

North West Midlands & North Wales Trauma Network Board Meeting

26th January 2017, 10.00 – 13.00

Room H, Faculty of Health, Royal Shrewsbury Hospital, Mytton Oak Rd,
Shrewsbury SY3 8XQ

Approved Minutes

Attendees:

Paul Knowles	PK	Consultant - Emergency Medicine (chair)	MCHT
Steve Littleson	SL	Data Analyst (Minute Taker)	MCC&TN
Sue O'Keeffe	SOK	Network Manager	All Wales
Adrian Vreede	AV	Operations Manager	SATH
Jane Wood	JW	TARN Audit Clerk	SATH
Alex Ball	AB	Consultant – Rehab Medicine/ Network Lead	UHNM
David Rawlinson	DR	Clinical informatics Manager	EMRTS
Ellie Fairhead	EF	Service Manager, Major Trauma	UHNM
Simon Davies	SD	Major Trauma Coordinator	UHNM
Mark Anderton	MA	Consultant – Emergency Medicine	Glan Clwyd
Mark Brown	MB	Consultant Orthopaedic Surgeon	UHNM
Amanda Walshaw	AW	Therapy Centre Manager	SATH
Tina Newton	TN	Consultant – Emergency Medicine	BCH
Subramanan Kumaran	SK	Consultant – Emergency Medicine	SATH
Dodiy Herman	DH	Consultant – Emergency Medicine	SATH
Dr Ram	RAM	Consultant – Emergency Medicine	SATH

Apologies:

Kay Newport	KN	MTC Coordinator	BCH
Sarah Graham	SG	Services Improvement Facilitator	MCC&TN
Sarah Tudor-Ansell	STA	Advanced Occupational Therapist/Trauma Rehabilitation Co-ordinator	UHNM
Ash Basu	AB	Consultant – Emergency Medicine	Wrexham
Dianne Lloyd	DL	Therapy Clinical Lead	SATH
Laura Graham	LG	MSK Centre Manager	SATH
Richard Hall	RH	Consultant – Emergency Medicine	UHNM
Rob Perry	RP	Consultant – Emergency Medicine	Ysbyty Gwynedd

No	Item	
1	Welcome and Introductions	
2	Apologies: Apologies noted above	

3	<p>Approval of minutes from previous meeting 10.03.2016 SOK requested the geographical component in her job title be recorded in the minutes as 'All Wales' rather than 'North Wales'. Otherwise, they were approved by the Board</p>	
4	<p>Outstanding Actions from Previous Minutes (updates from today's meeting captured in bold)</p> <p>6b) AL to circulate Spinal Injury Report. AL mentioned this is still being updated but will circulate as soon as it is ready. SL mentioned that the reports had been produced for the other two networks, and presented at their Board meetings. In some cases, the data seemed to present a confusing, or incomplete picture, so SL is going to contact AL to see how they can be improved moving forwards. The other networks felt very positive about the fact that something was now starting to be produced though</p> <p>6c. 1) AL to discuss Referral Service with RJAH – There is a network meeting on 31.3.16 where AL will bring this for further discussion. STB to ensure it is on the Oswestry meeting agenda. No spinal representation</p> <p>6d. 1) SD to set up meeting with Powys to develop exit strategy. EF mentioned that they have on a number of occasions tried contacting Powys to arrange a meeting, without much success. It was suggested that the issues be escalated to Powys Health Board. SG said she would inform Prof. Keith Porter and ask him to assist and write to the PHB. The main issue is that Powys has no hospitals for patients at Stoke to be repatriated to. There are also issues with the funding stream for specialised rehabilitation. SOK will pick this up, now she is covering all Wales</p> <p>6g VI) UHNM wants to use the "refer-a-patient" web-based referral system, but is struggling to secure the £24k. EF reported that the business case will be going to Board in three weeks time</p>	<p>SL to liaise with AL</p> <p>AL to update</p> <p>SOK to update</p> <p>EF to update</p>
5	<p>Current TRIDs:</p> <p>1505 – Issue within another network, but mentioned as an FYI. Close</p> <p>1499 – Patients with hypoxic brain injuries from hangings or drownings are suitable to be looked after in TU critical care units. This was the feeling of the previous, and current, network clinical lead, and was the unanimous feeling of all the Board members present. Managers at the MTC should not over-ride appropriate decisions made by clinicians that involve patients being transferred from an LEH to a TU, as sometimes this will be in the best interests all round. Close</p>	

