

Midlands Critical Care & Trauma Networks

North West Midlands & North Wales Trauma Network

Business & Data Meeting

Thursday 10th March 2016

ED Seminar Room, Leighton Hospital, Middlewich Road, Crewe, Cheshire,
CW1 4QJ

Attendees:

Simon Davies	SD	Major Trauma Coordinator	UHNM
Ellie Fairhead	EF	Service Manager, Major Trauma	UHNM
Richard Hall	RH	ED Consultant	UHNM
Paul Knowles	PK	Consultant - Emergency Medicine	MCHT
Mark Prescott	MP	Consultant – Emergency Medicine	SATH
David Rawlinson	DR	Clinical informatics Manager	EMRTS
Kay Newport	KN	MTC Coordinator	BCH
Sarah Graham	SG	Services Improvement Facilitator	MCC&TN
Alex Ball	AB	Consultant – Rehabilitation Medicine/ NW Rehab Lead	UHNM
Shane Roberts	SR	Head of Clinical Practice	WMAS
Alison Lamb	AL	Consultant Nurse	RJAH
Simon Shaw	SS	Consultant Neurosurgery/ Trauma Lead for RSUH	UHNM

Apologies:

Adrian Vreede	AV	Operations Manager	SATH
Dianne Lloyd	DL	Therapy Clinical Lead	SATH
Ash Basu	AB	Consultant – Emergency Medicine	WREXHAM
Sue O’Keeffe	SOK	Network Manager (Wales)	N Wales CC Nrk
Samantha Smith	SS	Trauma Rehabilitation Coordinator	UHNM
Amanda Walshall	AW	Trauma Nurse	SATH
Jonathan Dwyer	JD	Trauma Orthopaedic Surgeon	UHNM
Sara Tudor-Ansell	STA	Trauma Rehab Coordinator/Advanced O.T	UHNM
Joy Choudhury	JC	Consultant Surgeon – Spinal Injuries	RJAH
Karen Hodgkinson	KH	MTC Coordinator	BCH
Tina Newton	TN	Consultant – Emergency Medicine - Paediatrics	BCH
Clive Bezzina	CB	Consultant Rehabilitation Medicine	UHNM
Verity Locket	VL	Service Manager	MCHT

No	Item	
1	Welcome and Introductions	
2	Apologies: Apologies were noted, see above.	
3	Approval of minutes from previous meeting 03.12.2015	

4	<p>Outstanding Actions from Previous Minutes:</p> <p>5a) SS to feedback TARN issues to TARN Audit Committee. SS mentioned there is a TARN meeting in March, he will feedback at the next board meeting.</p> <p>5b) SL to evaluate specific metrics evidence for confirmation. E.g. Rehab Prescription to Verity Locket at Leighton. SG to chase SL for update.</p> <p>5c) SL to present trends to show performance over time for all TUs and MTCs. This is part of the meeting today.</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.</p> <p>6c. 1) AL to discuss Referral Service with RJA – 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.</p> <p>6c.2) RH to take issue regarding removing patient from vacuum mattress back to RSUH for feedback. RH mentioned that this is still a bit of a problem and is dealing with it.</p> <p>6d. 1) SD to set up meeting with Powys to develop exit strategy. EF mentioned that they have on a number 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.</p> <p>6d. 2) SS to set up meeting with the Walton Centre regarding access for Specialist Rehabilitation. EF said this is working progress. SG has sent EF any TRIDs relating to the 'Walton Centre'.</p> <p>6g) RH to send Paris MTC Day Two presentation for circulation. SG has also made notes from this event and the event at the QEHB which will be circulated in due course.</p> <p>7) SG/JO to circulate draft documents for Handbook via email with due date for comments back set. SG said this is ongoing.</p> <p>7) SG/JO to agenda above documents at Governance meetings for final ratification. This is being done already.</p> <p>AOB 1) ST-B to add outsourcing of radiology to the next NWM&NWTN Governance meeting. STB to ensure this has been done.</p> <p>AOB 2) SS/SD to send SOK action plan from CQC report. Complete.</p>	
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5	<p>Data Activity:</p> <p>Trauma Network comparative data extracted from TARN Clinical Report III – Dec 2015 and Adult MTC comparative data extracted from TARN Dashboard: Q3 2015/16. Presented by SG on behalf of SL. A number of requests and actions were noted by SG who will pick them up with SL.</p>	
6a 6b 6c 6d 6e 6f 6g	<p>Business Updates:</p> <p><u>Paediatrics</u> – Dashboard update, validated and re submitted. Paediatric MTC meeting next week for discussion as to what they are doing with their data.</p> <p><u>Business Case</u> – still no further along, no sign of getting anyone involved in rehab since losing staff member. No one available to drive patient care forward. Certainly not the best for patients and their families not to be receiving rehab care closer to home. Early discussion from Critical Care re: Adolescent trauma and they being dealt within the MTC's. SG to ask AH about this, is she aware of the meetings 11th April? Where has this come from, to Simon Shaw?</p> <p><u>Spinal Injuries</u> – Alison Lamb. All patients seen in 5 days or admitted within 7 day. Had about 8 patients from this network. AL will be circulating the report. Oswestry are having a few problems e.g. transfer of patients, this is being discussed on 31st March. Few problems with pressure sores, TRID logged.</p> <p><u>Ambulance Services</u> – SR: Escalation policy for MTCs out this week. MTC needing to divert or suspend trauma, clear process in place. RTD are now very clear what is a valid call.</p> <p><u>Burns</u> – the MTC all agreed the burns pathway discussed at P&Q, but QEHB have some concerns. SR dealing with this and meeting QEHB team 15/4/16. SR will then put it back on P&Q.</p> <p>Electronic Recording System – will be rolled out by April 2017.</p> <p><u>EMRTS</u> – 2 consultant bases, seen 915 patients up to January. ¾ by air. England 20 jobs. Majority of transfers in the North. Most of the North West work comes to Stoke. Coming up to a year in operation. Stakeholder workshops in future.</p> <p><u>Rehabilitation and Repatriation</u>- Departure of Chief Exec. Still recruiting for therapies and clinical staff. Currently coping waiting list wise, 67 MTC patients waiting. Sending some to Leamington. Uplift of consultant time, however other duties are being put on hold e.g. Development as time is taken up with patient care.</p> <p>Repatriation has been slow but need data.</p> <p>Sessions at Leighton and SaTH have been slow to start.</p>	

