Trauma Performance & Quality Group
Tuesday 15th November 2016
Meeting Room, Crown House, 123 Hagley Road, Birmingham
Approved Minutes

Sent to Chair: 18.11.16

Professor Keith Porter	KP	Professor of Clinical Traumatology	QEHB
Ellie Fairhead	EF	Major Trauma Service Manager	UHNM
Sarah Graham (mins)	SG	Services Improvement Facilitator	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
Nicola Dixon	ND	Major Trauma Service Therapy Lead	UHCW
Nicky Bartlett	NB	General Manager	QEHB
Simon Shaw	SS	Consultant Neurosurgeon	UHNM
Alex Ball	AB	Consultant in Rehabilitation Medicine	UHNM
Simon Davies	SD	Major Trauma Coordinator	UHNM
John Hare	JH	Clinical Lead – Trauma/CETN Chair	NGH
Sue O'Keeffe T/C	SOK	Network Manager (CC & Trauma)	WALES
Ian Mursell	IM	Consultant Paramedic	EMAS

Apologies:

Karen Hodgkinson	KH	Joint Coordinator	BCH
Paul Knowles	PK	Consultant in Emergency Medicine	MCHT
Jon Hulme	JHu	Consultant Anaesthetist	MERIT
Richard Hall	RH	Consultant in Emergency Medicine	UHNM
Sarah Griffiths	SGrif	Paediatric Consultant	PCCN
Tracey Harpur	TH	Deputy Service Manager	QEHB
Becky Steele	BS	Manager	WMAS
Angela Himsworth	AH	Acting Network Manager	MCC&TN
Tina Newton	TN	Consultant Emergency Medicine - Paediatrics	BCH
Kay Newport	KN	MTC Coordinator	BCH
Rivie Mayele	RM	MTC Administrator	QEHB

1. Welcome and Introductions – Chaired by Professor Keith Porter

2. Apologies (see above)

3. Approval of Minutes: 20.9.1616 approved as an accurate representation of the meeting

4. Outstanding Actions:
Please go to last page for the list.

5. New Items

1. Guest Speaker: John Poynton, CEO of Redthread Youth Limited.

Redthread is a Youth Violence Intervention Programme, it is a Charity run by youth workers working hand in hand with clinicians in Major Trauma Centre's in London. Initially working with GP's and out in the Community, trying to build partnerships.

Now in some London A&E Departments they are helping to address the topic of youth violence as a public health issue. They engage with high risk people in the departments as they are brought into the hospitals, the youth workers work alongside clinicians and therefore there is no referral

process, red tape and they can start building the trust of individuals in a safe setting. John shared some to the good practice, focussing on solutions, the can see people between the ages of 16 – 25 years, helping them get into work or back into education, they attend clinical hand-overs and follow-up individuals at 6 months.
QEHB have started engaging with Redthread and feel it would be worthwhile linking with Birmingham Children's Hospital. Redthread are being funded by the London Crime Commissioners. Both UHCW and UHNM would like to get an idea of their data figures. All the MTC's would like to try and produce some comparable data, which SL is happy to help advise their Informatic Teams as and when required.
SR said he would speak with colleagues at London Ambulance Service.

2. Guest Speaker: Pete Jefferson, EPRR Lead BBC & Solihull
Came to ask the Board about continuity if, for example QEHB MTC lost business continuity for a prolonged period of time and if something could be added to our capacity policy. There was some discussion about what was meant by 'prolonged'. The MTC's said that our region has provided mutual aid on occasions very recently but not for prolonged periods and that actually it would require a whole system approach not just trauma and would definitely need to include Critical Care Network input. The other issue is that there are different CCG's dealing with this within our network region, SG was asked to pass on the EPRR leads for Shropshire and Staffordshire to EF.
It was agreed that in the first instance we would try and stay in region by requesting mutual aid but may need to and very quickly request national aid. KP agreed to circulate some draft wording for consideration by our MTC colleagues and upon agreement will be passed to PJ.

PJ mentioned the new date for Exercise Vital Sign – the desk top exercise for testing our Mass Casualty Plan. SG will circulate the date and details of who will be invited post the Planning Group meeting on 21.11.16

3. SCI Review – Stakeholder Feedback from MW who attended the day's event where they presented the outcomes from the options appraisal. They have now realised how dysfunctional relationships are between Major Trauma Networks and SCI Centre's. There will be work to establish clear roles and responsibilities of the SCIC's as there is no clear vision within them about how this will develop, there is no standardisation, dashboard etc. No-one could clearly agree with the options for increasing capacity.

The 4 hour referral time was discussed and many feel it is a waste of time, the issue of access to the SCIC database and data sharing was highlighted and the majority want improvements, timely access and access to better outreach. There was no evidence to support co-location in an MTC would be any better. Oswestry are performing better than most.

4. Access to SCIC Database – KP received a reply from Charles Greenhough who gives us the option of sending in a request to data reports that they will generate BUT NOT direct access to patient information. However, the email did state they were trying to address this.
Action – SL agreed to put some wording together on behalf of KP that would go to Charles.

