Birmingham, Black Country, Hereford & Worcester Trauma Network

Network Meeting

Wednesday 6th July 2016, 13:30 – 16:30

Meeting Room 4th Floor, Kings House, 127 Hagley Road, Birmingham B16 8LD

Approved

Attendees:

Jon Hulme - Chair	JHu	Consultant - Intensive Care Medicine/Anaesthetics	SWBH
Alastair Marsh	AM	Consultant Orthopaedic Surgeon	DGH
Daniel O' Carroll	DO	Consultant in Emergency Medicine	WALSALL
Sarah Graham	SG	Service Improvement Facilitator	MCC&TN
Diba Shariat	DS	Consultant Rehabilitation Medicine	BHCH
Janet Hallam	JHa	Physiotherapy Lead	UHB
Shane Roberts	SR	Head of Clinical Practice	WMAS
Nick Turley	NT	Trauma lead A+E	WORCS
Steve Littleson	SL	Network Data Analyst	MCC&TN
Hema Patel	HP	Consultant in Emergency Medicine	SWBH
Adrian Simons	AS	Consultant Orthopaedic Surgeon	RWH
Steve Goodyear	SGo	Consultant Vascular Surgeon	Worcs Royal
Randeep Kular	RK	Head of Operation Development & Delivery	Worcs AT

Apologies:

Nicola Bartlett	NB	MTS Manager	UHB
Justine Lee	JL	Consultant in Emergency Medicine	UHB
Zacc Falope	ZF	Consultant in Rehabilitation Medicine	BCHC
Keith Porter	KP	Professor of Clinical Traumatology	UHB
Abdul Jalil	AJ	Trauma Lead – Worcester Alex	ALEX
Azam Majeed	AMJ	Director of Emergency Medicine- Ultrasound	UHB
David Raven	DR	Birmingham Heartlands Hospital ED Lead	HEFT
Ian Roberts	IR	RTD/MERIT Support Officer WMAS	WMAS
Vandana Kalia	VK	Clinical Effectiveness Projects Facilitator	SWBH
Angela Himsworth	AH	Nurse Lead	MCC&TN
Anne Preece	AP	Neurosurgery Nurse	UHB
Karen Hodgkinson	KH	MTC Coordinator	BCH
Peter Burdett-Smith	PBS	Consultant – Emergency Medicine	WVT
Mark Dawes	MD	Emergency Medicine - Advanced	RWH
Jane Wallace	JW	Trauma Nurse Practitioner	UHB
Alison Lamb	AL	Consultant Nurse	RJAH
Rivie Mayele	RV	MTC Administrator	UHB
Martin Beard	MB	Surgical Care Practitioner	SWBH
Tom Clare	TC	Trauma & Orthopaedic Consultant	Dudley
Kay Newport	KN	MTC Coordinator	BCH
Wendy Worth	WW		RWH
Cliona Mcgee	CM	Consultant in Emergency Medicine	SWBH

