

North West Midlands and North Wales Trauma Network Governance Meeting
Thursday 10th November 2016
10.00am - 13.00pm
Wrexham Maelor Hospital
 Approved Minutes

Present:

Sue O’Keeffe (Chair)	SOK	Network Manager	N. Wales CC&T Network
Adrian Vreede	AV	Operations Manager	SaTH
Alex Ball	AB	Rehab Lead	UHNM
Mark Brown	MB	Consultant in Orthopaedics (Spines)	UHNM-RSUH
Paul Knowles	PK	Consultant in Emergency Medicine	MCHFT
Sarah Graham	SG	SIF	MCCTN
Shane Roberts	SH	Head of Clinical Practice - Trauma Management	WMAS
Simon Davies	SD	Major Trauma Nurse Specialist	UHNM
Simon Shaw	SS	Neurosurgeon, MTC Lead	UHNM
Ash Basu	AB	Consultant in Emergency Medicine	Wrexham Maelor
Rob Perry	RP	Consultant in Emergency Meds & ED Lead Clinician	BCUHB-Bangor
Mark Anderton	MA	Emergency Medicine Consultant	Glan Clywd
Jo Williams		Planning Manager – Visitor, in attendance.	Welsh Health Collabora

Apologies:

Tom Blythe	TB	Trauma Lead	SaTH
Sarah Tudor-Ansell	STA	Rehab Co-ordinator	UHNM
Richard Hall	RH	EM Consultant	UHNM
Mark Knights	MK	Anaesthetic Consultant	BCUHB
Mike Greenway	MG	TRA	UHNM
David Luke	DL	General Surgery	UHNM
Doug Mobley	DM	Data Analyst	UHNM
Kay Newport	KN	Trauma Coordinator	BCH
Karen Hodgkinson	KH	Trauma Coordinator	BCH
Alex Chesworth	AC	TARN Data Co-ordinator	UHNM
Al Mountain	AM	Consultant	UHNM
Alison Lamb	AL	Consultant Nurse	RJAH
Amanda Walshaw	AW	Therapies	SATH
Ellie Fairhead	EF	Major Trauma Service Manager	SATH
Graeme Spencer	GS	NWAS North West Ambulance Service / Earnswood Medical Centre Crewe and CSI Basics- GP & Chairmar	SCCCG
Jonathan Dwyer	JD	T&O Surgeon	UHNM
Trudie Massey	TM	Trauma Rehabilitation coordinator	SSTOP
Dianne Lloyd	DLI	Manager Outpatients	Shrewsbury
Tina Newton	TN	Emergency Medicine Consultant	BCH
Verity Lockett	VL	Service Manager	Leighton
David Rawlinson	DR	Medic	EMRTS

1	Welcome and Introductions
2	Apologies The apologies were noted (see above).
3	Approval of Previous Minutes 10.11.16 The minutes were approved as an accurate record.
4	Outstanding Actions from previous Meeting

4.6) SOK to work on the questionnaire/survey with the MTC SOK notified the group that has been informed by Information Governance that she is unable to contact patients once they have left the hospital setting, as it breaches IG laws. SOK is considering other options e.g. hospital doctors /nurses handing out letters before they leave the hospital.

4.6) AB to request informal patient feedback from MTC patients. AB said this will work in tandem with the above and with PROMs.

4.4a) DF to update Governance meeting re 'Refer a Patient' at the next meeting. Ongoing.

5.1) SG to arrange a further meeting with NWAA. PK mentioned a meeting taking place with NWAA and the North West Network as they are also having issues to resolve. PK will chase colleagues with the outcome of the meeting.

6.1) – 6.12) Review audit information – for discussion at the meeting today.

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. SG ongoing, to bring to next meeting. For discussion today 10.11.16.

8.3) Peer Review of North Wales Units. SG working with SOK to establish some dates and the process required. Complete, for discussion today 10.11.16.

5 1. TRIDs- new case presented by Dr Ash Basu, Wrexham Maelor Hospital

AB provided the Board with details of the case details and background. There were issues with IEP Image transfer, the patient was accepted but not transferred due to the lack of beds. The patient has been left with significant neurological deficit from a spinal injury. There appears to be a theme around the IEP issue and after some investigation it appears that it is highly likely to be a personnel issue rather than a technical issue. AB and colleagues agreed to record and TRID any further incidents to identify who may be the personnel involved and offer further training. The Board asked SL to run a TRID IEP themed report.

2. TRID database update - Information will be copied directly onto the database

1467 – the Board discussed the case and agreed there was nothing more to gain from keeping this open. Close. It was noted that Roger Jones has now left NWAS, PK will find out who is taking over.

1422 – Issue 1: SS felt that this was not an urgent neuro case. Issue 2: This has been sorted with better communication but SS felt it could have been sorted a lot sooner with a simple telephone call to the neuro registrar. Issue 3: SS felt that bed pressures are immense and that we need to be mindful of the different types of urgency with these types of cases. This has not happened since, happy for this to be closed.