5. National Rehabilitation Meeting – AB provided the feedback, the day was rather disappointing, yet again it focussed very much on MTC's. There was a lot of discussion about Rehabilitation

Prescriptions, changing the name etc but still now clear guidance about the TARN dataset, that units are struggling to complete. The national team are trying to focus on a document that can identify gaps in rehabilitation which is all very well but we can't even produce good quality RP's to start with.
Therefore, after some discussions between AB and SG, who have decided to hold another Rehabilitation Workshop just for Trauma Units, to discuss RP's, the TARN dataset and how we could practically pilot our own version in our region, as RP's are here to stay and Best Practice Tariff is set until 2018.
AB provided an update about the Central England Research Network who want to work with colleagues all-across the West Midlands.

6. North Wales Trauma Unit Peer Review – 3 Trauma Unit visits done over 2 days went exceptionally well. The units worked hard to produce their self-assessment and evidence in a very short space of time. There were 4 serious concerns in total and a small number of general concerns were raised, with some examples of good practice identified. The reports are in the process of being finalised.

7. Network Guidelines template – SG produced a template for discussion, there was agreement about the headings for future use where possible. SG also displayed the Greater Manchester Network Guidelines which are clear and concise and something like which we should aspire too. There was some discussion about who the guidelines are being aimed at, e.g. ST3, trainees etc. which will have an impact on how they are written, but it was reiterated that these are Network Guidelines that should be backed up with local policy/protocols etc in the MTC's and TU's.
MW said that another way of setting a template is to consider the peer review sections: Pre-hospital, Reception & Resuscitation, Definitive Care, Rehabilitation.
SG then presented the list of required Network Guidelines for peer review, which is a long list most of which we do not have. It was agreed that SG requires assistance from clinical colleagues and it was felt that we should wait on the new Trauma Nurse Lead post to be filled as this would be the sort of work they could start off doing. In the mean-time SG said she would still try and get some examples of other Networks guidelines to share.

8. Trauma Unit Peer Review 2017 – SG expressed how well the process had worked this year but that it is extremely time consuming for the Network Office, TU colleagues and reviewers. SG & KP proposed that in 2017 we would not visit each TU instead we would use Network Board meetings and ask the TU's to submit their self-assessments in advance with would then be turned into an evaluation process against 2016 assessments and include feedback regarding outstanding concerns and plans. The Board agreed this as a much more practical and workable approach and KP would inform Professor Chris Moran.

6. Adult Major Haemorrhage Guidelines and Flowchart.
MW updated the Board on the recent Work Group meeting and presented the revised version based on new practice and national guidance. There were a few minor alterations required but nothing that stopped the overall agreement that this could be approved.

7. TRIDs for discussion: No TRIDs for discussion.

8. AOB

1. Transfer Policy including Transfers by Air for Spinal Patients from existing care provider to specialised rehabilitation. Current policy revised to incorporate a section about spinal transfers. The Board approved the policy.

2. Burns Flowchart – SR asked when the revised version would be available. SL re-drafted and circulated it. It was accepted but then Dr Jon Hulme at SWBH had further queries, which were sent to Mr Moienmen at QEHB, who SL is awaiting feedback from.

8. Date, Time, Venue of next meeting: Tuesday 13th December 2016. 1:30 – 16:30pm, Crown House, Birmingham. LUNCH WILL BE PROVIDED

OUTSTANDING ACTIONS LIST

From 23.3.16:

1. Cadaver Course Credits – SG has spoken with Brian Burnett who just requires some dates. KP agreed to sort dates and the faculty. Will be open to MTC and TU General Surgeons and T&O.

2. Criteria for diverting specialist trauma to MTC's including Maxillofacial pathway – From a prehospital point of view the challenge is that there is a reluctance to take to QEHB as they have struggled in the past and therefore they often taken patients to Heartlands. KP will take this back to QEHB for discussion with his colleagues. Working Progress. KP to work with SR to put some wording together for a WMAS communication circular.

From 20.9.16

1. SL felt we should produce a statement and do's & don'ts list for the units about 1) Using the RTD 2) Using ISS etc. 5 years on. Working Progress.

2. Vascular Service notification from Walsall Manor Hospital, they have notified WMAS that they are unable to accept non-life threatening vascular cases. KP agreed to reply to the email. KP is awaiting a response from Mr Amir Khan.

From 15.11.16

5.2. Emergency Planning: SG pass on EPRR leads contact, Marcel Comer to EF.

5.2 MTC Continuity Wording - KP agreed to circulate some draft wording for consideration by our MTC colleagues and upon agreement will be passed to PJ.

5.4 Access to SCIC Database – direct access to patient information. SL agreed to put some wording together on behalf of KP that would go to Charles. Update from SL: "The SCI Service have informed us that they are keen to promote dialogue and information exchange between their service and the referring organisation to promote clinical audit and outcomes research and as such are in the process of developing the work plan for that. In the interim, all requests should be made using the attached form for consideration by the Spinal Cord Injury Information Management Group (a sub-group of the former CRG) in order that they can establish precisely information is required & for what purpose, in order that they can perform the correct data extract, keep a register of data requested to prevent duplication of effort and ensure that data acquisition complies with NHS requirements. The network data analyst has previously approached them for patient identifiable data, so it could be matched to TARN submissions for case feedback. When this was denied, anonymous data was requested, which was also denied. If units do complete the data request proforma, it would be good to know whether the request was granted or not, and whether data was identifiable or not". As they have made it clear in the email what is happening, I don't think we necessarily have to feed back to Charles or Fiona (unless someone requests, and gets turned down!)

5.8 TU Peer Review 2017 - The Board agreed the new approach and KP agreed to inform Professor Chris Moran of our Network intentions.
8.2 Burns flowchart – SL to chase Mr Moienmen.