Item	Description
1	Welcome and Introductions
2	Apologies
3	Minutes of previous meeting: 18.5.16. Slight amendments made then approved.
4	Outstanding actions from previous minutes – see last page for actions list.
5	**Governance** Network TRID Presentations/discussions: 1. TRID 1394 (linked with TRID 1384) – AS provided background about the case and the discussions held at their governance meeting. Consultant involvement has been addressed and are working on some standardised paperwork and that it is completed properly. Some units are using trauma proformas but this needs to be driven by Emergency Department staff. Further discussions about CT's not identifying PEGs. It was agreed that the main issues around this case were a) lack of documentation and b) lack of proper assessment. Full details are reported on the TRID. Close when information sent to reporting site. 2. TRID 1392 – JHu provided the board with the background to the case, the account of the discussions held with the MTC, summary of advice and details of the transfer. The board discussed the case at length and went onto discuss the further actions required, these included: • Reviewing the gap on the CTC rota • Confirming who provided the that the patient was 'unsurvivable' from QEHB, was it a Neurosurgeon? As the message differed from the plan of treatment provided on the NORSe system. • RTD unable to make contact with the CTC on call • SWBH unable to make contact with the CTC on call • UHB protocol says they will TRID any issues, advice not followed. This was picked up after another TRID was discussed where this didn't take place. • It took over 2 hours to receive a reply from NORSe, TU's must have quicker responses from the neurosurgeons – TO CONFORM WITH CURRENT STATED INTENTIONS IE. IMMEDIATE TRANSFER FOR OPERATIVE CASES & END OF LIFE MANAGEMENT IF STATES THAT IT IS AN UNSURVIVABLE INJURY (AS BELOW). ALSO, THAT TU LEADS WILL ENACT THE HYPERACUTE TRANSFER FOR CRITICAL INJURY AS PER EXISTING PLANS (FOR NEURO & NON-NEURO TRAUMA) • Send the presentation to KP and AM. • AM agreed to address the issue about the 'decisions' made with the neurosurgeons. • Collective approach to delayed transfers into neurosurgery. JH presented the Regional Transfers into Neurosurgery protocol from QEHB that shows the admission criteria. JH presented the Head Injury Data – patients AIS 4+. The HI patients do not appear to go straight to QEHB MTC like the other MTC's in the Network, transfers into the QEHB MTC take longer for all trauma. SL reiterated the system used in the other MTC's

	where it works on a Send and Call rather than the other way around. They take the patient and any issues are dealt with afterwards. JH confirmed that had a hot debrief at Sandwell Hospital following the incident. JH asked his fellow TU colleagues how they interpret the hyperacute policy. They all agreed it was not a referral request and therefore it should be call and send without debate and they often have problems getting these patients into the MTC. The TU's felt strongly that the hyperacute policy is adhered to by the MTC. AM agreed that the TU's must TRID all similar cases so we can get an accurate picture of the problem and so that it can be investigated appropriately. It was agreed that if the MTC is not able to take the patient when they are having capacity problems that it is up to them to contact the other centres. JH pointed out that at the M&M meeting recently it was stated that the CTC is the point of contact for advice and all calls should go via the RTD. These details will be reported on the TRID including the outcomes of the actions. 3. TRID 1348 – NT presented the details of the case, they were extremely worried about the blood loss and that the patient needed definitive care. The problem is that HoEFT is also a TU and really the crew should have gone through the RTD and they would probably have recommended the patient go to the MTC. The trust will ensure there colleagues are working in line with current protocol. The actions and outcomes of the discussions held internally will be detailed on the TRID. 4. SR mentioned another case not yet TRID reported. This was an incident between City hospital and QEHB. The crew didn't do a full proper assessment. A second crew were requested, during this time the plan was to take him to City hospital, where he complained of neck pain, he was reviewed in ED where there were concerns around his change in his observations. ED asked for disposable head blocks and a short time later the recalled to WMAS as the patient was diagnosed with C Spine fractures. This case was not relayed or triaged as trauma.
	Business Updates:
6a	Paediatrics – Deferred to next meeting as there was no representation from BCH.
6b	Spinal Injuries – No representation from Oswestry, however JHa & SG provided feedback from the telecall meeting that includes representatives from the MTC's, Oswestry & the Network. UHCW are sharing their training information with the QEHB, there is some work to develop a specific transfer policy for spinal patients, Oswestry are building a business case for commissioners around the development of a retrieval service. Other topics discussed were around care of the ventilated patient, spinal skills audit.
6c	Ambulance Services – SR mentioned that they had a CQC visit last week. The ePRF role out is going well.

