Trauma Performance & Quality Group
Tuesday 20th September 2016
Meeting Room, Crown House, 123 Hagley Road, Birmingham
Approved Minutes

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
Karen Hodgkinson	KH	Joint Coordinator	BCH
Nicky Bartlett	NB	General Manager	QEHB
Angela Himsworth	AH	Acting Network Manager	MCC&TN
Simon Shaw	SS	Consultant Neurosurgeon	UHNM
Alex Ball	AB	Consultant in Rehabilitation Medicine	UHNM
Tina Newton	TN	Consultant Emergency Medicine - Paediatrics	BCH
Kay Newport	KN	MTC Coordinator	BCH
Rivie Mayele	RM	MTC Administrator	QEHB

Apologies:

Simon Davies	SD	Major Trauma Coordinator	UHNM
John Hare	JH	Clinical Lead – Trauma/CETN Chair	NGH
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
Sue O'Keeffe T/C	SOK	Network Manager (CC & Trauma)	WALES
Ian Mursell	IM	Consultant Paramedic	EMAS
Becky Steele	BS		WMAS

1	**Welcome and Introductions – Chaired** by Professor Keith Porter
2	**Apologies (see above)**
3	**Approval of Minutes: 14.6.16** approved as an accurate representation of the meeting
4	**Outstanding Actions:** Please go to last page for the list.
5	**New Items:** 1. Code Red Protocol UHB have developed a protocol that they are currently using. WMAS are aware of this. UHCW and UHNM do not call it Code Red, instead they say "activate MHP". 2. Blood to Scene email from SATH

	This has been agreed in principle by Mike Taylor, Deputy Head Biomedical Scientist, Blood Transfusion Department at SATH. There are some finer details to be worked out. He would be happy to see (or see created) an SLA between all participating parties stating; The responsibilities of the providing hospital – e.g. how we are contacted, what we will provide, how the blood is packaged and what documentation is included. The responsibilities of the ambulance and trauma team – e.g. how they collect and transport the blood, how they pass over traceability records to the receiving blood bank of transfused blood. How they inform the providing blood bank about blood that was not given. How unused blood is returned or disposed. The responsibilities of the receiving blood bank – e.g. how they take ownership of the traceability records for blood that was supplied and transfused. How they inform the providing blood bank of this. 3. Specialty Pathway KP confirmed that a meeting is scheduled for next week at QEHB to finalise the pathways. SR provided details of a recent case to back the need for the pathway. 4. WMAS clinical notice re: Paediatrics at Alexandra Hospital. SR presented the notice that had been circulated, it was noted that the Trauma Networks did not have any prior notification about this.
6	**TRIDs for discussion:** 1372: Discussed the flow from Worcester Royal & Alexandra, Redditch and where neuro patients are being taken to an MTC (UHCW/QEHB). MW provided further information, there is a meeting being arranged to discuss this and the policy re-wording. KP has asked his neuro colleagues to review the current pathway and provide feedback. 1417: Similar issue to the above, the TU are investigating the case. 1379: This is another neuro case, the group discussed why the patient went to the initial TU & why the NORSe referral information was inaccurate. The TU are investigating the case. 1385: Discussed and the ambulance service provided feedback. 1397: SR provided an update of the case. PaQ agreed this patient should have gone to the TU rather than the LEH, it would have been appropriate for them to go to UHCW as this was the local TU at the time. 1398: Feedback had been provided by our North Wales colleagues. This ended up being a superficial laceration and there was no evidence of pneumothorax. MTC/TU's must remember that the Triage Tool is a Pre hospital Tool only and Injury Severity Scores (ISS) should not be used in conjunction with it. **Action:** SL felt we should produce a statement for the units about 1) Using the RTD 2) Using ISS etc. 5 years on. 1455: Outstanding TRIDs awaiting feedback from QEHB, KP has asked Toni Belli to review and respond to them.

