Birmingham, Black Country, Hereford & Worcester Trauma Network

Board Meeting

Wednesday 11th January 2017, 13:30 – 16:30

Meeting Room, Crown House, 123 Hagley Road, Birmingham B16 8LD

Approved Minutes

Attendees:

Jon Hulme - Chair	JHu	Consultant - Intensive Care Medicine/Anaesthetics	SWBH
Keith Porter	KP	Professor of Clinical Traumatology	QEHB
Shane Roberts	SR	Head of Clinical Practice	WMAS
Steve Littleson	SL	Network Data Analyst (minutes)	MCC&TN
Adrian Simons	AS	Consultant Orthopaedic Surgeon	RWH
Rita Rai	RR	Directorate Manager, T&O	DGoH
Janet Hallam	JH	Clinical Lead Physiotherapist	QEHB
Tina Newton	TN	Consultant in Emergency Medicine	BCH
Steve Goodyear	StG	Consultant Vascular Surgeon	Worcs
Tom Clare	TC	Consultant Orthopaedic Surgeon	DGoH
Martin Beard	MB	Surgical Care Practitioner for T&O	SWBH
Alastair Marsh	AM	Consultant Orthopaedic Surgeon	QEHB

Apologies:

Sarah Graham	MCC&TN
Nicola Bartlett	QEHB
Vandana Kalia	SWBH
Jane Wallace	HoEFT
Alison Lamb	RJAH
Peter Burdett-Smith	WVT

Dan O'Carroll	Walsall
Zacc Falope	BCHCT
Rivie Mayale	QEHB
Kay Newport	BCH
Paul Hazle	SWBH
Azam Majeed	QEHB

Item	Description
1	Welcome and Introductions
2	Apologies noted above
3	Minutes of previous meeting held on 16/11/16 reviewed and approved
4	Outstanding actions from previous minutes:

	From which meeting?	Original action No	Description	Responsible person
a	18/5/16	2	Arrange Network M&M meeting at Walsall Manor Hospital (TN also has a case she would like to present there)	**SG** to arrange with DOC
b	18/5/16	3	Heartlands Peer review still outstanding (noted they are now making good improvements with their TARN backlog)	**KP** will chase Kevin Bolger after SG receiving no

				reply
c	18/5/16	3	Trying to improve engagement with regular non-attenders. It's hoped that the video conferencing will help with this. ***11th Jan update: This has been spec'd and passed to QEHB finance for approval***	**SL** to provide ongoing update within 'network' section
d	28/9/16	2	Arrange M&M with Hereford for TRID case 1405	**RM** to arrange with PBS
e	28/9/16	3	NB to see if the discharge framework Steve Sturman was developing could be beneficial with discharge process. ***11th Jan update: Reverse NoRSE being worked up. TU's should ensure it is a mutually beneficial system for both sides, and contact QEHB with any issues. QEHB trying to integrate with internal tracker system, but will need up-to-date contacts.***	**SG** to update contacts at TU's and MTC's (inc clinical leads, therapy leads, managers) for JH
f	28/9/16	4	QEHB governance department are not happy with rehab prescriptions going out as editable text, but SL said that their systems should have a way of recording the date it was sent to a TU and therefore could attach a workable document, along-with with the PDF version	**KP** to update on progress
g	28/9/16	5	JHu to discuss vascular injuries with DO'C, to ensure no conflict as a TU. ***11th Jan update: this can be closed off as appropriate pathways are in place. TRID system will be monitored***	**Closed**
h	28/9/16	6	No interest received re role of deputy chair. SG was asked to speak with Dan O'Carroll who is an active participative member if he would consider the role. ***11th Jan update: DOC has agreed to be deputy chair***	**Closed**
i	28/9/16	8	MTC unable to access original ePRF for patients "scene to TU journey". ***11th Jan update:*** Project team are looking into this	**SR** to update on progress
j	16/11/16	7.2	Prof Chris Moran, National Lead for Trauma, to be informed of our Peer Review process for next year. ***11th Jan update: KP has fed this back to CM***	**Closed**
k	16/11/16	7.3	Trauma Nurse Training Level 2 - KP agreed to speak with Rob Pinate, Chair of the National Major Trauma Nursing Group about this and how units can be supported as it won't just be our network who is struggling. ***11th Jan update:*** ***BCH proving in-house competencies, based on best aspects of other paediatric units. Query need to take a more 'network' approach though.*** ***SWBH had identified additional funds, but it was still going to be a very costly exercise, given the 3 days 'out' as well as course costs, and queried whether a 'train-the-trainer' would work better***	**TC** to write a short overview of their existing course **SG** to distribute the level 2 standards to the Board

