



# North West Midlands and North Wales Trauma Network Governance Meeting

12<sup>th</sup> May 2016 at 10.00-12.00  
Wrexham Maelor Hospital

Reviewed by Chair:

Approved by Board:

## Present:

Sue O'Keeffe (Chair)	SO'K	Network Manager	N. Wales CC&T Network
Adrian Vreede	AV	Operations Manager	SATH
Rob Perry	RP	Consultant in Emergency Medicine & ED Lead Clinician	BCUHB-Bangor
Alex Ball	AB	Consultant in Rehabilitation Medicine/Network Rehab Lead	UHNM-Haywood
Sarah Graham (mins)	SG	Service Improvement Facilitator	MCC&TN
Shane Roberts	SR	Head of Clinical Practice, Trauma Management	WMAS
Mark Anderton	MA	Consultant in Emergency Medicine & ED Lead Clinician	BCUHB-Glan Clwyd
Kay Newport	KN	Joint MTS Coordinator	BCH
David Rawlinson	DR	EMRTS - Clinical Informatics Manager	EMRTS
Ash Basu	ABa	Consultant in Emergency Medicine & ED Lead Clinician	BCUHB – Wrexham

## Apologies:

Dianne Lloyd	DL	Therapy Clinical Director	SATH
John Glen	JG	Consultant in Anaesthetics, ICU	BCUHB-Glan Clwyd
Mark Brown	MB	Consultant in Orthopaedics (Spines)	UHNM-RSUH
Paul Knowles	PK	Consultant in Emergency Medicine	MCHT
Sarah Coombes	SC	Head of Integrated Governance	MCHT
Simon Davies	SD	Major Trauma Coordinator	UHNM-RSUH
Richard Hall	RH	ED Consultant	UHNM-RSUH
Clare Bosanko	CBo	Consultant in Emergency Medicine	UHNM-RSUH
Clive Bezzina	CB	Consultant in Rehabilitation Medicine	UHNS-Haywood
Daniella Fairhead	DF	Service Manager, Major Trauma	UHNM-RSUH
Simon Shaw	SS	Consultant Neurosurgeon	UHNM-RSUH
Tina Newton	TN	Consultant in Emergency Paediatric Medicine	BCH
Trudi Massey	TM	Rehabilitation Coordinator and Specialist Nurse	UHNM-RSUH
Joy Choudrey	JC	Consultant Surgeon - Spinal Injuries	RJAH
Amanda Walshaw	AW	Trauma Nurse	SATH
Karl Hughes	KH	Clinical Team Leader WAST	WAST
Dindi Gill	DG	Clinical Lead – Joint role	WALES
Graham Spencer	GS	NWAS/Earnswood Med. Centre Crewe & CSI Basics- GP & Chairman	NWAS
Tom Blyth	TB	Consultant in Emergency Medicine	SATH

1	<b>Welcome and Introductions</b>	<b>ACTIONS</b>
2	<b>Apologies</b> SOK welcomed everybody to the meeting. The apologies were noted (see above).	
3	<b>Approval of Previous Minutes 7.1.16</b> The minutes were approved as an accurate record.	

