Central England Trauma Network

Minutes of Governance Meeting
21st September 2016
CERU – Leamington Spa
Approved Minutes

Approved by Chair 11/10/16 Approved by Board: 23.11.16

Present:

Dave Gemmell	DG	Emergency Medicine Consultant	SWFT
Shaun Tracey	ST	Trauma Nurse	KGH
Nicola Dixon	ND	Major Trauma Therapy Lead	UHCW
Steve Littleson (minutes)	SL	Data analyst	MCC&TN
Sue Bleasdale (Chair)	SB	General Manager	CERU, SWFT
Karen Hodgkinson	KH	Major Trauma & Rehab Coordinator	BCH
Aimee Taylor	AT	Major Trauma Acute Coordinator	UHCW
Phillippa Gibbs	PG	Coventry Airbase Manager	TAAS
Shane Roberts	SR	Head of Clinical Practice, Trauma Management	WMAS

Apologies:

Tina Newton	TN	Consultant in Emergency Paediatric Medicine	BCH
Sharon Ryan	SR	TARN Coordinator	NGH
Tristan Dyer	TD	Consultant Emergency Department	NGH
Sarah Graham	SG	Service Improvement Facilitator	MCC&TN
Matthew Wyse	MW	Clinical Lead	UHCW
Linda Twohey	LT	Clinical Lead	KGH

No.	Item	ACTIONS
1	**Welcome and Introductions**	
2	**Apologies** The apologies were noted (see above).	
3	**Approval of Minutes** The minutes of the governance meeting held on 11th May and the business & data meeting held on the 8th June 2016 were approved as an accurate record with only minor alterations.	
4 i)	**Outstanding Actions from last meeting:** Transfer Audit presented by Dr Caroline Leech, UHCW. Presented network data showing 68 transfers to UHCW, and whether they were considered appropriate or could have been kept in the TU. CL felt it would be good for SWFT to look at their data. CL continued to present the cases that did not pass through their ED. CL highlighted that not all patients need transferring and that initial discussions with MTC colleagues would be an advantage particularly for elderly patients. CL mentioned that there is a couple of cases that need to be reviewed in more detail to establish if they should have been transferred to UHCW and whether an MRI should have been performed at the TU first. Further cases were discussed in respect of this. CL then showed the number of patients with a low ISS, this highlighted the need for better information about splenic injuries. The board agreed network guidance is required.	

	ACTION: Feedback on outstanding cases.	**CL**
	ACTION: Produce network guidance around splenic injuries	**CL & MW**
	ACTION: JN was asked to review the cases that went to SWFT and whether they were appropriate to be taken to an LEH. ***In the meeting today, DG eluded to there being cases that may not have been appropriate. Should be better now ePRF tablets in use***	**JN**
ii)	CL then presented the transfer times, some were particularly long. Again, we need to ensure patients receive proper care and management and where this will take place. CL highlighted that many of the patients did not require a hyper-acute transfer. The length of stay was indicated which were quite reasonable and most patients were not transferred back to TU's. It was highlighted that the hyper-acute policy needs more work around what constitutes a hyper-acute transfer, from both a clinical point and timing point of view, should they be a hyper-acute transfer for immediate intervention? Or a specialty to specialty transfer? CL feels that more patients could be kept at the TU's. CL/MW agreed to circulate the main bullet points of the tasks and the further work required.	
	ACTION: Current hyper-acute policy should be reviewed. MW tabling this discussion at the Tri-Network Forum in Oct. Jon Hulme (BBCH&WTN) is doing a piece of work about what network colleagues understand this term to mean. This will be in the form of a survey monkey on the network website	**MW, Network Office**
	ACTION: Explore the hypothesis that more patients could be kept at a TU	**CL & MW to review CETN transfer pathway UHCW**
iii)	TARN Award presented to UHCW who won joint first prize for their BOAST 4 work.	
	ACTION – SG asked for a Newsletter article. MW agreed to do this.	**MW**
5	**Review Current Network Related TRIDs (**remain open**)**	
	TRID 1094 – **Closed** due to being over a year old now. Transfer out of spinal unit for deteriorating patient that should have gone to local unit, but went back to original MTC. Has only happened once in 4yrs.	
	TRID 1276 – **Closed** due to not having definitive records about what was discussed regarding a transfer. New guidelines to be re-issued about using the RTD	
	TRID 1327 – SL to chase WMAS for an update.	**SL**
	TRID 1349 – **Closed**, as new guidelines about to reinforce all stage 3 triggers warrant an alert call.	
	TRID 1397 – Refusal by SWFT to accept S3 trigger. **Closed**, as decision supported by both PaQ and CETN network.	

