



**Trauma Performance & Quality Group**  
**Tuesday 14<sup>th</sup> June 2016**  
**Network Office Meeting Room**  
**Approved Minutes**

Professor Keith Porter	KP	Professor of Clinical Traumatology	QEHB
Ellie Fairhead	EF	Major Trauma Service Manager	UHNM
Sarah Graham (mins)	SG	Services Improvement Facilitator	MCC&TN
Shane Roberts	SR	Head of Clinical Practice	WMAS
Matthew Wyse	MW	Clinical Director for Theatres	UHCW
Steve Littleson	SL	Network Data Analyst	MCC&TN
Nicola Dixon	ND	Major Trauma Service Therapy Lead	UHCW
Sue O'Keeffe T/C	SOK	Network Manager (CC & Trauma)	WALES
Karen Hodgkinson	KH	Joint Coordinator	BCH
Nicky Bartlett	NB	General Manager	QEHB
Angela Himsworth	AH	Acting Network Manager	MCC&TN
Simon Shaw	SS	Consultant Neurologist	UHNM
Alex Ball	AB	Consultant in Rehabilitation Medicine	UHNM
Ian Mursell	IM	Consultant Paramedic	EMAS

**Apologies:**

Simon Davies	SD	Major Trauma Coordinator	UHNM
John Hare	JH	Clinical Lead – Trauma/CETN Chair	NGH
Tina Newton	TN	Consultant Emergency Medicine - Paediatrics	BCH
Kay Newport	KN	MTC Coordinator	BCH
Paul Knowles	PK	Consultant in Emergency Medicine	MCHT
Rivie Mayele	RM	MTC Administrator	QEHB
Jon Hulme	JHu	Consultant Anaesthetist	MERIT
Richard Hall	RH	Consultant in Emergency Medicine	UHNM
Sarah Griffiths	SGrif	Paediatric Consultant	PCCN
Tracey Harpur	TH	Deputy Service Manager	QEHB

1	<b>Welcome and Introductions – Chaired</b> by Professor Keith Porter
2	<b>Apologies (see above)</b>
3	<b>Approval of Minutes: 23.3.16</b> approved as an accurate representation of the meeting
4	<b>Outstanding Actions:</b> Please go to last page for the list.
5	<b>New Items:</b> 1. Elderly Trauma Work Group – KP mentioned that we should work on a region wide policy/framework for the approach to elderly trauma patients, it needs a network solution for MTC's and TU's and needs to embrace senior doctor involvement and lower threshold for traumagrams, review anticoagulants and embrace the principles of the HECTOR philosophy. SR agreed the lectures day was very useful especially the acknowledgment of the problems that our pre hospital colleagues have. SR presented



	<p>the list of his notes. KP mentioned that the TU's need to do an accurate elderly trauma work up on patients.</p> <p>The aim is to arrange a network group meeting in the Autumn where we can engage with elderly care physicians, geriatricians, ED staff from TU's, trauma lead's, rehabilitation and falls prevention teams. We will need clear aims and objectives for the group. ND said it would be good to have some data to present at the first meeting that shows the numbers we are dealing with in the networks and the extent of the problem we face.</p> <p>2. Trauma Handbook Update: the networks continue to work on the outstanding documents and updating current versions. Our website will hold all the documentation for each network. MW feels that we need to ensure we have the correct documentation and not necessarily handbooks, the peer review ones can be a distraction. AH agreed that we need to ensure the policies etc are robust and verified by the units so that we do not open ourselves up to dispute in the future. We will bring this discussion about the Handbooks to a close and will continue to work collaboratively with SG. It was agreed that the policies/protocols regarding Paediatrics should become part of the sections identified and not a separate section. We agreed to drop the word 'Handbook'.</p> <p>3. Tri Network Clinical Forum – SG presented the first draft programme. Some ideas were shared. SG will continue to allocate and book speakers.</p> <p>4. Oswestry Meeting Update - SR gave an update re vacuum mattresses. SG provided updates about the Transfer Policy, Retrieval Service, Training etc. SOK mentioned that the Oswestry nursing staff are attending their transfer courses as they want to use the same audit process that north wales use.</p>
6	<p><b><u>TRIDs for discussion:</u></b></p> <p>Nil to discuss.</p>
7	<p><b><u>AOB:</u></b></p> <ol style="list-style-type: none"> <li>1. EMERGO – SG provided an update on the expectations of the event on the 29<sup>th</sup> June in Leicester.</li> <li>2. Trauma Care Conference –KP thanked the network for the funding for last year, next year's programme will include more critical care training days. Closing date for programmes will be October.</li> <li>3. Meeting of the massive haemorrhage group. MW mentioned that the group have made some changes to the current policy that reflects the latest guidance. This will be circulated when ready.</li> <li>4. Bristow's Air Ambulance – SOK highlighted the issues each time they try to fly in the Stoke. We need them to engage with the network and discuss the issues in hand e.g. reviewing the helipad at Stoke. KP asked SOK to send him the contacts and he will write to them on behalf of the Network.</li> <li>5. Rehabilitation Standards: AB expressed an interest in developing rehabilitation standards for the units. There is some cross working with the local SCN and with Critical Care. AB will work with SG &amp; AH to come up with some rehabilitation standards.</li> </ol>
8	<p><b>Date, Time, Venue of next meeting: Tuesday 16<sup>th</sup> August 2016. 1:30 – 16:30pm</b></p>



	OUTSTANDING ACTIONS LIST
	<p><b><u>From 23.2.16:</u></b></p> <ul style="list-style-type: none"><li>• Blood to Scene requirements for Shrewsbury – KP has responded to Tom Blyth at Shrewsbury and we are close to getting the protocol in place. Dr Caroline Leech has been working on ensuring UHCW are ready. UHNM are looking to purchase similar transport boxes as those used at QEHB. Update at October meeting.</li></ul> <p><b><u>From 23.3.16:</u></b></p> <ul style="list-style-type: none"><li>• Patient / Public Feedback – SG will add to the work plan.</li><li>• Injury Prevention – SG has sent the Red Thread System contact the dates of the PaQ meetings. Still no response to date.</li><li>• Cadaver Course Credits – SG has emailed Brian Burnett – still awaiting reply.</li><li>• Criteria for diverting specialist trauma to MTC's including Maxillofacial pathway – From a pre hospital 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.</li></ul> <p><b><u>From 14.6.16:</u></b></p> <ul style="list-style-type: none"><li>• Elderly trauma work group – SG to scope appropriate date / venue</li><li>• Bristow's Air Ambulance Issues need addressing – KP agreed to write to the contacts provided by SOK this will include requesting a meeting.</li><li>• Rehabilitation Standards development – AB to work with AH &amp; SG to come up with some standards.</li></ul>