4	<p><b>Outstanding Actions from previous Meeting</b></p> <p>1) The study day has now passed no does not need following up.</p> <p>6) Patient and Carer Survey at the MTC to enable feedback – SOK is working with DF at the MTC to establish what system they current use. SOK mentioned Wales units use the Intensive Care Society questionnaire. SOK feels that more needs to be done around post discharge feedback. AB mentioned the PROM's process that the MTC is involved with. DR has also been involved in this and provided some feedback. SOK would like feedback from the Welsh patients about the service e.g. issues/comments around travelling to Stoke as well as patient reported outcomes. AB feels units will have to do this on an individual basis, but agreed it would be beneficial, but with the short time scale we would need to do this through the Summer.</p> <p><b>ACTION – SOK to work on the questionnaire/survey with the MTC.</b></p> <p><b>ACTION – AB to request informal patient feedback from MTC patients.</b></p> <p>7) JO to re-circulate the open fracture document with version controls – not done. SOK to send SG the most recent version she has which includes some amendments from Mr Mark Brown.</p> <p><b>ACTION – SOK to send SG the open fractures guideline document.</b></p> <p>8e) EF to check the phone numbers in Resus at RSUH – complete no further problems noted.</p> <p>4.4a) <b>Refer a patient – ACTION - this will require further update from DF.</b></p> <p>8a) Lyoplas – DR provided an update on the clinical communications brief that has been circulated. Not many patients have needed this to date.</p>	<p>SOK</p> <p>SOK</p> <p>DF</p>
5	<p><b>Review current Network related TRIDs</b></p> <p>1) TRID 1234 – SG mentioned there continues to be issues around RSI capabilities on NWAA aircrafts. The last meeting with North West Air Ambulance (NWAA) was 20<sup>th</sup> August 2015. It was reported that they were waiting for their new medical director to be in post and would address the issues raised with him. SG mentioned that Prof. Keith Porter has telephoned Darren Walter to establish if there were any updates. No further correspondence has been received, SG feels that we should organise another meeting to address the outstanding issues. SOK agreed a further meeting is required.</p> <p><b>ACTION – SG to arrange a further meeting with NWAA.</b></p> <p>2) TRID 1260 – ABa provided an update around the Radiology reporting issues, and that contacts and a pathway are now in place that will improve the process. Close.</p> <p>3) TRID 1350 – RP said the NICE guidelines cover these type of patients and that they should go to an MTC, this needs to be checked. SR said that the specialty treatment pathways will be discussed at the next PAQ meeting. ABa mentioned that there is a BOAST 4 update due to be published imminently; we will need to review for new updates that may reflect the current issues. SOK mentioned that, for North Wales, isolated Maxillofacial patients should be directed to Glan Clwyd. AV said he would discuss this with his clinical lead for RSH.</p> <p><b>ACTION – SR to check BOAST 4 update when it is out, for any changes</b></p> <p><b>ACTION – AV to address the issues with the trauma team at SATH</b></p> <p><b>ACTION – SR to take RSUH's guidance to PAQ in May.</b></p> <p>4) Incident update – (not yet recorded on TRID) SOK mentioned an incident that took</p>	<p>SG</p> <p>SG/ABa AV SR</p>

	<p>place at RSUH recently. There were 2 Aircraft related issues. Bristow's are unable to land the aircraft at the primary site at RSUH and were sent via the Air Desk to the wrong secondary site thus causing further confusion. SOK has been requesting for months to get Bristows to do a site survey, without satisfaction. EMAS then landed at RSUH without prior alert to pick up the Doctor who as on the first Aircraft. All this will be dealt with via the TRID reporting process.</p>	
6	<p><b>Presenting Audits, research, posters</b></p> <p>SOK presented a Preliminary Timelines Audit that was worked up by Steve Littleton using North Wales TARN data.</p> <p>Each unit provided feedback about the findings and identified subsequent <b>actions</b>:</p> <ol style="list-style-type: none"> <li>1. Wrexham are reviewing the gaps that have been as a result of the lack of TARN Coordinator input.</li> <li>2. MA felt it did bring up some further questions and that this would involve certain cases being looked at in more detail. He felt that the 'CT's need to be checked.</li> <li>3. All agreed that the cases need to include the day, time of day.</li> <li>4. ABa mentioned that a medical trainee colleague at Wrexham has been doing some work too, and that it would be good idea for his data to be linked with that produce by SL.</li> <li>5. RP would like to review the 'Consultant' section to see if this has been entered correctly.</li> <li>6. Can the time ambulance was booked for transfer to MTC be added?</li> <li>7. DR said that EMRTS are doing some work with all their data e.g. time to scene.</li> <li>8. All agreed that the 'Outcomes' would be beneficial, ask SL if he can include. This could help establish good and sub optimal practice.</li> <li>9. MA mentioned that this information is usually addressed at their STAG meetings. It was discussed if we should continue to review this data in the Network Board meetings too. It was agreed that at the moment it may be beneficial to do it in conjunction.</li> <li>10. Further discussions were had around what further data would be required and the timelines and whether there should be some overlap as mentioned by MA.</li> <li>11. Ongoing data should include Shrewsbury and Leighton.</li> <li>12. SOK will discuss this with SL.</li> </ol>	<p><b>AB</b></p> <p><b>MA</b></p> <p><b>SOK/SL</b></p> <p><b>ABa</b></p> <p><b>RP</b></p> <p><b>SOK/SL</b></p> <p><b>SOK/SL</b></p> <p><b>SL</b></p> <p><b>SOK</b></p>
7	<p><b>Trauma Handbook Documentation Approval</b></p> <p>1. Draft open fracture guidelines – these were discussed at the last Governance meeting where it was noted that further work would be required in terms of version control, pages numbers and authorship.</p> <p>MA mentioned a document that addresses 'secure' communications and the problems this could cause when sending data/information/pictures between with the internet but especially between Wales and England. DR mentioned that EMRTS are also developing a SOP too.</p> <p>2. ABa mentioned a system Queen Elizabeth Hospital use; ABa will circulate.</p> <p>SG mentioned the concerns about the Trauma Handbook and the amount of time and effort it is taking to pull together especially as this is really only because it is a standard for peer review. All agreed it would be more beneficial to have one document on the MCC&amp;TN website which hyperlinks to national /NICE guidance etc rather than a lengthy manual.</p>	<p><b>SG</b></p> <p><b>ABa</b></p>
8	<p><b>AOB</b></p> <p>1. Helimed 61 Status Report – DR presented a paper written by Dr John Glen, EMRTS</p>	

