

Central England Trauma Network

Minutes of Board Meeting

18th January 2017

UHCW

Approved Minutes

Approved by Chair:

Approved by Board:

Present:

John Hare (Chair)	JH	Consultant Emergency Medicine	NGH
Steve Littleson (minutes)	SL	Data analyst	MCC&TN
Linda Twohey	LT	Clinical Lead	KGH
Derar Badwan	DB	Rehabilitation Consultant	SWFT
Sue Bleasdale	SB	General Manager	CERU, SWFT
Caroline Leech	CL	Consultant Emergency Medicine	UHCW
Aimee Taylor	AT	Major Trauma Acute Coordinator	UHCW
Matt Fletcher	MF	Major Trauma Acute Coordinator	UHCW
Jonathan Young	JY	T&O Consultant	UHCW
Karen Hodgkinson (T/C)	KH	Major Trauma & Rehab Coordinator	BCH
Kathy Wagstaff	KW	Lead Nurse	CERU
Phillippa Gibbs	PG	Coventry Airbase Manager	TAAS
Julie Nancarrow	JN	Consultant Emergency Medicine	Warwick
Matthew Wyse	MW	Clinical Lead	UHCW
Nicola Dixon	ND	Major Trauma Therapy Lead	UHCW

Apologies:

Shane Roberts	SR	Head of Clinical Practice, Trauma Management	WMAS
Kay Newport	KN	Major Trauma & Rehab Coordinator	BCH
Sarah Graham	SG	Service Improvement Facilitator	MCC&YN
David Bowden	DB	Director of Urgent Care	KGH
Tina Newton	TN	Consultant in Emergency Paediatric Medicine	BCH
Sharon Ryan	SR	TARN Coordinator	NGH
Julia Weatherill	JW	Consultant Emergency Medicine	NGH
Tom Odber	TO	Consultant Emergency Medicine	NGH
Tristan Dyer	TD	Consultant Emergency Medicine	NGH
Ian Mursell	IM	Consultant paramedic	EMAS

Item	ACTIONS
1. Welcome and Introductions	
2. Apologies	
The apologies were noted (see above).	
3. Approval of Minutes	
PG said TRID 1473 should reflect the M&M as being organised by TAAS, not UHCW. Otherwise, the minutes of the meeting held on 23.11.16 were approved as an accurate record.	

<p>4. Outstanding actions from last meeting 23.11.16 (updates from today's in bold)</p> <p>4.i) UHCW Transfer Audit ACTION: CL Feedback on outstanding cases. CL reported that the last audit of trauma transfers from Nov 15 – April 16 was presented at the CETN educational Trauma Team day held at UHCW on 28th September. The learning outcomes were taken back to the teams by Julie from Warwick and Mike from NGH (no senior representation present from Kettering). CL also emailed out the presentation to all sites. Closed</p> <p>ACTION: Produce network guidance around splenic injuries - UHCW do not have a policy. Although treatment of these patients is not an issue, there are issues around on-going care and follow-up. UHCW colleague will be sending out a survey monkey questionnaire to colleagues for some feedback. AT is writing some information for patients. The surgical teams at UHCW feel that we should accept the spleens for observation at the MTC. Even though they may be minor, if they deteriorate it is better they are in the MTC with access to IR/emergency surgery. So we do not need to produce a network pathway for this one. Closed</p> <p>ACTION: Prophylaxis required for embolization? The issue about spleens in the November minutes is whether they have pneumovax/lifetime antibiotics if embolized which Matthew has been reviewing. There is currently no national consensus. This is still work in progress</p> <p>ACTION: JN was asked to review the cases that went to SWFT and whether they were appropriate to be taken to an LEH. JN reported that many of the cases involved chest injuries and were hard to identify. Many resulted from cycle / motorcycle incidents. She thought a more thorough assessment should take place in some cases to distinguish between patients who were walking at scene, and those that had moved themselves out of danger ACTION: MW requested the network to go back to the ambulance service with specific cases to discuss</p> <p>4.ii) Network Hyper-Acute Transfer Policy MW updated that this proved to be a very good discussion at the regional clinical forum meeting on 12.10.16.</p> <ul style="list-style-type: none"> • Displayed were the CETN transfers currently taking around 6 hours, which the Network aims to improve. • The problems in the BBCHWTN when trying to transfer neuro patients into the MTC, they will now use the principle of send and call and will not use the NORSe which slows down the transfer. NORSe will be updated afterwards. • Imaging in TUs - if they are done by the TU they must be good quality images. <p>MW & Jon Hulme have revised some sections of the policy which will be circulated in due course. Needs slight amendments made to reflect the differences in the trauma system setup in North Wales. Sue O'Keeffe and Jonathon Hulme working on this, and will be brought to next Board</p> <p>4.iii) Newsletter article re: BOAST 4 Award – MW agreed to do this when required. MW mentioned the new TARN Award for TARN Clerks and encouraged units to put cases forward. CL found an article online and copied into the draft newsletter which she aimed to circulate in a few weeks. Closed</p>	<p>MW to update</p> <p>JN to identify cases</p> <p>SG to include on agenda</p>
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<p>8.i) PEGs - UHCW now have Rachel a Dietician working within the MTS and is reviewing the pathway issues. She is reviewing risks and talking with the PEG team in order to make some improvements. She is also linking with the national dietetics teams. No update today</p> <p>8.iii) SR has been reinforcing the roll of the RTD. DN re-issued the memo to staff at EMAS and is trying to strengthen/encourage the use of the trauma tool, working progress. MW asked if EMAS are sorting out their trauma support system but DN said there have been no further discussions about an RTD and the CAD are limited on the advice they can provide, there is very little organisational support. No update today</p> <p>8.v) SB - CERU bed numbers. Business case developments to be discussed as part of AOB</p>	<p>Update when ready</p> <p>SR/IR to update</p> <p>SB</p>
<p>5. Review Current Network Related TRIDs</p> <p>1503 - NGH ED was extremely busy (worst day in a long time). Double-sling issue feedback to practitioner. Blood given as haematoma developing, but is not standard practise. No medical escort as patient not unstable. This patient received better care than they would have had pre-trauma system, and the binder, octiplex and Vit K may well have helped save this patients life. Close</p> <p>1492 – No update from IM</p> <p>1490 – No update from IM</p> <p>1489 – No update from IM</p> <p>1487 – No update from IM</p> <p>1485 - The Board felt that child was appropriately managed at the Adult MTC whilst awaiting transfer to BCH, however UHCW now feel they should have been more proactive with the transfer and dealt with it themselves as KIDS were extremely busy. TAAS could have assisted in the transfer. MW to feedback to QuIPS. Close</p> <p>1473 – EOC manger, Matt Lewis, has looked into the case and there was some communications missed, possibly partly due to the staff shortages in EOC at the time which was noted in the original review of this case. The workload and demand in EOC that evening was especially high. It has been discussed and recorded with the dispatcher concerned. The request for a Dr was not passed on. Close</p> <p>1472 – IEP at KGH was down, and the locum team were unfamiliar with burning discs, so rare circumstances. Bigger issue about uploading report when it becomes available. LT to take back to KGH. Close</p> <p>1460 – Case presented by AT. Patient was equidistant from Warwick and Coventry, with an iGel in situ - ? should have gone straight to Coventry. Needs further discussion with WMAS / EMAS. Excellent pathway from Warwick to UHCW, with Consultant in from home. Good time to CT.</p>	<p>IM to update on all the open EMAS TRIDs</p> <p>SR to update</p>