7	**AOB:** 1. Spinal Cord Injury Centre Review Discussion MW made the group aware of the national review of the centres. This came about as there is a problem with provision from Stoke Mandeville, taking on anything vaguely challenging. MW flagged it up, so did Chris Moran. Katherine Young, NHS England is aware of the review and has spoken with MW. MW circulated the documents. Collectively as a service they are not doing well and failing many standards. The initial consultation has looked at this in detail and put together a detailed report which includes any necessary data. There appears to be a huge gap in services available in the South. The Paediatric element mirrors the same as adults, there are very few centres for patients to go to. A gap analysis was performed. They want/need better access to facilities in the South, more work around care of the elderly in the centres including better psychological services. They are talking about relocating centres. Need 60 more beds in the country. MW has requested they take UHCW/CETN out of the Stoke Mandeville pathway and put them into Oswestry as this fits better with the current network pathways. CETN are supportive of the gap analysis and the report and what it identifies. 2. Vascular Service notification from Walsall Manor Hospital, they have notified WMAS that they are unable to accept non-life threatening vascular cases. Action: KP agreed to reply to the email. 3. Rehab TARN dataset – AB informed PaQ that this is causing problems for the Trauma Units, it is onerous and complex and even causing problems for the MTC's. Action – AB agreed to message TU staff, especially where they are not providing Rehabilitation Prescriptions, they should not worry about this new element. 4. CRG update provided by MW. Trauma, Burns and Emergency Preparedness are in one group, there are 8 new clinicians (x4 burns x4 trauma) and the Chair is Prof Chris Moran. The PaQ Board thanked MW for the contributions made to this group in the past. 5. Burns Pathway – SR asked about the emails being circulated about the current pathway. SL fed back that it is necessary to make some slight amendments to the pathway, this will not need another meeting and can be done via teleconference or email. 6. Trauma Unit Peer Review Visits – feedback provided by KP and SG. 11/12 TU's complete, Heartlands Hospital will be rescheduled whilst they are going through current changes in structure. KP thanked SG for the sterling work around pulling all the visits/paperwork together. The North Wales Units are booked for the 2nd & 3rd November.

	KP asked if each Network would be responsible for undertaking any post peer review meetings in the future to help spread the workload. AB agreed to work with SG around the types of information and evidence they came from the visits. 7. Web Conferencing facilities – SL mentioned a new piece of kit that enable web conferencing and is a portable device, the kit costs around £1000. PaQ agreed this would be worth investing in to aid future meetings, improve attendance at board meetings etc. 8. Network Board and PaQ Meetings 2017 – SG confirmed that the numbers of meeting will be reduced for all in 2017. SG will be circulating dates over the next few weeks and will organise venues for each network.
8	**Date, Time, Venue of next meeting: Tuesday 15th November 2016. 1:30 – 16:30pm, Crown House, Birmingham**
	OUTSTANDING ACTIONS LIST
	From 23.3.16: 1. Cadaver Course Credits – SG has emailed Brian Burnett – still awaiting reply. 2. Criteria for diverting specialist trauma to MTC's including Maxillofacial pathway – From a pre hospital 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. **From 14.6.16:** 1. Elderly trauma work group – SG to scope appropriate date / venue – working progress. 2. Bristow's Air Ambulance Issues need addressing – KP agreed to write to the contacts provided by SOK this will include requesting a meeting. Meeting arranged for 24.10.16, bring back learning points to PaQ. 3. Rehabilitation Standards development – AB to work with AH & SG to come up with some standards. **From 20.9.16** 1. SL felt we should produce a statement for the units about 1) Using the RTD 2) Using ISS etc. 5 years on. 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. 3. Rehab TARN dataset – AB informed PaQ that this is causing problems for the Trauma Units, it is onerous and complex and even causing problems for the MTC's. AB agreed to message TU staff, especially where they are not providing Rehabilitation Prescriptions, they should not worry about this new element.