nationally eventually. Meetings with Pete Jefferson ongoing from last year. • Public/Patient Involvement- this is still not progressing. Suggestions including holding patient feedback events, patient information and sharing group and using the '<i>Patient Knows Best</i>' website information pack. Also to find examples of good practice that we could adapt / use. • Policies & Procedures – Completion of the Trauma Handbooks, SG is aiming for them to be completed by end of June 2016. • Trauma Rehabilitation – Use of rehab prescriptions in Trauma Units. Looking at national point of view and getting Standards updated. To develop a Tool designed to be used in the Trauma Units, where a patient meets a particular score and is referred to specialist rehab consultant. • Training and Education – International Trauma Care Conference April 2016, Elderly Trauma Half Day Lecture May 2016. Mass Casualty desk top exercise, date to be confirmed. • Tri Clinical Forum 12th October 2016- including injury prevention and violence prevention. • Peer Review September 2016. - Trauma Unit Visits taking place over 2 weeks in September. The MTCs will be doing self-assessments. | |

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| | SG has requested any further work-stream ideas to be emailed to her so they can be added to the Work Plan. | |
| 6 | <p>Trauma Handbook :</p> <p><u>NICE Guidelines</u> – where the NICE Guidelines are already written by NICE, should they be included in the handbook, or bring to P&Q first? KP suggested validating each policy locally and make local amendments if required. The plan is to prioritise the ones for Peer Review, which are currently being developed. The current handbook documents are being updated where required, but SG needs the ones the units require for this year's Peer Review first. Due to time constraints, the current documents may roll over into next year and then reviewed again, but the core ones would be updated this year.</p> <p><u>Pre Hospital Blood-</u> MW asked the group their views on pre-hospital blood. KP mentioned giving full support for the RePHIL Study which will be running soon. This was hoped to support scenarios where blood would be vital for the patient's survival. MW pointed out that many pre-hospital providers were now considering carrying blood. Because many of the neighbouring areas were already carrying blood, TAAS felt under pressure to do the same. QMC is happy to support Lincolnshire, Nottinghamshire and East Midlands based aircraft to carry blood, so TAAS based in Coventry could be part of the RePHIL study.</p> | |
| 7 | <p>AOB:</p> <p><u>A) Trauma Unit Visits:</u> KP reported Wales Hospitals have both volunteered to be Peer Review Reviewers. The remaining visits include Heartlands, Hereford and Royal Wolverhampton.</p> <p><u>B) MTN Impact:</u> KP mentioned an external Review Group would be looking at Cardiac Services at UHB, particularly the CBAG patients that had died and thanked the Network for all their support on this matter.</p> <p><u>C) Contingency Plans MTCs:</u> MW reported that Dawn Roberts from NHS England has emailed all the Heads of EPRR including UHCW and has asked for contingency plans for the closure of Major Trauma Services. Their view being there should be plans in place if this would happen. MW suggested they develop some plans and then attend a P&Q meeting to discuss details. JO joined the Regional Conference Call on Friday 18th March and has been asked to submit the MTC Escalation Policy to David Walker. JO has emailed this emphasising the MTCs are not planning to close and this was based on a capacity issue. It was suggested David Walker be invited to one of the P&Q Meetings. KP suggested speaking to Chris Moran to find out his views on the matter.</p> <p><u>D) Data</u> – SL gave a presentation regarding TARN data. It included comparative data at Network level and also Adult MTC Level. The data was taken from the Clinical Report 3 and the MTCs most recent dashboards for trauma.</p> | |