6d	Rehabilitation and Repatriation – JHa mentioned the new sections on TARN that MTC's are being asked to collect data about, some areas will be very difficult to collect especially around rehabilitation, there are concerns about how/who will collect this information. On the whole it has not been communicated well. SL agreed it is complex enough for trained specialities to complete the rehabilitation data so the TARN clerks will struggle to do this. JH said they will struggle to complete this data at the moment and will need to work with their therapy staff.
6e	Network 1. SG updated everyone about the office move that will take place around the first week in August. We will be scoping meeting room facilities as the meeting rooms at Yardley Court are too small for network boards and there is no parking, colleagues felt this was an issue when trying to get to meetings. 2. Peer Review – SG thanked everyone for sorting out the dates, meeting rooms etc. Further details will be sent out to confirm all the necessary arrangements and if anyone wants to be a reviewer to contact SG who will offer some training if possible. 3. Exercise Alcazar – SG and SR briefly explained the meeting that took place on the 29th June in Leicester, this was to work through the draft concept of operations for the NHS England and East. Looking at the health economy as a whole, understanding the roles and responsibilities of the CCG's, Command and Control, Trusts, Networks etc. There are still a number of issues to sort out before they can circulate the document.
6f	MTC Feedback - nil to address
6g	TU's Feedback 1. Worcester – they are undergoing some service redesign which may impact TU work, they are handling this at the moment and there should still be 2 TU's when Peer Review takes place. SL mentioned the TU data requirements of 3 themed reports. Some units had problems as they could not upload 3 separate documents, they had to be stitched together. SL has done this for all the TU's and will load them onto TQuINS. SL also mentioned that it is a requirement for TARN data to be discussed with the networks but as the deadline has passed he has circulated the data and encourages feedback via email. RK suggested having webinars, it was agreed that SL would circulate the data and units will request a webinar if needed.
7	**AOB** 1. SL paid tribute to the fact that the Alexandra and Worcester units have all hit 100% data completeness, which has never happened before in this network.
8	**Date of next meeting:** Wed 28th September, 13:30-16:30, venue to be confirmed.
	Outstanding actions by date From meeting on 16.3.16 1. Patients being taken to Sandwell / City / QEHB. KP previously mentioned that there has been cases taken to QEHB (as a TU) rather than Sandwell and that this is causing problems with access to Social Services in other commissioning areas. KP previously mentioned that Andrew McKeirgan is looking into this. SR mentioned that the crews will go to the nearest hospital based on their GPS system, unless there is a specialist pathway involved. SR stated that if this

	needs to change it will need to be agreed by the commissioners. SL provided a review of the data he did when the City informed us of their TU status changing. SL said that the new data shows that most cases are for orthopaedics and that the numbers are like what we thought they would be. From meeting on 18.5.16 **2.** QE are using a NORSe type system for Hand referrals: AM said they are rolling this out network-wide for all on-line type referrals. AS felt there are still problems with NORSe and improvements are still required in order to make it work better for the TU's e.g. the login for referrals. AM mentioned the generic login used by Russell's Hall that works extremely well, AS said he would discuss this again with RWH, the network offered to provide support on this matter if required. SL mentioned the Share facility on NORSe that can be reviewed by any consultant no matter who initiates the referral**. Action: SG to chase Graham Flint about the changes requested at the board meeting.** **3.** Open fractures of patients who had motorcycle accidents. Are they being under-triaged? SR agreed to put out a notice to crews to be more aware of motorcycle injuries and a better appreciation of the 'speed' at which these vehicles travel. SL did provide some data on the lower limb open fractures, only 3 were motorcycle incidents. Again it reiterated that if units feel patients are being under triaged they should notify the trauma desk as soon as reasonably possible and TRID. **Action: SL agreed to find out the numbers involved and if they were appropriately triaged.** **4.** Arrange Network M&M meeting at Walsall Manor Hospital. **SG to arrange with DOC.** **5.** Improving engagement at board meetings. Further discussions were had. AM said that we need to ensure the Leads are given the PA session that is part of the Peer Review standards. **Action – SG to contact TU non attendees.** From this meeting 6th July: 1. Review the actions from today's TRID discussions.