

**Birmingham, Black Country, Hereford & Worcester Trauma Network  
Combined Governance & Business & Data Meeting.**

**Wednesday 18<sup>th</sup> May 2016 – 13:30-16:30**

**Meeting Room, 4<sup>th</sup> Floor, kings House, 127 Hagley Road, Birmingham B16 8LD**

**Attendees:**

Alastair Marsh (Chair)	AM	Consultant Orthopaedic Surgeon	DGH
Daniel O' Carroll	DO	Medical Lead Walsall	WALSALL
Sarah Graham	SG	Service Improvement Facilitator	MCC&TN
Keith Porter	KP	Professor of Clinical Traumatology	UHB
Diba Shariat	DS	Consultant Rehabilitation Medicine	BHCH
John Hulme	JHU	Consultant - Intensive Care Medicine/Anaesthetics	SWBH
Janet Hallum	JH	Physiotherapy Lead	UHB
Shane Roberts	SR	Head of Clinical Practice	WMAS
Zac Falope	ZF	Consultant - Rehabilitation Medicine	BCHC
Steve Littleson	SL	Network Data Analyst	MCC&TN
Nicola Bartlett	NB	MTS Manager	UHB
Justine Lee	JL	Consultant in Emergency Medicine	UHB

**Apologies:**

Dr Abdul Jalil	AJ	Trauma Lead – Worcester Alex	ALEX
Azam Majeed	AMJ	Director of Emergency Medicine- Ultrasound	UHB
David Raven	DR	Birmingham Heartlands Hospital ED Lead	HEFT
Ian Roberts	IR	RTD/MERIT Support Officer WMAS	WMAS
Vadana Kalia	VK	Clinical Effectiveness Projects Facilitator	SWBH
Adrian Simons	AS	Consultant Orthopaedic Surgeon	RWH
Angela Himsworth	AH	Nurse Lead	MCC&TN
Nick Turley	NT	Trauma led A+E	WORCS
Anne Preece	AP	Neurosurgery Nurse	UHB
Karen Hodgkinson	KH	MTC Coordinator	BCH
Peter Burdett-Smith	PBS	Consultant – Emergency Medicine	WVT
mark Dawes	MD	Emergency Medicine - Advanced	RWH
Jane Wallace	JW	Trauma Nurse Practitioner	UHB
Alison Lamb	AL	Consultant Nurse	RJAH
Rivie Mayele	RV	MTC Administrator	UHB
Martin Beard	MB	Surgical Care Practitioner	SWBH
Tom Clare	TC	Trauma & Orthopaedic Consultant	Dudley

No	Item	
1	<b>Welcome and Introductions</b> – The Chair welcomed everyone, introductions were made.	
2	<b>Apologies (see above)</b> – apologies were noted.	
3	<b>Approval of previous minutes</b> - 16.03.2016. The minutes were agreed as an accurate record of the previous meeting	

<p><b>4</b></p>	<p><b>Outstanding Actions from Previous Minutes –</b>  <u>From January Meeting</u>  10c) SG updated that Oswestry are in the process of updating the SCI pathway.  10d) KP mentioned that the QE are using a NORSe type system for Hand referrals which is working well and data can be produced. NB will get Mark to do some data reports.  5b) Open fractures – AM level of triage for motorcyclists needed. SL and SR to produce some data and to look at the injury profile of Motorcyclists as there is a perception they are being under triaged.</p> <p><u>From March Meeting</u>  5a) SR still waiting for the information about the catchment area for WMAS for City and Sandwell regarding transferring patients. KP said that the geography causes some concern, it can cause problems with access to Social Services, KP mentioned that Andrew McKirgan is looking into this. SR mentioned that the RTD can only send the crews based on their GPS location. SR will need the commissioners to agree the geographical boundaries or agree specialist pathways.  5b) TRID updated.  5c) TRID updated.  5d) SG sent TRID 1279 to AJ.  5e) TRID 1285 in progress.  5f) AMJ to feed back with updates from meeting with the CRG regarding access to Spinal injury database. Outstanding.  5g) SR to bring Burns Pathway document back to next PQ meeting. – Done May 16  5h) SR to send Burns Pathway documentation to AMJ.  6a) SG to feedback details regarding Graham Flint and the issues with NORSe and the invitation to attend a Network meeting. Done.  7a) SG to email out details of the confirmed date for the desk top exercise for Mass Casualty. Done.  7b) STB to email out information/dates regarding Peer Review to the Network. Done.  7c) SG to email out details for Peer Review to help units to prepare for Peer Review. Done.  7d) SG and SD to look through NICE Guideline for documents that can be added to the handbook. Done.  7e) SG to email out invites for Elderly Trauma ½ Day Lecture Nationally. Done.  7f) SG to email out details regarding Irwin Mitchell and Day 1 information. Ongoing.</p>	<p>NB  SL/SR  SR</p>
<p><b>5</b></p>	<p><b>Guest speaker – Graham Flint, Neurosurgery Consultant and colleagues from QEHB re: NORSe Update and Q&amp;A Session</b></p> <p>1. Communication issues  The group discussed the need for quicker feedback from QEHB after referrals via NORSe have been made. QEHB said that they do look at every referral as quick as they can and they are discussed with a Consultant but acknowledge they don't always have the time to reply as quickly as TU's would like, thus leaving the units in the dark about what is happening. It was recognised that they need to reply to referrals much quicker and some examples of how this could be done were discussed e.g. Interim standardised drop-down replies</p>	