<p>1452 – JH has discussed this with colleagues and will raise it with his medical director. TRID closed, but JH to discuss with Radiology to ensure similar scanning protocols used as UHCW. Close</p>	
<p>1416 - LT is awaiting the outcome of the internal 'Serious Incident Review' which is being led by her ED colleague Dr. Adrian Ierina. Hoped for an update by today's meeting, but no update on the day</p>	<p>LT to update</p>
<p>6. Data</p> <p>SL showed the comparative data from the validated Q2 2016/17 (Jul-Sep) TARN dashboards, for both the TU's and the MTC's within the tri-network. There were also some metrics from TARN clinical report III (Neuro) - Dec 2016 shown for the 4 MTC's. Some discussions took place, but no new workstreams for SL</p> <p>In Alison Lamb's absence, SL showed the spinal report that was prepared. The Board thought this was a huge step forward, but SL pointed out some areas where you weren't getting an accurate picture of events, and there could be some other beneficial fields of data that could be included. SL to liaise with AL on redesign</p>	<p>AL to alter and present</p>
<p>7. Business</p> <p>i) Peer Review Progress Reports / Half year review. The network fed back to the Board about the decisions made recently by the PaQ Board, that TU's will not be visited in 2017 as part of the review process, instead the Networks will use the September Board meeting to feedback against a self-assessment and progress from their 2016 review.</p> <p>ii) Burns Pathway. This was shown to Board, and there were some good observations made by CL about making some of the language a little clearer [Update since Board: these amendments were made and the policy approved by the originators]</p>	<p>SG to add to future agenda</p>
<p>8. AOB</p> <p>CERU – Funding has been reduced, so they are holding off any new redevelopment at present. They are looking at a new working structure and also at the original business cases. They have managed to recontract the 41 beds (specialist commissioners wanted 10 less). They feel tracheostomies are now being managed better within the tri-network. New CQUINs around 'never events, LOS, and time to admission. There will have to be some discussions around when the clock starts, as there is a difference between medically stable and medically complete (shunt to be inserted, best interest meetings, etc). There has been a cap of the number of specialising hours through the agencies, but this is not affecting trauma per-se</p> <p>UHCW – CL said they will be running the 'HECTOR' course in May, as a faculty development day</p> <p>Network – Asked to expand and update the tri-network contacts directory</p>	<p>SG to update</p>
<p>9. Date, Time, Venue of next meetings</p> <p>22nd March 2017, CERU</p>	