Trauma Performance & Quality Group
22nd February 2017
Meeting Room, Crown House, 123 Hagley Road, Birmingham
Approved Minutes

Approved by Chair: 6.3.17

Tina Newton (Chair)	TN	Consultant Emergency Medicine - Paediatrics	BCH
Richard Hall	RH	Consultant in Emergency Medicine	UHNM
Professor Keith Porter	KP	Professor of Clinical Traumatology	QEHB
Sarah Graham (mins)	SG	Services Improvement Facilitator	MCC&TN
Steve Littleson	SL	Network Data Analyst	MCC&TN
Shane Roberts	SR	Head of Clinical Practice	WMAS
Nicola Dixon	ND	Major Trauma Service Therapy Lead	UHCW
Simon Davies	SD	Major Trauma Coordinator	UHNM
Sue O'Keeffe T/C	SOK	Network Manager (CC & Trauma)	WALES
Matthew Wyse T/C	MW	Clinical Lead for Major Trauma	UHCW

Apologies:

Alex Ball	AB	Consultant in Rehabilitation Medicine	UHNM
John Hare	JH	Clinical Lead – Trauma/CETN Chair	NGH
Ellie Fairhead	EF	Major Trauma Service Manager	UHNM
Karen Hodgkinson	KH	Joint Coordinator	BCH
Paul Knowles	PK	Consultant in Emergency Medicine	MCHT
Jon Hulme	JHu	Consultant Anaesthetist	MERIT
Sarah Griffiths	SGrif	Paediatric Consultant	PCCN
Tracey Harpur	TH	Deputy Service Manager	QEHB
Becky Steele	BS	Manager	WMAS
Angela Himsworth	AH	Acting Network Manager	MCC&TN
Kay Newport	KN	MTC Coordinator	BCH
Rivie Mayele	RM	MTC Administrator	QEHB
Nicky Bartlett	NB	General Manager	QEHB
Simon Shaw	SS	Consultant Neurosurgeon	UHNM
Ian Mursell	IM	Consultant Paramedic	EMAS
Aimee Taylor	AT	Rehabilitation Coordinator	UHCW

1. Welcome and Introductions – Chaired by Dr Tina Newton	
2. Apologies (see above)	
3. Approval of Minutes: 13.12.16 approved as an accurate representation of the meeting	
4. Outstanding Actions: Please go to last page for the list.	
5. New Items: 1) Welcome new Regional Trauma Lead – the group welcomed Dr Tina Newton as the new Regional Major Trauma Network Lead and Chair of the PaQ Board, which she will hold for a period of 2 years. TN said if the Board	

had any suggestions or questions to feel free to contact her, preferably by phone rather than email. 2) Combined Oversight Board Meeting feedback – TN provided feedback from the meeting on 2nd February. It was a very interesting meeting, attended by representatives from the network and the Board e.g.commissioners. The new 'Host' representative and New Director of Ops Rachael Benson was in attendance. One of the subject matters was regarding the concerns about the Host Provider and how they are working outside of their role and responsibilities, for example not providing staff with access to finance systems or allowing them to order equipment, not having a transparent budget report, not supporting them with improving the staffing stucture. There were lots of concerns expressed by the Critical Care, Trauma and Burns Networks around the clarity of budgets, what money was remaining, how it was being recorded and control of the budget by the networks not the Host. It was noted that this was in no way a reflection on RB and that these had been concerns for many months and rather it was directed at the Host Provider. TN has been reviewing their roles and responsibilities and RB said she would do her best to sort some of these concerns going forward. TN made it clear that should they find that the concerns are people based and all the concerns are dealt with then the network will stay with the current Host, however if its institutional and the concerns are ongoing that we will explore other Hosting options. Both the COB ToR and MoU were signed off by the COB. 2a. TN fed back that they were unable to appoint a Network Manager at the interviews a few weeks ago, and that some items on the JD had been changed in a bid to attract more applicants. RB was instrumental in this process and supportive of this. SOK asked if the changes had been put through Agenda for Change (AfC), TN was instructed that this was not necessary however, a number of the Board members felt that any decisions to change the JD should go through AfC and the Oversight Board. SOK said she would share her JD. SL felt that we are potentially missing a lot of good candidates because it was down-graded from an 8C to 8b and rather than some duties being removed another Network (Burns) was added. SG mentioned that the manager at the time of coming to specialised commissioning fought hard to have the JD upgraded to an 8C when she took on the Trauma Networks and SOK said that the 8b sits outside the norm of the other networks in the country who are 8C or 8D levels. SD pointed out that it had already gone out to advertisement again. PaQ felt that any further interviews should be postponed until the JD is reviewed by AfC. TN said she would speak to RB about this. 3) Peer Review 2017 – SG confirmed the process for 2017 but wanted to discuss the change of database systems this year. Due to the difference ways	SOK share her JD. TN discuss JD changes with RB.

