

## North West Midlands & North Wales Trauma Network Board Meeting

9<sup>th</sup> March 2017, 10.00 – 13.00  
ED Seminar Room, Leighton Hospital

### Approved Minutes

Agreed by Chair: 22.3.17

#### Attendees:

Paul Knowles	PK	Consultant - Emergency Medicine (chair)	MCHT
Sarah Graham	SG	Services Improvement Facilitator	MCC&TN
Richard Hall	RH	Consultant – Emergency Medicine	UHNM
Rob Perry	RP	Consultant – Emergency Medicine	Ysbyty Gwynedd
Adrian Vreede	AV	Operations Manager	SATH
Simon Davies	SD	Major Trauma Coordinator	UHNM
Ash Basu	AB	Consultant – Emergency Medicine	Wrexham
Clive Bezzina	CB	Consultant Rehabilitation Medicine	Haywood Hosp
Alison Lamb	AL	Consultant Nurse in Spinal Injuries	RJAH
James Crampton	JC	Consultant – Emergency Medicine	Burton
Shane Roberts	SR		WMAS
Simon Shaw	SS	Consultant Neurosurgeon	RS

#### Apologies:

Jane Wood	JW	TARN Audit Clerk	SATH
Alex Ball	AKB	Consultant – Rehab Medicine/ Network Lead	UHNM
David Rawlinson	DR	Clinical informatics Manager	EMRTS
Ellie Fairhead	EF	Service Manager, Major Trauma	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
Steve Littleson	SL	Data Analyst (Minute Taker)	MCC&TN
Sue O’Keeffe	SOK	Network Manager	All Wales
Kay Newport	KN	MTC Coordinator	BCH
Sarah Tudor-Ansell	STA	Advanced Occupational Therapist/Trauma Rehabilitation Co-ordinator	UHNM
Dianne Lloyd	DL	Therapy Clinical Lead	SATH
Laura Graham	LG	MSK Centre Manager	SATH
Graham Mayers	GM	Consultant Anaesthetist	Wales
Amanda Walshaw	AW	Therapy Centre Manager	SATH
Ram Punniramakhrisnan	RP	Consultant Emergency Medicine	SATH

No	Item	
1	<b>Welcome and Introductions</b>	
2	<b>Apologies:</b> Apologies noted above	
3	<b>Approval of minutes from previous meeting 10.03.2016</b> Approved as an accurate record.	
4	<p><b>Outstanding Actions from Previous Minutes</b> (updates from today's meeting captured in <b>bold</b>)</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. <b>SG was unable to circulate the spreadsheet from AL as it has patient identifiable information recorded. RSUH will ask Doug Mobley to do some analysis of the information, SD asked that the spreadsheet be emailed to his secure nhs.net account.</b></p> <p>6c. AL to discuss Retrieval 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. <b>AL is struggling to get a meeting with the Private Ambulance Provider at Oswestry, but will try again. SR and AV offered new contacts. The Business Case should be brought to the Combined Oversight Board Meeting, this new proposal should not require any new finances, it will mean redirecting current finances.</b></p> <p>6d. 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. 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. <b>AV asked for rehab contacts from CB. Deferred until next meeting as SOK is on leave.</b></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. <b>SS reported the business case is still being developed and will be part of service development for 7 day working. The main issue is still the cost. SS asked the TU’s and Network is they are willing to share costs as it will benefit the whole network. AV asked what</b></p>	<p>SG emailed SD</p> <p>AL to update</p> <p>CB email AV SOK to update</p>