	<p>Doctor but also Clinical Lead for HM61; EMRTS are addressing both short term and medium terms goals. HM61 is based in Caernarfon but is not currently under the auspices of EMRTS which has lead to an inequity of service across Wales. EMRTS/HM61 have work to do around staffing, out of date equipment etc. for the Caernarfon base. They will be undertaking a service evaluation of unmet need by the end of July. EMRTS are now hosted by new Commissioners and are doing a business case around further expansion both for a 24/7 service and for the Caernarfon base. EMRTS would welcome Network feedback. SOK said there really is need for more equity across Wales.</p> <p>2. WS figures and Care Closer to Home – SOK fed back about the work SL has done to identify that the TU's are getting the credit for the patient outcomes of patients transferred to the MTC's. This has been addressed on a national level with Prof. Chris Moran, who has communicated it to TARN; they will be re-evaluating their reporting methods.</p> <p>3. Peer Review Update – provided by SG, all [English] TU visits are booked other than NGH and Russell's Hall. SG continues to provide correspondence to the network, keeping them up to date of developments. SG has circulated an email requesting reviewers for the TU visits and whether they require training, which the Network can provide. SOK mentioned that the Welsh units asked to be reviewed and this will be done after the English reviews are complete, they will be reviewed against the English TQUIN standards.</p> <p>4. Acute Rehabilitation Trauma Unit (ARTU) - AB mentioned that the unit is opening on Monday and provided details on the numbers / types of beds and the types of patients that would go to the unit.</p> <p>5. Critical Care Network update – SOK mentioned that the CCN will cease to be hosted by BCU on the 1.7.16. KP supported SOK and wrote to the WG to highlight the risks to the Trauma Network. SOK confirmed that trauma will now be included in the new merger.</p>	
9	<p><b>ACTIONS:</b></p> <p>4.6) SOK to work on the questionnaire/survey with the MTC.</p> <p>4.6) AB to request informal patient feedback from MTC patients.</p> <p>4.7) SOK to send SG the open fractures guideline document.</p> <p>4.4a) DF to update Governance meeting re 'Refer a Patient at the next meeting</p> <p>5.1) SG to arrange a further meeting with NWAA.</p> <p>5.3) SR to check BOAST 4 update, when it is out, for any changes</p> <p>5.3) AV to address the issues with the trauma team at SATH</p> <p>5.3) SR to take RSUH's guidance to PAQ in May.</p> <p>6.1) ABa to review audit information to 'fill in the gaps'</p> <p>6.2 MA to review audit information to review 'time to CT' or 'time of reporting'</p> <p>6.3) SOK/SL to split audit by time of day/night</p> <p>6.4 ABa to liaise with trainee to link internal audit information with this preliminary audit</p> <p>6.5 RP to review audit information to look at 'time S/B Consultant</p> <p>6.6 SOK/SL to assess whether it is feasible to add in 'time ambulance requested for transfer to MTC'</p> <p>6.8 SOK/SL to link information to patient outcomes</p> <p>6.11 SOK/SL to add in RSH and Leighton.</p> <p>6.12 SOK to discuss with SL what, in terms of numbers, is feasible to audit.</p>	



	<b>7.1 SG to add in version numbers as well as page numbers to Draft Open Fractures Guidelines then add to next agenda for discussion and sign off.</b> <b>7.2 ABa to circulate App for secure image transfer</b>	
10	<b>Date, Time, Venue of next meeting</b> Business/Data: 16 <sup>th</sup> June 2016, RJAH, 10-12.	

DRAFT