



**Trauma Performance & Quality Group Meeting**  
**Tuesday 23<sup>rd</sup> February 2016, 13:30-16:30**  
**Network Office Meeting Room, 4th Floor, kings House, 127, Hagley Road**  
**Birmingham B16 8LD**  
**Approved**

**Present:**

Professor Keith Porter	KP	Professor of Clinical Traumatology	UHB
Jane Owen	JaO	Major Trauma Services Team Lead	UHCW
Rivie Mayele	RM	MTC Administrator	UHB
Ellie Fairhead	EF	Management Team Lead	UHNM
Jeff Osborne	JO	Network Manager	MCCTN
Ian Mursell	IM	Consultant Paramedic	EMAS
Sarah Graham	SG	Service Improvement Facilitator	MCCTN
Shane Roberts	SR	Head of Clinical Practice – Major Trauma	WMAS
Sue O’Keeffe	SOK	Network Manager (CC & Trauma)	WALES
Tina Newton	TN	Consultant Emergency Medicine - Paediatrics	BCH
Karen Hodgkinson	KH	MTC Coordinator	BCH

**Apologies:**

Alex Ball	AB	Consultant in Rehabilitation Medicine	UHNM
Becky Steele	BS	Air Operations Manager – MERIT/RTD	MAA
Angela Himsworth	AH	Nurse Lead	MCCTN
Paul Knowles	PK	Consultant in Emergency Medicine	MCHT
Kay Newport	KN	MTC Coordinator	BCH
Simon Shaw	SS	Consultant Neurosurgeon	UHNM
Simon Davies	SD	Major Trauma Coordinator	UHNM
Matthew Wyse	MW	Director of Theatres	UHCW
Richard Hall	RH	ED Consultant	UHNM
John Hulme	JH	Consultant Anaesthetist/Intensive Care Medicine MERIT	SWBH
John Hare	JoH	Clinical Lead – Trauma CETN Chair	NGH
Alastair Marsh	AM	Trauma/Orthopaedic Consultant	DGH

1	<b>Welcome and Introductions – Chaired</b> by Professor Keith Porter.	
2	<b>Apologies (see above)</b> The apologies were noted.	
3	<b>Approval of Minutes:</b> The minutes from the previous meeting, 26.01.2016 were approved as an accurate record following minor alterations.	
4	<b>Outstanding Actions from Previous Minutes:</b>  4a)JO updated the Hereford and Shrewsbury Blood –to-Scene, they have been contacted and the Network are carrying out a Trauma Unit Visit to both sites in the next few weeks. 4c) JO updated regarding the Trauma Care Conference: 507 registrations at present with a good cohort from Pre-hospital. With an expected 10-15% drop out, a reserves list would be put into place when the registrations reach 550 plus.	
5	<b>New Items:</b>  TU Visit Reports - JO reported most TU Visits had now been completed and there	