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| | <p>KP mentioned Mark Prescott was retiring and thought it would be nice if the Network wrote and thanked him for all his hard work.</p> <p><u>E) Day 1 Legal Services-</u></p> <p><u>UHB</u> - KP mentioned Day 1 Legal Services. The Representative from Day 1 has been invited and KP is still waiting to hear back from him. KP reported the Day 1 firm of solicitors who employ staff from Citizens Advice Bureau. They provide an opt in service that includes benefits advice and legal advice. They have a free clinic once a week. The salaries for this service would be paid for by Birmingham Queen Elizabeth Charities.</p> <p><u>UHCW</u>- MW mentioned JO had sent information out from the Trauma Network Managers Forum. They are struggling to engage. They are proposing to use the Southampton Model: A firm of solicitors come into the Trust and provide a free service.</p> <p><u>BCH</u>- TN reported possibly using the Manchester model: consorting several different solicitors then the case could be referred to the most appropriate person. This was felt to be a more suitable approach because no firm would have the monopoly on the work.</p> <p><u>Stoke</u>- EF reported the Legal Services for Stoke had been put on hold for now.</p> <p><u>F) Network Host and Office Arrangements-</u> The outcome of discussions recognised that feedback is needed from all the Networks. P&Q want to 'keep the status quo' with both host and office location for the time being whilst a full options appraisals considering all bases are worked up by the Network office. MW stated no Network organisation should directly benefit from ODN funding.</p> <p><u>G) Damage Control Surgery Course</u> – MW enquired whether this would stay on the work plan. MW reported the Consultants at UHCW had given good feedback and this has been a very cost effective course for them. JO reported there had been a good appetite for this course and although it could be re-run, it is expensive. SL pointed out that the finances needed to be discussed between Trauma and Critical Care, to find out how the Networks wanted to spend the money in the future. SG agreed and felt that requests for network money should not be signed off by one person alone and perhaps a finance committee be put in place from the new financial year, after-all this is public money and we need to be accountable for how it is spent.</p> <p>SD reported he had attended a 1 day Cadaveric Course at UHCW. All the new Consultants had been invited to Keele University so the medical students could learn from the Consultants. The Vice Chancellor mentioned they had an anatomy lab and they could provide a similar course, if the volume of interest was there from all MTCs. SL suggested providing something which could also benefit trauma nurses and prepare them for cases they may experience. This will be kept on the Work Plan for 2016/17.</p> <p><u>Escalation Policy</u> – SR reported the MTC Escalation Policy was signed off at the last P&Q but after been put into practice, required a few minor amendments.</p> | |
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| | <p>EF mentioned a new policy which has come in since Trusts began declaring major incidents: Trusts notify NHS England of the critical care level they had reached and she wondered if this needs to be added to the Escalation Policy. EF agreed to update it. SG mentioned there still needed to be a national response and did the document need to be circulated with a wider audience. KP to contact Chris Moran regarding the Escalation Policy document. JO has requested the Network try out the contact number set up, to ensure it is working correctly.</p> | |
| 8 | <p>Actions: <u>From Previous Minutes:</u> 4a) JO to contact Adrian Vreede regarding the progress of Blood to Scene in Shrewsbury. 4c) TN to send out invites for Trauma Care Conference. 5c) Chris Moran has been emailed regarding the time line for Trauma Measures for Peer Review. 6a) KP to check correct topics are on the Oswestry Retrieval Service Agenda.</p> <p><u>From Agenda:</u> 5a) SG to bring back feedback from patient engagement. 5b) SG to speak to SR regarding injury prevention programme and injury violence protection. 5c) SG to check figures for Cadaver Course and email to MW. Can't remember agreeing to this as I don't know the figures. 5d) KP to arrange a meeting with Intensive Care Colleagues, regarding the Cadaveric Course at Keele. 5e) EF to email Escalation Policy to SG after it has been updated. 5f) Cadaveric Course to be kept on the Work Plan for 2016/17. 5g) SR has requested the Burns Pathway Document be added to the agenda for the next P&Q Meeting in May. 8a) KP to invite David Walker to the next P&Q Meeting regarding the closure of Trauma Services. 8b) MW to contact Chris Moran regarding Trauma Service Closure Escalation policy. 8c) KP to contact Chris Moran regarding our Escalation Policy being discussed by MTCs at P&Q. 8d) JO to send copy of ODN hosting document to KP. ALL) Mark Prescott is retiring and the Network will write and thank him for all his hard work.</p> | |
| 9 | <p>Next meeting: Wednesday 17th May, 13:30-16:30, Network Meeting Room, Hagley Road.</p> | |