	<p>1497 – RP had to send his apologies, so this TRID has been deferred</p> <p>1478 - Unfortunately the TTL in RSUH was simply overwhelmed by other cases in the resuscitation room that day, hence the somewhat unhelpful response. Imaging still remains an issue within RSUH, and requires further investigation</p> <p>1470 – No update received from WMAS, but SaTH informed the Board the patient had no significant injuries. To keep open and escalate</p> <p>1437 – SR to ensure WMAS include a blurb on not administering Entonox to patients who have suffered chest injuries</p> <p>1420 - No recurrence, so close</p> <p>1388 – Still issues with Bristows and landing sites. TN to write on behalf of the network</p> <p>New issues:</p> <p>i) SD informed Board that NWAA reportedly have money, but are not wanting to change processes regarding senior cover for definitive airway management. PK to discuss with John Matthews.</p> <p>ii) SOK mentioned a case involving a walker near Wrexham. They sustained a chest injury, and AB referred them to Aintree, as they were a Wirral patient. Aintree refused, and now the patient is out-of-area. Clearly not in the patients best interests. PK to liaise with their trauma lead.</p> <p>iii) SOK also mentioned a case where a spinal patient at Glan Clwyd had been visited by AL on day 2, and part of the transfer plan was for a size 6 uncuffed tracheostomy tube to be in situ. This was done, and patient was stable for 10 days and ready for transfer, when Oswestry said they were unable to take them with that tracheostomy. Need standardised information, and can this be challenged in the future....</p>	<p>UHNM to raise with Radiology to find root cause</p> <p>SL to chase</p> <p>SR to circulate</p> <p>SD to formulate letter and forward to TN</p> <p>PK to contact</p> <p>PK to contact</p> <p>SL to obtain 'acceptance lists' from Oswestry and others, then discuss with AL</p>
6	<p>Data Activity:</p> <p>SL presented data from the TU validated TARN dashboards (Q2 2016/17). For the Welsh units, the data shown covered period Q3 2015/16, due to different coding requirements. RSH were slightly bemused at their submission rate, and there was some discussion around the dashboard cut-off dates, and why it is important to cross-check these figures against the themed reports and on the website, as these cover a larger time period. The adult MTC dashboards (Q2 2016/17) were also shown.</p> <p>No new work generated from this</p>	

7	Business Updates:	
a	BCH – Saw a huge detrimental swing in their Ws score in the last report. Cases identified and are currently being looked at within the Trust. Data capture issues will be fed on to TARN for amendment	
b	Spinal Injuries - No representation	
c	WMAS – No representation	
d i)	Rehabilitation and Repatriation - EF said RSUH had undertaken a whole-system review of the escalation of transfers for rehab over 24hrs, but no-one had informed the trauma service. EF trying to sort trauma out again	
ii)	AB spoke about the TU rehab meeting taking place on March 8 th . Aimed at TU service managers, TARN co-ordinators, and rehab co-ordinators	AB to feedback
iii)	AB informed the Board that there is now a locum consultant at Stoke, so she can start discussions with SaTH around what rehabilitation sessions they would like. Plan to pilot the rehab medic as part of the trauma team	AB to feedback
e i)	Network – SD informed the Board he had decided to withdraw from the network manager's job he had secured after interview. The vacancy is going back out to advert this week.	SL/SG to update
ii)	The hosts finance department will be preparing a more accurate finance breakdown for the oversight board. These figures will be able to be shown at network board level	SL/SG to present
iii)	<i>Resuscitative Thoracotomy Policy</i> –to be-presented at next Board. Awaiting response from RSUH cardiothoracics	PK to amend
iv)	<i>Hyperacute Transfer Policy</i> – Accepted in principle, but just requires minor tweaks to adequately capture the differences in some networks. SOK has been liaising with the author – Jon Hulme – from the BBCH&W network	SOK to amend
f	RSUH – Activity has dipped slightly, although ED remain busy regarding the waits. There have been a few new key appointments, so bit of a transition period. Plan to have a '5yr MTC / 1yr ARTU' party	
g	TU's: Leighton – Nothing to report SaTH – AV introduced Dr Ram, who is the new ED Lead. The Trust is also excited about having AB to move the rehab project forwards Glan Clwyd – Busy, like every other unit. Their TARN clerk is leaving, as the other 'half' of the job is not as enjoyable. Question about why the Trust	

	<p>don't just split the job into its two separate parts</p> <p>Wrexham – Peer review reports helped focus the minds of those at WM, and there have been subsequent walkabouts undertaken. A new helipad site has potentially been identified, and they are looking for funding. Suggested speaking to Keith Porter, as he was looking to match units to funding only last year</p> <p>Ysbyty Gwynedd – SOK discussed the potential new build. A BJAC has been submitted and if approved, building could start as early as April</p>	
8	<p>AOB:</p> <p>i) Discussion around peer review progress reports from units. The Board meeting in May will be dedicated to cover these, where units will be able to present their progress against the concerns raised</p> <p>ii) Reverse PACS imaging for when patients are repatriated back from the MTC. UHNM to investigate a process internally</p> <p>iii) SaTH have a new capacity manager called Liam Olman-Evans if there are any issues</p> <p>iv) Glan Clwyd will shortly be trialling completion of rehab prescriptions</p> <p>v) Terms of Reference approved by the Board</p> <p>vi) SOK discussed their planned trial to collect patient feedback. Initial plan for paper-based collection, and the network office offered their support in turning it electronic down the line if required. The Board look forward to hearing the results</p>	<p>UHNM to update</p> <p>SOK to give feedback</p> <p>SOK to give feedback</p>
9	Date of next meeting: 9th March, 1000-1300, Leighton Hospital	