	<p>that can be sent back to the TU's as soon as the referral has been acknowledged. SG said she would speak with the TU's about some standardised replies they would find useful. GF mentioned that things are improving and units are using the web address and this will improve the information held and the data they can then produce. GF said that acute referrals should be done on line and if necessary also phoned through, however it was recognised that was a need to make the web referral compulsory and everyone agreed this would take place January 2017.</p> <p><b>Action – SG to contact the TU's about the standardised replies.</b></p> <p>2. Accessing NORSe after initial referral by a TU Consultant. It was noted that other consultants other than the one who did the initial referral can be done by using the 'Share Facility'. It was recognised that this information was not widely known about therefore the user guide would be useful to circulate to colleagues. ND agreed to circulate to the TU's so colleagues can log on to the patient details. AM said that Russell's Hall had created a generic login via nhs.net which worked really well.</p> <p><b>Action - ND agreed to circulate to the TU's so colleagues can log on to the patient details.</b></p> <p>3. Poor Referral Information GF and his team highlighted other things that can cause delays. Some Consultants send very limited information especially around investigations that have been done and scans not being available in a timely manner. Accurate and detailed referrals are necessary.</p> <p>GF mentioned the reverse NORSe system that Steve Sturman is working on. SL asked if they had audited the response times, GF said not yet.</p> <p>It was mentioned that some of the poorest referrals are made by junior staff, therefore senior staff need to ensure the competency of the staff and ensure they are making good quality referrals.</p>	<p>SG</p> <p>ND</p>
<p>5</p>	<p><b>Governance</b> TRID Discussion 1) Network TRID discussion – Worcester colleagues were going to present a case today but were unable to attend due to pressures within the trust. This will be deferred until the next meeting. 2) M&amp;M / Trust Governance Meetings – JHu updated the group on their recent M&amp;M at SWBH, Network members were also invited. This worked well with more representation from their own trust. They discussed cases that went well and some that didn't. The issues highlight related to many around the table as they were about lack of communication and not adhering to the processes in place. There was a good element of sharing good practice and identifying some learning points for the trust.</p>	

	<p>Network M&amp;M meetings at TU's – SG invited other units to take up the offer of having network M&amp;M meetings. DO'C said he was interested.</p> <p><b>Action – SG to sort out a date to attend the M&amp;M at Walsall.</b></p>	SG
6	<p><b>Data Updates</b></p> <p>1. SL presented the TARN Clinical Reports for this Network. The adult MTC comparative data and dashboards Q3 Oct-Dec 2015. SL produced some handouts for both the MTC and TU dashboard data. KP offered the chance for TU's to do shifts at the MTC to keep their skills up to date, but they would need to clarify whether this would mean doing an ED shift or just covering any trauma calls. This needs more work.</p> <p>Validated dashboards</p> <ul style="list-style-type: none"> <li>• Heartlands have just picked up on their TARN data again from last September.</li> <li>• New Cross – their TARN Clerk was off sick but now back and catching up, they have also managed to secure funds for more clerk cover.</li> <li>• Russell's Hall – No response from the Clerk for a while.</li> <li>• Sandwell – TARN Clerk is now in post and is catching up. JHu mentioned that they had recently had a Dashboard meeting.</li> <li>• Walsall Hospital data completeness has improved and the quality is very good.</li> <li>• Worcester Alex &amp; Royal – above average for their submissions.</li> </ul> <p>2. KP updated on the work SL has done recently about the Ws figures, he reiterated that there is a concern that because of the current calculations the TU's are being given the credit for the work done by the MTC's and thus their Ws figures are lower than what would have been expected. This has been addressed with TARN who will be discussing and dealing with this.</p> <p>3. Transfers of patients with ISS &gt;15 was presented. SL said he is watching out for any governance issues as a result of the data.</p> <p>4. Time to CT Scans. Heartlands are doing exceptionally well. City/Sandwell are outliers. SL agreed to look at the cases for Sandwell. SL was asked to look at what operations took place at TU's in relation to penetrating thoracic injuries and penetrating injuries to the abdomen.</p> <p>5. Management of shock patients. SL reported that 30 patients has died and that the TARN and Triage Tool figures appear to differ. SL to check these cases.</p>	
7	<p><b>Business Updates</b></p> <p><u>1. Paediatrics</u> – there was no one available to represent BCH therefore this item as been deferred until the next meeting.</p> <p><u>2. Spinal injuries</u>- there was no-one available to represent Oswestry but SG updated the group about the meeting on 31<sup>st</sup> March regarding the Spinal Retrieval</p>	