<p>the split would look like as it would not just be for trauma and could therefore be split across specialty budgets. The Board asked that EF kindly contact the suppliers and invite them to the next meeting and SL to provide a break-down of the Communication Issues on the TRID.</p> <p>5.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. <b>PK explained that the NWAA are working on a new pre hospital doctor based system on the helicopters and changes are being made to their management teams.</b></p> <p>5.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. <b>PK has spoken with the TU Lead who agreed to raise this with the individual in question and take to their Board.</b></p> <p>5.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....<b>Update required at next meeting.</b></p> <p>7.dii) AB spoke about the TU rehab meeting taking place on March 8<sup>th</sup>. Aimed at TU service managers, TARN co-ordinators, and rehab co-ordinators. <b>SG provided an update, the meeting was attended by various staff from both Trauma Units and ITU's. The group want to continue meeting and discussing ways forward with the Rehabilitation Prescription and data. SG thanked the Leighton Representatives who presented how they adapted their assessment forms, disseminate to staff and how their TARN Clerk is able to capture the data required for TARN. The group have a number of actions and information is readily available to anyone who requires it.</b></p> <p>7.diii) 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. <b>Deferred until next meeting.</b> CB did update on the ARTU.</p> <p>7.ei) <b>Network</b> – 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. <b>SG explained that further interviews had taken place and that we had been informed an offer had been presented to a successful candidate. We await further confirmation from the Host.</b></p> <p>7.eii) The hosts finance department will be preparing a more accurate</p>	<p>EF to contact supplier. SL TRID breakdown required.</p> <p>SL to obtain 'acceptance lists' from Oswestry and others, then discuss with AL</p> <p>AKB to feedback</p>
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	<p>finance breakdown for the oversight board. These figures will be able to be shown at network board level. <b>Still awaiting the breakdown.</b></p> <p>8.ii) Reverse PACS imaging for when patients are repatriated back from the MTC. UHNM to investigate a process internally. <b>SS still no update. However, RH mentioned that scans from Leighton are very slow and often the patient arrives at the MTC before their scan. PK will look into this.</b></p> <p>8.iv) Glan Clwyd will shortly be trialling completion of rehab prescriptions. <b>Update from SOK deferred.</b></p>	<p>SG/SL to feedback</p> <p>SOK to feedback</p>
5	<p><b>Governance:</b></p> <p><b>1. Review Open TRIDs</b></p> <p><b>1523</b> – SATH would like more patient details to be able to assess if the decisions made were correct. SR will arrange a visit to PRH to discuss patient pathways, their responsibilities as an LEH &amp; RTD communications. <b>OPEN</b></p> <p><b>1522</b> – Calls have been discussed with the people involved. There were no details of conversations in the paperwork, SD fed back Anthony Taylor's email reply. Better documentation is required. <b>CLOSE</b></p> <p><b>1521</b> - PK is still waiting to hear from NWS if it went through the RTD. Board agreed that the MTC would have been appropriate. The patient arrived before the images, no packaging of the leg. PK will deal with this with his colleagues. BASICs Doctor later agreed it should have been taken to the MTC.</p> <p><b>1519</b> - SR met with Martin Read and has passed on the notes from the meeting in 2016 to SG where the flow of patients was discussed and agreed. AV will discuss this with colleagues at both sites. <b>CLOSE</b></p> <p><b>1517</b> – Case presentation from JC, a new paramedic was involved. Lack of documentation showing the conversations being had. EMAS SUI is being complete. Board agreed the Length of time of transfer was not too bad, the patient was managed safely in the LEH considering how often they see these types of patients. The LEH should always ring the MTC TTL or just package and send in line with current network policy. <b>CLOSE</b></p> <p><b>1510</b> Case presentation by JC, after discussions with colleagues about this case, and with hindsight they should have done the retraction. This is a learning point for the LEH and should remember they can contact MTC colleagues for advice. <b>CLOSE</b></p> <p><b>1509</b> The delay to CT was down to 3 other critical trauma calls at the same time, this was a triaging issue and has been dealt with. The patient came to no harm. WMAS feedback still outstanding. <b>OPEN.</b></p> <p><b>1508</b> dealt with internally with the person involved. <b>CLOSE</b></p>	<p>SR organise meeting with PRH</p> <p>PK discuss with colleagues</p> <p>AV discuss with colleagues</p>

