

Central England Trauma Network Board Governance/Business & Data Meeting

Wednesday 9th March 2016, 10:0-12:00

Room 1a CERU, Leamington Spa Hospital, Heathcote Lane, Warwick,
Warwickshire, CV34 6SR

Attendees:

John Hare	JH	Clinical Lead Trauma	NGH
Julie Nancarrow	JN	Consultant- Emergency Medicine	SWFT
Aimee Taylor	AT	Trauma Coordinator	UHCW
Nicola Dixon	ND	Major Trauma Therapy Lead	UHCW
Steve Littleson	SL	MCC&TN Data Analyst	MCC&TN
Jane Owen	JaO	Major Trauma Service Lead	UHCW
Kathy Wag staff	KW	Lead Nurse	SWFT
Linda Twohey	LT	Consultant Anaesthetist	KGH
Sarah Graham(Chair)	SG	Services Improvement Facilitator	MCC&TN
John Trenfield	JT	Consultant- Emergency Medicine	NGH
Philippa Gibbs	PG	Coventry Airbase Manager	TAAS
Parvitar Gandham	PGa	Pharmacist	SWFT
Sue Bleasdale	SB	General Manager	SWFT

Apologies:

Derar Badwan	DB	Consultant – Rehabilitation Medicine	SWFT
Tristan Dyer	TD	ED Consultant	NGH
Tom Odbert	TO	Consultant- Emergency Medicine	NGH
Julie Weatherill	JW	Consultant- Emergency Medicine	NGH
Sharon Ryan	SR	TARN Coordinator	NGH
Kay Newport	KN	MTC Coordinator	BCH
John Young	JY	Consultant - Orthopaedics	UHCW
Tina Newton	TN	Consultant Emergency Medicine - Paediatrics	BCH
Matthew Fletcher	MF	Major Trauma Coordinator	UHCW
Matthew Wyse	MW	Director of Theatres	UHCW
Caroline Leech	CL	Consultant – Emergency Medicine	UHCW
Karen Hodgkinson	KH	MTC Coordinator	BCH
Alison Lamb	AL	Consultant Nurse	RJAH
Jeff Osborne	JO	Network Manager	MCC&TN

No	Item	
1	Welcome and Introductions chaired by Sarah Graham.	
2	Apologies Apologies were noted, see above.	

3	<p>Approval of Minutes: After minor alterations, the minutes from 4.11.15 and 9.12.15 were agreed as accurate records of the meetings from November and December 2015.</p>	
4	<p>Outstanding Actions from Previous Minutes: NOV/DEC 2015: 6b) AL has taken out all the non-trauma figures from the SCI data and has sent them to SL for the next Business/Data meeting. AL will be sending SL the figures quarterly for data update. 6c) AL has sent the figures for SCI morbidity cases to SL and will be sending these quarterly to SL for data updates. 7c1) JO to check if Spinal Cord Injury Pathway is the same as Stoke Mandeville Hospital. 11c) JO to follow up the data for trauma patients going from South Warwick and SLs data for the next P&Q meeting.</p>	
5	<p>TRIDS – New Case Presentations: AT gave a presentation regarding TRID 1301 involving a knife wound. After discussions and outcome, this case has been closed. AT presented another case involving a young patient with a spinal injury. SG will get feedback from TN before closing this TRID. TRID 1094 – this has been sent to AH to be investigated and awaiting feedback. This case remains open. TRID 1263 – involving a transfer with a head injury. After discussion the Network agreed RTD need to be aware it is not their decision to decide whether to accept/not accept patients. SG will inform SR/IM regarding RTD referring patients. This case is closed. TRID 1271 regarding hyper acute patient pathway and issues with imaging. JH reported that no one has given a reason why the images are not good quality. It was suggested the quality could be lost in transmission. JaO will find out from UHCW why the imaging from NGH is being reported as poor and will feedback at the next meeting. TRID 1276 – JH presented this TRID regarding trauma transfer with details and information and questions over the nearest MTC. JT requested this issue be escalated to Bob Winter and will email SG details of IM communication and what issues need to be raised.</p>	
6	<p>Feedback from M&M Meetings: JN fed back regarding a case involving a patient falling from a horse and also suffered a cardiac arrest. Awaiting TRID report to be submitted. General discussion around injuries and outcome. This TRID needs investigating and has gone to the Coroner. LT will request feedback from KGH M&M Meetings and will bring back to CETN meetings.</p>	
7	<p>Trauma handbook Documentation: SG updated regarding the Trauma handbooks. Progress is going well with the help of JaO and SD and ideally KP would like them completed by June. The documents are being updated, the plan is to prioritise the ones for Peer Review, which are being developed. Unfortunately some of the documents are taking a long time to</p>	