	<p>Service with Oswestry. They have been asked to scope this potential idea and bring back to the meeting in June. Other items discussed included the Spinal C are Pathway, referral pathway and preferred mode of transport.</p> <p><u>3. Ambulance Services</u> – SR mentioned that WMAS are moving to new versions of tracks and splints where they can be used with X-ray machines.</p> <p>The electronic PRF is still be rolled out and vehicles in our region are being fitted in the next couple of weeks. SR provided a demonstration of the report generated which was very clear and concise. He mentioned that if trusts are having any problems they can be directed to the Project Manager who is willing to assist them. Staff will be trained via there mandatory training but so far there has been good feedback from them.</p> <p><u>4. Rehabilitation &amp; Repatriation</u> – JH mentioned that they had received good feedback from the days put on the Trauma Care Conference. She mentioned the next National Rehab Meeting on the 1<sup>st</sup> November at QEHB. They will be discussing Airway Follow-up, Rehab Prescriptions and changes to the rehab data points.</p> <p>ZF mentioned the work they are doing at Moseley Hall to improve the transfer process. They are still having problems with capacity but they are also working with the QE and Central England Rehabilitation Unit to see if they can improve the waiting times, however it recognised that not everyone will want to travel to Leamington Spa for their rehab. They are making progress with repatriations. ZF then presented some work they have done around Interruptions to specialist inpatient rehabilitation: Analysis of reasons and outcomes.</p> <p><u>5. Network-</u> SG updated the group on the TU Peer Review visits in September, the requirements and the process and a general update around Mass Casualty and Preparedness.</p> <p><u>6. MTC</u> – KP mentioned that the blood to scene protocol will be ratified at a meeting tomorrow and will be added to the trauma handbooks.</p> <p>KP mentioned the BOAST 4 , they are fixing rib fractures frequently with big improvements to patients recovery.</p> <p>ND mentioned that Angela Himsworth is now Acting Network Manager and an advert will be going out for a substantive post.</p> <p>JJL presented the Care4 Trauma website (<a href="http://www.care4trauma.co.uk">www.care4trauma.co.uk</a>), they are working with the military to develop this system which they hope to turn into an App. There is information on it about all types of topics including Blast Injuries, EPRR material. JJL is hoping that NHS England will provide them with the funds to make it an App. JJL mentioned that QEHB having been working with the Day 1 Service who support personal injury claims. They are looking to do a 6 month pilot that will produce a framework and guidance for other trusts.</p> <p><u>Trauma Units</u>  Sandwell Hospital – Nil to report  Walsall Hospital – Nil to report  No others were present.</p>	
7	AOB –	

	<p>1. Trauma Handbook – Thromboprophylaxis Guidelines. Previously circulated for discussion. All attended agreed these could be approved and signed-off.</p> <p>2. It was recognised that the current Chair Mr Alastair Marsh is no longer working within a TU and the ToR states that the Network Board should be chaired by a TU representative. SG asked the 2 TU representatives present if they were interested in the post, JHu kindly agreed to take this post on the basis that the others were also asked. It was also recognised that a Deputy would also be required.</p> <p><b>Action – SG will email the TU Leads to see if there is anyone else interested in the Chair or Deputy Chair Post.</b></p> <p>3. Non attendance – we are recording levels of attendance at network board meetings and some units will be approached who are not engaging.</p> <p><b>Action – Contact TU non attendees.</b></p> <p>4. ZF mentioned some change in personnel and asked that Seema Gudivada be added to the network board contacts. ZF asked the group for some advice about a case, he presented the findings. The advice was to ensure they did risk assessments with the family and that they are verified with them Consultant and the Head of Nursing. Also, add to their Risk Register.</p> <p><b>Action – SG add Seema Gudivada to the contact list.</b></p> <p>5. JH asked that Training was added to the Spinal Meeting on the 9<sup>th</sup> June. <b>Action – SG add Training to the spinal meeting.</b></p> <p>6. SL asked those present if they would have any problems with network data being put on our website, which is now open to the public. It was agreed that some of this information is readily available on the TARN Public section. Everyone agreed that Network Data could be displayed rather than individual unit data. SR said it would also help raise the profile of the networks.</p> <p><b>Action – SL to add Network data to our website.</b></p> <p>7. KP mentioned the Network Elderly Trauma Half Day Lecture on 25<sup>th</sup> May. He is hoping to put forward the idea of developing a ‘Silver Trauma Response’ process that will help improve outcomes for this group of patients.</p> <p>8. KP mentioned an email from a colleague at QEHB who has expressed his concerns that it is near impossible to generate care closer to home for patients with significant medical problems but have presented potentially as a trauma case. The TU’s present acknowledge this and said they would do their best to assist with repatriations.</p>	<p>SG</p> <p>KP/SG</p> <p>SG</p> <p>SG</p> <p>SL</p>
8	<p><b>Time, date and venue of next meeting: Wednesday 18th May 2016. 13:30-16:30, Gov/Data - Meeting Room, Network Office, 127 Hagley Road, Birmingham.</b></p>	