	<p><b>1497</b> CT thought to be normal, but wasn't. Unable to clarify why the transfer was cancelled. The Board agreed they had seen other cases like this and that sometimes there is a lack of clarity about what is happening. It was agreed that in general this was a good call and that there was appropriate decision making but must remember to have discussions with MTC colleagues in the future. <b>CLOSE</b></p> <p><b>1494</b> – This is another communication related problem and will be dealt with internally. <b>CLOSE</b></p> <p><b>2. Burton Presentations x 2</b> – JC presented 2 'open' TRID cases for review by the Board, information recorded above.</p> <p>The group would still like to discuss Network requirements with Burton Hospital and the Mid Trent Network so that we can agreed patient pathways ensuring safety for all patients. JC mentioned that the hospital will be merging with Derby Hospital very soon, which may be a deciding factor as to which Network they will need to sit with. SG to organise a meeting, including WMAS and EMAS representatives.</p>	SG organise a meeting
6	<p><b>Data Activity:</b> Deferred until next meeting.</p>	
7	<p><b>Business Updates:</b></p> <p>a) Paediatrics – Deferred as no representation at the meeting.</p> <p>b) Spinal Centre – Nothing to report.</p> <p>c) WMAS – i) updated about new medical dispatch system ii) TRID system is now fully linked to the internal WMAS reporting system so it will speed up the reporting from now on. iii) Major Incident planning, the first hour capability concept is being taken forward for national consideration. SS said that Stafford Hospital numbers need reviewing as their ED is only open until 8pm. SR To review.</p> <p>d) Rehabilitation – nil to report</p> <p>e) Networks – MCCTN: i) Sharing Event on 13.10.17, planning team representatives required and ideas for presentations. ii) Post Peer Review Reports will be sent out shortly for updating and bringing to the May meeting. iii) Newsletters – articles required, send to SG asap.</p> <p>f) MTC i) Helipad update – this has been handed back to the Bristow's to lead on. ii) SS updated the Board on the expansion plans with the County Hospital, Stafford and how they are coping. There is a lot of strain on the MTC at the moment. ii) Orthoplastics is being improved. iii) It is the five year anniversary of the Trauma Networks. iv) as previously mentioned there are a number of business cases relating to service development in the MTC. V) ARTU has been up and running for 6 months and there is 6 months worth of data to analyse. Vi) TARN Ws figure is 1.6, top in the UK, this is good for the network, very positive outcome.</p> <p>g) <b>Wrexham</b> - AB mentioned that the Wrexham Helipad is out of action until further notice. <b>SATH</b> AV informed us that RSH had a successful Helipad test flight recently. <b>YG</b> – RP said their ED redevelopment has finally been signed</p>	SR review no's.

	<p>off and work starts in April and will be completed in 2 years time. <b>Burton</b> – JC mentioned the merger with Derby Hospital. <b>Leighton</b> – PK mentioned there is a new Advanced Paramedic in the area and he is going to speak with him about the network, trauma call requirements etc. Leighton also implemented the EFGHI procedure and have improved data which shows a 60% improvement. Credit and thanks given to RH.</p>	
8	<p><b>AOB</b></p> <p>1. <u>Open fracture guidelines (written by Dr Ian McFadyen, RSUH).</u></p> <p>a) Is there agreement with RSUH colleagues? The Network Board is happy with the content but just want RSUH colleagues agreement too. SS &amp; SD to discuss with their teams.</p> <p>b) SS said it is based on national guidance as IM was on the team wrote the national trauma guidelines.</p> <p>c) SL to find out the number of patients being kept in the TU's.</p> <p>d) It needs more information for pre hospital. SR to review.</p> <p>2. ED Resuscitative Thoracotomy Guideline (written by Dr Caroline Leech, UHCW).</p> <p>a) Needs to be more relevant to a TU. PK to add in a few lines.</p> <p>b) DCS not required in this guideline.</p> <p>c) Pass through the RSUH council.</p> <p>3. Trauma Care Conference – free network places still available.</p>	<p>SS/SD discuss with teams.</p> <p>SL data query SR to review</p> <p>PK add TU section. RH take to council.</p>
9	<p><b>Date of next meeting: 11th May, 1000-1300, Wrexham Hospital</b></p>	