that MTC's and TU's/Networks are funded, there will be a new system for MTC's to load their data onto, however this will not be the same for the TU's, Networks or Pre-hospital elements. The TQuINs system will no longer be funded or supervised by the Quality Surveillance Team. It was discussed at the National MT meeting a few weeks ago, that there may be options to keep the database going if it was paid for by the Networks, each one putting around £1000 each, the total cost being £18,000. However, there are no further details available at present about who will keep it up to date, how it can be improved as it is not the best system, it is cumbersome and not user friendly. SG said that she was not overly concerned about the system for our networks as we had used a far simpler system for the North Wales TU Peer Review visits, that had worked well. The only issue would be how any national audit/analysis would be produced if we used separate systems, however there does not appear to have been any analysis done from last year's reviews either. TN asked that this be put on the next PaQ agenda for discussion, SG said she would bring back any discussions held at the National Network Managers meeting. 4) Sharing Event 2017 – SG expressed an interest in running a combined network sharing event this year (CC, Trauma, Burns & Paediatrics) as we had not run an event for sometime. MW felt a good theme would be Mass Casualty Planning, the PaQ Board agreed. SG said she would work towards the 13th October as a potential date, replacing the Tri Trauma Networks Clinical Forum which would have been the 12th October. 5) Self-funding cadaveric course – discussion noted in the outstanding actions list on the last page.	SG put on next agenda.
6. **Trauma Guidelines:** 1) Nil to discuss. SG mentioned there are a number of network guidelines currently being discussed at Network level.	
7. AOB: 1. Teresa Dennett Enquiry – SD fed back about a patient with a sub arachnoid haemorrhage, bounced from centre to centre and later died, if she had had timely intervention she would have lived. It's a reminder that we should always do what is in the interest of the patient first and foremost and that all other issues should be dealt with later. 2. All Wales Network update - SOK mentioned she was unsuccessful at getting the All Wales Network Transitional Lead Manager post, which went to	

Zoe Goodacre. SOK confirmed that the deadline for the decision about the South Wales MTC(s) is the end of March 2017. 3. TRIDs – presented by SL 1470 – This was due to mis-communication between a consultant and the RTD. SR will pull the tapes of the call and would then like to visit the LEH concerned to improve engagement and discuss the case. After some discuss both MW, RH & KP felt this patient should have gone to a TU. 1514 - Discussions had about whether the patient should have gone to an MTC direct, SL received more info from Heartlands and it looks like it was a primary medical event. This seems like a sensible decision. No further learning points. Closed. 4. Video Conferencing Equipment – SL said he had received a quote and was working towards getting this ordered and approved. The PaQ were very happy to hear that there was movement with this as it will help improve engagement with LEH's, Pre-hospital providers etc. as well as the Critical Care Network meetings too. The order is for mobile equipment that we can take around all our networks and it will support Skype and be available to everyone. 5. International Trauma Care Conference – KP mentioned that only 5 trusts have confirmed their delegate numbers, SG has sent out a reminder. Numbers are light this year allowing any reserved list candidates to attend. 6. SD - 3rd ETC course ran successfully at Yarnfield, Stafford. From next year, there may be enough faculty and demand to run 2 courses at each MTC. 7. SG mentioned that she is working on a Networks Major Incident Plan that will work in conjunction with the West Midlands Incident Response Plan and Trust Plans. Some Networks are already working on this and she is currently reviewing the Pan London version. SG suggested she initially discuss this with SR as they are both part of the Midlands & East Mass Casualty Planning Group. They will feedback at the next PaQ meeting.	SG/SR bring back to next meeting
8. Date, Time, Venue of next meeting: Thursday 27th April 2017, 13:30 – 16:00, Crown House, Hagley Road, Birmingham, B16 8LD. (finishing ½ hour early due to COB meeting at 16:00).	
OUTSTANDING ACTIONS LIST	
<u>From 23.3.16:</u> 1. Cadaver Course Credits – SG has spoken with Brian Burnett who just requires some dates. KP agreed to sort dates and the faculty. Will be open to MTC and TU General Surgeons and T&O. ongoing. **22.2.17 Update - KP confirmed that we did not**	

use all the bodies from the last training event and that the timeline has elapsed for us to use the credits. TN said that she and SG had a meeting this morning with KP, JJ Lee and Mr Mahmood from the QEHB with a proposal to set up a faculty to run a 3 day course including an MDT element, CRM issues and will include everyone involved in the initial phase of a mass casualty incident. They are currently pulling this information together and TN asked that they bring the business plan for presentation to the Combined Oversight Board (COB) as they are asking for some network funding of £25,000. They have already booked some dates in September. TN said that it may plug the gap as its MDT focussed and will take in team and human factors. Their plan is that if after the first year it will become self-funding. TN expressed that subject to approval by the COB that the network would only provide 1 year funding only. She has asked them to speak with Critical Care colleagues and offered her assistance with the paediatric elements. Planned presentation at COB in April. They need to ensure that it is directed to people who should attend not just people with an interest in damage control. Trauma Units will need to be invited. TN asked that they invite non QEHB staff on the steering group and include TU representation.	**Add cadaveric business case update on next PaQ agenda.**
2. Criteria for diverting specialist trauma to MTC's including Maxillofacial pathway – From a prehospital point of view the challenge is that there is a reluctance to take to QEHB as they have struggled in the past and therefore they often taken patients to Heartlands. KP will take this back to QEHB for discussion with his colleagues. KP updated that an Exit strategy from ED needs sorting before this will be accepted, this would be around January as there are some big changes in the ED. KP to work with SR to put some wording together for a WMAS communication circular. TN expressed concerns about how long this has been on the action list and that it really needs sorting asap. **22.2.17 update – KP said that there have been more discussions at QEHB and that they are trying to organise the repatriation issues and reduce numbers and until this is sorted they probably won't be able to take more patients, KP to update again in April. SR mentioned a case regarding Walsall T&O consultants not accepting patients, a TRID has been raised. It is getting more problematic for TU's. RH felt there is some work to be done to improve the repatriation process and help the TU's who get nothing for taking these patients back as the money does not follow the patient. There is little incentive and bed capacity is also a huge problem for them too. TN asked that this be put back on the next PaQ agenda to discuss developing a network response to repatriations, SLA's/Incentives etc. There were differences of opinions about whether incentives would work. SL was asked to bring some supporting data to the next meeting. RH felt we should at least explore if this is viable for the TU's.**	**Add to next agenda. SL provide some data.**