	TRID 1400 - **Closed** due to not having definitive records about what was discussed regarding a transfer. New guidelines to be re-issued about using the RTD. All potential transfers to go via UHCW TTL, rather than individual specialties TRID 1412 – SL to send NHS No to AT to aid investigation into case where no MTCT undertaken on patient transferred out to QEHB TRID 1416 – ST gave an update from KGH on the missed fracture after presentation by AT. Investigation delay due to moving to a new PACS system, so will remain open TRID 1417 – Flows of neuro trauma from Worcs. **Closed** as a specific TRID. Separate meeting taking place between all parties from both networks involved. **ACTION: Move to B&D as an agenda item, as impact wide-ranging** TRID 1429 – Awaiting feedback from QEHB about the transfer of a patient with no spares for their tracheostomy, and no clear management plan / team documented TRID 1443 – Delayed transfer from NGH, as admitted to ward to avoid ED breach. Update from SL: Rib fractures with pneumothorax (ICD by NGH) and fractured toe. ISS 13, spent 3 days on UHCW ward. No operations or epidural recorded. Discharged home. No obvious impact on patient journey, so **closed** TRID 1452 – CT not fully reported on transfer to UHCW. Several TRIDs now recorded in the system about imaging issues at NGH. **Close** this specific TRID, but move to B&D as a new agenda item **ACTION: Move to B&D as an agenda item, to see how the network can support NGH adopt the CT guidelines** TRID 1454 – EMAS had to redirect a land crew from helicopter rendezvous. Had to then take-off and land UHCW. National issue due to category of transfers. Remain open and also move to B&D as EMAS transfer policy requested **ACTION: Add to B&D as an agenda item, to review the transfer guidelines** TRID 1455 – QEHB has refused 3 MT patients from within their network due to capacity in the last 3 months, all of whom required operations on arrival at other MTC's – 2 craniotomies - despite clear internal policy stating these patients would be accepted even if no beds. No notification to network by QEHB (as per their policy). Also poor recording of communication on NoRSE upon investigation	**SL (done)** **KGH** **SG** **RM** **SG** **SG** **KP**
6	**Feedback from M&M meetings** Nothing fed back from any Trust	
7	**Trauma Handbook Documentation for approval** Nothing tabled for consideration	
8 i)	**AOB** Whilst an NG tube not being a contraindication for admission to CERU, the preference would be for PEG placement before transfer. UHCW are planning a six month project involving Dietetics to try and improve the timeliness of the procedure.	 **ND**

ii)	Adolescent Pathway – BCH / UHCW / CERU working collaboratively to ensure there is a seamless pathway in place in the future. SB said the pathway is clearer but is more in-depth than originally envisaged, and there is still a piece of work that is ongoing around risk assessments and access to services. The Specialist Commissioners have undertaken a few quality reviews, and have been satisfied. An extension has just been put in to allow the continuing treatment of the patient already there. **ACTION: The can be removed as a governance item, and the pathway itself moved over to business and data, as a standing agenda item.**	**SG**
iii)	EMAS should only be using the WMAS RTD to help facilitate transfers, but the desk is noticing some 'creep', in that they are fielding more primary calls for advice. **ACTION: Reinforce with EMAS what the WMAS RTD is to be used for**	**SR**
iv)	SR requesting some clarification on "hyper-acute" transfers to help aid the RTD **ACTION: Feedback to RTD after the tri-network meeting in Oct, where MW is tabling**	**SG**
v)	SB said CERU is looking at its bed numbers. It is not envisaged that this would impact on the CE trauma network, but rather out-of-area Trusts **ACTION: Business case developments to be discussed as part of B&D CERU section**	**SB**
vi)	ND informed the board Maggie is going on Mat Leave from UHCW. Internal business case to ensure continuity. The Trusts nurse lead is also leaving	
9	**Date, Time, Venue of next meetings (all 9:30 – 11:30):** **Wednesday 12th October –** Tri Trauma Network Clinical Forum, Meeting Room Crown House, 123 Hagley Road, Birmingham, B16 8LD **Wednesday 23rd November –** Governance Meeting, Seminar Room ICU Floor, Foundation Wing, Kettering Hospital, NN16 8UZ	