	<p><u>Projects</u> – complexity screening tool, registrar piloting this. TU rehab Coordinator questionnaire feedback and how we move it forward.</p> <p><u>National meeting</u> – vague feeling about the rehab prescriptions, don't think there will be any incentive around this. Looking at more pathway type work.</p> <p>Network –</p> <p><u>A) Peer review</u> – SG informed the network of the information received from the national team to date and what we will be doing in our networks. TU visits will be done between 6th – 9th and 13th-16th September. Instructions will be sent out in the next week providing details of the process, visit etc. SG forgot to mention and has therefore added to these minutes that Prof Porter would also like to visit the MTC's, Rehabilitation Hospitals and Ambulance Providers. Again information will be sent out in due course to all relevant parties.</p> <p>There will be a need for external reviewers and anyone wanting to be a reviewer this year can access training by the Quality Review Team in due course.</p> <p><u>B) Mass Casualty / Emergency Preparedness updates</u> – SG provided brief details of the 2 events that took place this week, one run by the network the other run by the National Team. SG is compiling some notes from both which she aims to circulate by the end of next week. They will provide details of the presentations and the discussions held. SR also mentioned the Pre hospital section from Tuesday's national event and how important it will be to have national response to any major incident and that plans will need to reflect this.</p> <p><u>C) Handbook</u> – SG provided feedback on progress of the Network Handbook. Documents that were in the previous edition are slowly being reviewed and updated. However, the ones that were identified in last year's peer review standards, which we did not have are coming along at a much slower pace. SG informed everyone that Simon Davies for this network has been extremely supportive but like SG can only keep chasing relevant personnel who may be able to provide the information we require. RH and SS said they would assist with this. SG did express her concerns that every network is having to do the same work and although many only have one MTC and a couple of units to deal with it still seems unnecessary to all be doing the same thing, especially when there is now more national and NICE guidance available and that surely we should be using these. She asked that JO take it up with the National MT Manager Group and Prof. Keith Porter has emailed Prof. Chris Moran about it. One idea SG would like to explore with the help of SL is to set up a Handbook Repository a bit like the Rehabilitation Directory where Networks can feed information into it and policies, guidelines etc is readily available as it is going to be more and more difficult to continue doing it the way we are every year.</p>	
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	<p>MTC – RSUH CEO has left. Medical Director in acting post. What this means for the Trust is uncertain especially around specialised work etc. R2 unit is moving forward. Escalation policy was activated on Tuesday, due to ITU being overwhelmed, mainly by 8 patients with Flu, massive amount of work in a short period. Further discussions around the ‘what if’ all our MTC’s are in the same state?</p> <p>EF – 2nd MT Coordinator – Secondment post has finished and new recruitment is taking place. Nurse Education Group input will need to be thought about. TILS courses have been held.</p> <p>There are repatriation problems both in and out and all units are feeling the pressure.</p> <p>TU’s –</p> <p>SaTH – Peer Review post visit – went well. Highlighted a number of concerns, especially around Rehabilitation, AB is assisting with this, and ongoing progress. Time/investment into TARN – data clerk in post and data input has improved. LEH will also be entering data onto TARN. The quality of data is extremely good.</p> <p><u>Trauma Summaries</u> – both Leighton and SaTH are not receiving them, this will be checked.</p> <p>Ongoing discussions in Shrewsbury about services and where they will be, which site?</p> <p>ED struggling to keep senior presence.</p> <p>Leighton- SLA for rehab is moving forward. PR post visit – points have been addressed, nil issues.</p>	
7	<p>AOB:</p> <ul style="list-style-type: none"> a) Oswestry – new CEO, new Director of Ops and new Director of Nursing. b) BCH – CQC visit in May. c) SS – CQC – concerns with cardiac surgery at QEHB, could have been an impact on trauma. Network responded with an impact assessment. a) MP Retiring – well wishes. ? Tom Blyth may take over. 	
8	<p>Date of next meeting: Governance/TARN: Thursday 12th May, Board Room 1 Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD</p>	