			across the network. ***Worcs had a 2 year plan to train staff up, with the Trust prepared to provide extra funding, but there would still be issues filling gaps in the rota.*** ***DGoH have a programme, although not accredited. TC to write a short overview on the course, and the Board to look at what it needs to 'top-up' to level 2 accreditation. Could it be module-based, rather than a block 3 day course***	
l	16/11/16	7.4a	The RTD is unable to directly task ambulances from CAD. ***11th Jan update: SR chasing relevant EOC person to check phone exchanges. JHu said that the RTD staff have found a pragmatic approach whereby they simply pass the paper referral they have made, on to staff on the normal CAD desk***	**SR** to update on progress, with low threshold to close
m	16/11/16	7.4d	Hyper-acute transfer policy review. ***11th Jan update:*** ***The policy has been signed off by the BBCH&W and CETN Boards. It is currently being discussed by NWM&NW Board to allow local amendment, as Wales do not go via the RTD***	**Closed for this Board**
n	16/11/16	7.7	Worcestershire Neuro Referral Pathway. All parties agreed to keep existing pathway, and to reiterate within own Trust teams. ***11th Jan update: All parties reminded, and to TRID any re-occurring issues***	**Closed**
o	16/11/16	8.3	QEHB night time helipad - KP to meet with SR and B Steele to sort this out, in-particular the emergency planning aspect	**KP** to update
p	16/11/16	7.1	SG presented the work plan which led to further discussions about some work-streams, a) Injury Prevention raised by SR after listening to the presentation from the Redthread Organisation who are situated in some London MTC's and helping to reduce violent crime by speaking with victims. b) More training for ambulance crews around trauma patient assessments e.g. a series of pod casts about different assessments.	**SG** so send out template **SR** **SR**
q	16/11/16	7	Patient Stories – a concept for future meeting, to have stories presented at board meetings, a more positive approach what we are doing well and how we are helping patients and making improvements is trauma care	**All**
r	16/11/16	7	Also, a new item for the agenda could be progress reports for MTC and TU's from Peer Review concerns and issues.	**Board to discuss**
s	11/1/17		Board requested analysis of the ISS>15 head	**SL to circulate**