	<p>be signed off by Network MTCs and P&Q. JaO suggested a protocol for Anti-coagulant that could be inserted into the handbook. SG raised concerns about the amount of work and time this has created and not just for our Network but every Network in the country and why we should all be creating Handbooks when there is often National and NICE guidance out there already that we should be using. JO has taken this matter to the National Trauma Network Managers Group, where a number agreed there were too many books being produced by the Networks. KP has emailed Chris Moran regarding the standardisation of trauma handbooks nationally so that we are not all doing the same thing in each network, KP is waiting for feedback.</p>	
8	<p>Pressing Business Matters: Trauma transfers have been deferred until the next meeting when CL will be able to update, but SL has been looking at the National Incidences of Injuries transferred to MTCs and reported the feedback tools are being tweaked.</p>	
9	<p>AOB: SB mentioned they were attempting to try out a new system <i>Coretack</i> Tube which would be used with PH testing and is currently being trialled. The Rep is not allowing purchase until it has been trialled. An amendment would need to be added to include the use of the NG Tube. SB mentioned nurses were being trained with new equipment which uses bridles. A decision will be made to decide if there will be an impact on the X-ray department, with X-rays for nasogastric tubes.</p> <p>LT reported issues at KGH: their TARN Clerk has left so no data will be submitted at present. KGH A&E Lead has left the Trust and Adrian Ierina is keen to take up the Lead post. SG mentioned JaO will be going on maternity leave at the end of May and ND will be attending the CETN and P&Q meetings in her absence.</p> <p>SG reported this year's TU Peer Reviews would be carried out by the Network over a 2 week period, 6th-9th and 13th-16th September and all reports to be completed by the end September 2016. The visits would last for approximately 3 hours per visit and include a walk around and a TU presentation and will include a Network Response and feedback session. The reports should be written up during the visits. SG is hoping to be on every visit for consistency. TUs are required to submit their self-assessments against the Standards, 1 month before their TU visit. There will also be a request for external reviewers. The National Team have a list of trained reviewers and maybe invited to Peer Review the TUs.</p> <p>For this year's MTCs Peer Review, they will be asked to self-assess against the Standards and the Network will carry out a unit visit for MTCs, Ambulance Providers and the 3 Rehabilitation Hospitals. KP would like to go around the MTCs, Rehab Units and Ambulance Providers for an update.</p> <p>SG also mentioned this year's Peer Review would pick up on any risks/concerns identified in last year's Peer Review and the Standards were still being written with completion by the end of April. SG will be inviting people to be a Reviewer.</p>	

	<p>TQuINS will be used this year and any Trust not registered will need to contact JO for registration. SL will find out if the information on TQuINS is the same this year as last year.</p> <p>SG will put details in a brief to be sent out to all Networks to help prepare for Peer Review.</p> <p>SG reported back from the Mass Casualty Event on 7th March and the Major Terrorist Attack Event on 8th March. There were good presentations and good information regarding the Paris attack. SG has typed up notes from each event and will distribute to the Network. A date is being arranged for the desktop exercise, ensuring the right people attend. JaO suggested inviting Nottingham and East Midlands to attend.</p> <p>SG fed back from UHB – they have developed a <i>role4trauma</i>. This can be accessed at www.role4trauma.co.uk</p> <p>This site contains all the presentations, pods casts and lecture notes from both Emergency Mass Casualty Planning Preparedness Event and the Clinical Response to a Terrorist Attack.</p> <p>SB reported a never event at CERU, involving a patient transferred to CERU with a nasogastric tube. Investigation is ongoing and a request for a Coroner’s inquest for 22nd April. CERU are currently reviewing plans and polices. SB will report back on the IMR at the next CETN meeting.</p> <p>SB reported another case involving a young person with severe brain injury arriving at UHCW. After discussions with the CCG and Specialist Commissioning, it has been agreed the patient will transfer to CERU until he/she is able to be transferred out. Currently there are no plans for exit to CERU but there is a unit available. The patient’s parents have been updated on the progress of the treatment. JaO pointed out this was the right pathway for this patient and she would like to look at this pathway and speak to UHCW regarding the 16-18 yr. age gaps.</p> <p>It is recognised that the pathway for 16-18 yr. olds is very difficult because units are unable to take them. Currently a unit is being worked on for children to be sent to the Pear’s Centre, Stratford. It was also recognised that CERU need to submit TRIDs more often.</p> <p>SG mentioned issues with RTD and confusion with calls. She has requested any issues with EMAS or WMAS be sent to her as TRIDs.</p>	
10	<p>Actions:</p> <p>Actions from Agenda:</p> <p>4a) PG to email TAAS data to SL.</p> <p>5a) SB to report IMR for never event, back to the next CETN Meeting and get data for CORTRACK scanning system.</p> <p>5b) JaO to go through mapping process with SB regarding the adolescent Pathway.</p> <p>5e) SG to inform SR/IM to ensure the RTD is aware the decision to accept/not accept is not their decision to make.</p> <p>5f) JaO to find out what the imaging issues are with NGH scanning images and bring back t next CETN Meeting.</p> <p>5g) JT to send SG, IM email communication and what issues need to be raised</p>	

	<p>with Bob Winter regarding Trauma Transfer and the nearest MTC.</p> <p>5h) SG to chase calls to RTD regarding TRID 1276.</p> <p>5i) SG /STB to find emails regarding TRID 1276.</p> <p>5j) JN to email PG details of the case of 50 yr. old male falling and cardiac arrest.</p> <p>5m) SB to find out what pathway to follow regarding Pegs.</p> <p>5o) SB to train KW on the TRIDs process.</p> <p>6) LT to request feedback from the ED Meetings at KGH, regarding M&M and will report back to Network.</p> <p>7) SG to send a list of priorities to the Network regarding Peer Review.</p> <p>8) SL to find out if the information on TQuINS is the same this year as last year.</p> <p>9a) STB to email out invites to the Network regarding booking Peer Review Visits.</p> <p>9b) ALL to send TRIDs regarding issues with EMAS or WMAS.</p> <p>9c) CERU to submit TRIDS more often.</p> <p>9d) SG to send out email inviting anyone to be a Reviewer for Peer Review.</p> <p>10) SG to distribute the notes from both Mass Casualty Event 7th March and Major Terrorist Attack Event 8th March to the Networks.</p> <p>11) SG to put details of Peer Review in a brief to be sent out to all Networks to help prepare for this year's Peer Review.</p>	
11	<p>Date, Time, Venue for next meeting: Wednesday 11th May 09:30-11:30 Meeting Room, 1a & 1b, CERU, Leamington Spa Hospital, Heathcote Road, Warwick, Warwickshire, CV34 6SR</p>	