1388 – Initial meeting with Bristow took place, the current primary landing site at UHNM is not viable therefore UHNM are reviewing new secondary landing sites. Leave open until this is confirmed.

1385 – As above. Leave open until this is confirmed.

3. TRID Trend Report – Cardiothoracic theme.

1471 – SOK provided some background information and said that this has been dealt with with some high-level discussions.

1407 – This case was discussed at UHNM Governance Meeting, the consultant does not agree with the details in the TRID report, however he had only made notes on a 'scrap of paper' therefore unable to provide any other evidence/notes. UHNM are now developing a database to fully document communication of these cases in the future.

1403 – This again comes down to interaction between staff, Cardiothoracics are taking time to

	<p>agree that chest trauma falls under their remit, however the thoracic team do. They are having another meeting at the end of November to reinforce the message.</p> <p>1382 – This will be sorted out with the database.</p>
6	<p>Presenting Audits, Research and Posters</p> <ol style="list-style-type: none"> 1. SR mentioned the Revive Project from the European Transport Safety Council. They are circulating a questionnaire to pre-hospital providers, SR asked network colleagues if they would provide some feedback if he circulated it to them. The focus will be on identifying further research. 2. Clinical Frailty Scales – AB mentioned the paper they are preparing for publication. 3. NWM&NW Transfer timelines data 2016 – SOK presented the data developed by SL. This shows some good practice, SOK would like each unit to review their data and identify any further improvements to be made. Ask SL to replicate in 6 months' time. Let SOK know if there is anything they wish to add.
7	<p>Business Section</p> <ol style="list-style-type: none"> 1. Terms of Reference – SOK has revised the current ToR that were not fit for purpose, further amendments required and will email out for approval. 2. Chair of NWM&NW Trauma Network Board – PK agreed to continue until March 2016. It was agreed that the next Chair will be from North Wales; Mark Anderton tentatively offered but will discuss with AB and RP. 3. Feedback from North Wales TU Peer Review – SG provided feedback, the excellent engagement and high level evidence provided. SG reported that the panel were especially impressed with the documentation and presentation from YGC. She then highlighted the serious concerns identified and that the notification letter has been sent to the CEO of the Health Board, who has 20 working days to respond. Draft reports are being written. SG mentioned that she will be discussing the 2017 process at the PaQ meeting in November and will feedback to each Network Board of the decisions made.
8	<p>AOB</p> <ol style="list-style-type: none"> 1. UHNM rib fixation to stabilise a flail chest – SOK presented the current flowchart and discrepancies found within it, she had drafted it based on Mr Ghosh's PowerPoint presentation. The Board agreed they want the Stoke information developed into a flow chart and to remove the Sheffield flow chart, whilst continuing to try and obtain feedback from Mr Ghosh. 2. SATH reconfiguration – PK and AV provided an update of the communications between the network office, Prof Keith Porter and Debbie Vogler who has requested the networks view on the reconfiguration. After further discussions PK agreed to send the response to Debbie. 3. Open Fractures guidelines v2. SG presented the revised version, but there are still some amendments to be made, SOK asked that comments are sent to SG by 18.11.16 4. Wrexham Maelor Helipad update – AB mentioned that their helipad is out of commission until further notice as it has been deemed too close to residential areas. There is a temporary landing site but this is a distance away from the hospital. A task and finish group are tasked with establishing a permanent secondary landing site. 5. Video conferencing – RP asked that we continue to establish video conferencing links for future

	<p>meetings.</p> <p>6. UHNM update – SS mentioned that UHNM have a new Chief Executive and a new Chief Operating Officer in place, there is a lot of management changes taking place and a lot of stress in the A&E Department with changes to current working patterns, staff are upset and sickness is high. They are going to lose over 200 community beds by January which will lead to huge problems discharging patients.</p> <p>Jo Williams thanked the Board for allowing her to attend the meeting – she felt the learning was invaluable.</p> <p>SOK thanked everybody as this will be her last meeting a Chair as the new ToR are enacted.</p>
9	<p>Date, Time, Venue of next meeting Bus/Data Thursday 8th December, 10:00-12:00, Room DTCIM 156, Lower Ground Floor, UHNM, Newcastle Road, Stoke-on-Trent, ST4 6QG</p>

ACTIONS CHECKLIST

Actions from meeting 10.11.16	
5.1 The Board asked SL to run a TRID IEP themed report.	SL
5.2 It was noted that Roger Jones has now left NWAS, PK will find out who is taking over.	PK
6.3 NWM&NW Transfer timelines data 2016 – a) each unit to review their data and identify any further improvements to be made. B) Ask SL to replicate in 6 months’ time. C) Let SOK know if there is anything they wish to add.	Units/SL
7.1 ToR – SOK to add further amendments and re circulate via email.	SOK
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