			injuries that remain in a TU' – shown by MOI and age-band	

5	**Governance:** ***Network TRID Updates:*** **1504** – Internal case review being arranged **1501** - Internal case review being arranged **1500** - Internal case review being arranged **1480** – More robust hyper-acute pathway should prevent this, especially with "send and call". **Close** **1479** – Patient should have come on the hyper-acute pathway, and NoRSE will hopefully provide a more robust framework for recording clinical advice in future. **Close** **1405** – Still awaiting Rivie Mayale to arrange a joint M&M with Hereford. Main issues are with information capture after the initial RTD period. A robust NoRSE / reverse NoRSE system would eradicate this type of issue. To remain open till next Board meeting, then for closure if no side pushing for a resolve (incident was 9 months ago) **1404** - There was mis-communication between wards B1 and B2 who have different approaches to arranging therapy follow-up: one does it on admission, the other on discharge. When the patient moved ward, they assumed the other had already put arrangments in place. Russells Hall now have a standardised approach in place to prevent any re-occurrence. *(To date, the network office has received no further TRIDs along these lines).* **Closed** **1399 -** Patient was passed via the RTD and trauma alerted to QEHB. **Closed** **1395 -** Unusual, but will sometimes occur. **Closed** ***New Case Presentations*** – SL presented an RHH case from Oct: un-helmeted 74-year-old travelling down-hill at approx. 20mph, hit van door which was opened on him. Original questions raised by RHH were: (1) "*Should the patient have been taken to the TU?*". With the additional information extracted from the ePRF and the TARN submissions, the Board were again satisfied that the RTD advised the correct destination based on the information they were given. There was a subsequent discussion on whether the flail segment should have triggered the MTC under stage 2, however the ePRF shows the crew documented no flail segment noted, and it was not evident that RHH had identified this prior to the patient undergoing imaging. The Board agreed that chest examinations can sometimes be difficult in the elderly population, and this is something that will be discussed within the Silver Trauma Group in Feb, for possible consideration as a video podcast, or part of a MOOC (2) "*Was the subsequent transfer to UHB timely enough?*". The presentation showed the referral time of 14:40, and subsequent admission to ICU at QEHB being 22:37. This is within the 12hr window of 'best practise' from referral time to admission, and especially as there were no apparent time-critical injuries. **Case closed**
6	**Network Data** SL presented the validated Q2 July-Sep Dashboards, for both MTC and TU's. There were no

	dashboards available for Sandwell or Heartlands, as there had not been enough recent cases submitted to TARN. The Board were shown several "Null" values for metric TU04 (TXA for patients receiving blood). This is good, as it shows such patients, in general, not being taken to TU's. The 2 TU's that had seen a small number of such cases were both peripheral units. SG explained the 'drop-off' in trauma cases they have seen at the Alexandra - ? related to a perception that they are closed to trauma. QEHB's poor figure for metric MTC04 (definitive coverage of open fractures) was noted, especially when stood side-by-side with Coventry's (4th highest of the MTC's). Coventry actively targeted this with additional theatre time, and showed improvement can be made. MTC07 & 08 showed an improvement in the number of triage tool +ve patients received by a Consultant at QEHB, but there was still disparity with the time of arrival, with overnight patients often not having Consultant-led trauma teams. SL then showed some data on the movement of patient into, and out of, the MTC. For FY 2015/16, there were 13 patients recorded on TARN as being admitted more than 2 days from TU request, which equates to 1 a month. (only 5 of these were ISS>15). Several were head injuries transferred after subsequent imaging, or pelvic fractures that went over 'time-appropriate'. Going the other way, there had been 19 TRIDs received from QEHB about delayed repatriations during Nov and Dec, which equates to 2 a week. 7 of these (37%) were back to SWBH, with many having "messy" referrals back. Martin Beard stated they had now centralised their pathway, and to "*discuss any repatriations with our on-call trauma team as per Network Pathway, followed by a referral email to* swbh.traumarepatriation@nhs.net Hopefully sensible approaches like this, and also UHB integrating their tracker to reverse NoRSE will mean a better pathway for the patient between services, and should improve the 'open door' policy an MTC should strive to maintain. KP reiterated that QEHB will now undertake an RCA on any patient that is delayed because of beds, or is transferred elsewhere. During FY 2015/16, there were only 4 patients that should have gone to QEHB that went to either Stoke or Coventry. **Board requested analysis of the ISS>15 head injuries that are remaining within the TU's – shown by MOI and age-band**
7	**Business Updates:** The network Board meetings in May are being handed over to peer review updates. Units are requested to bring their progress reports, showing the concerns, and what action has been taken to address them so far
8	**AOB** Nothing raised
9	**Date of next meeting:** Thur 30th March 2017, 13:30-16:30, Crown House, 123 Hagley Rd Birmingham