	<p>are only 4 outstanding. A lot of work has been done to address the concerns raised from last Peer Review. Recurrent concerns included: repatriation, bed capacity issues, rehabilitation prescriptions, network policies and procedures and medical staffing. TXA and Major Haemorrhage Protocol are being actioned in every scenario. Most organisations are picking up on the SCI using their local pathways. The Dashboard information that was fed back by SL has been very useful, with very positive feedback from the Units. SR mentioned the positive re-engagement of the TUs with the Network.</p> <p>JO and SG will create a report on all TU Visits and bring to P&amp;Q for presentation and sign off.</p> <p><u>Trauma Handbook Update:</u> – SG presented a log for the Priority Guidelines Required for Peer Review. The document outlined the areas that had been approved, were in the process of being discussed, had yet to be started and those which are coming for sign off at the Networks/P&amp;Q. Questions arose to whether the Trauma Handbook policies and procedures were in line with the NICE Guidelines. KP suggested, where a NICE Guideline existed, take it as the base document and if there were any exceptions, make a note and approve the exceptions. The Priority Guidelines are to be signed off by the end of June 2016. SR noted significant discrepancies between the mobile app version of the NICE Guidelines and the Full Guidance version. He is feeding back to them regarding this matter.</p> <p>SG raised concerns about the amount of work and time this has created and not just for our Network but every Network in the country and why we should all be creating Handbooks when there is often National and NICE guidance out there already that we should be using.</p> <p><u>MTN Impact Assessment:</u> - JO shared some concerns that have come to the Specialised Commissioners from CQC regarding services at UHB. There appeared to be a threat to Major Trauma Services and a risk of suspension of both cardiac Services and MT service. It was then clarified the threat was to Cardiac Surgery. KP wanted to express thanks for the Impact Assessment outlining what would happen if the Major Trauma Centre status was removed from UHB Which the Network were requested to develop. The PaQ thanked Steve Littleson for producing a very comprehensive and thorough report that was fed back to the Specialised Commissioners. The feedback from the Specialised Commissioners, reported that the CQC are reviewing the situation and the data coming out from UHB is being monitored. There have been no formal discussions and no decisions have been made regarding the future.</p> <p>Members of PaQ highlighted their concerns over the request by the commissioners to ensure we had a contingency plan for a 'what if' scenario. What would be the impact/implications for trauma cardiac surgery if they carried out:</p> <ul style="list-style-type: none"> <li>• Complete suspension of Cardiac Services</li> <li>• Suspension of Specific Cardiac Surgery</li> </ul> <p>ACTION – JO was asked to contact the commissioners to find out exactly what was required of us as a matter of urgency.</p> <p>Would the Trauma Cardiac Surgeons still able to attend trauma team call outs, assess and redirect patients, if their capacity to deliver surgery had been suspended. Where would the patients go, should a measure be built into the contingency plan with pre-hospital?</p> <p>KP updated there had been a significant above average rise in mortality rates of</p>	
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	<p>patients having cardiac artery bypass Surgery at UHB The cardiac surgeons at UHB had taken on patients who had a very low survival probability. Not unexpectedly, some of the patients did not survive but there have been no deaths in cardiac surgery since November 2015.</p> <p>KP pointed out if Cardiac Services were suspended at UHB, they would have to redirect all trauma cases, around 300 patients, to other MTCs. This would have a huge impact on the ambulance services: an estimated 3-5% uplift in capacity. KP suggested waiting for an update from Specialised Commissioners.</p> <p><u>Peer Review Visits 2016:</u> - SG reported this year's TU Peer Reviews would be carried out by the Network over a 2 week period, 6<sup>th</sup>-9<sup>th</sup> and 13<sup>th</sup>-16<sup>th</sup> September and to be completed by the end September 2016. The visits would last for approximately 3 hours per visit and include a walk around, TU presentation including sharing future ideas, staffing, how they have addressed issues since last Peer Review and achievements. A Network Response and feedback session. The reports should be written up during the visits. SG is hoping to be on every visit for consistency. TUs are required to submit their self-assessments against the Standards, 1 month before their TU visit. There will also be a request for external reviewers.</p> <p>For this year's MTCs Peer Review, they will be asked to self-assessment against the Standards and the Network will carry out a Unit visit for MTCs, Ambulance Providers and the 3 Rehabilitation Hospitals.</p> <p>JO mentioned Lorraine Winship from Quality Surveillance Team would be providing some scenario based training for Peer Review Reviewers. There would also be a number available to call during the reviews if help is required.</p>	
6	<p><b><u>Review Current 'Network' related TRIDs:</u></b></p> <p><u>TRID 1154</u> – SG presented TRID 1154 from July 2015 for discussion. This has now been closed and has been updated on the TRID Data base.</p> <p><u>TRID 1235</u> – SG presented TRID 1235 for discussion. SG will present data found to EF at RSUH before bring back to the next P&amp;Q meeting. This case remains open.</p>	
7	<p><b><u>Trauma Handbook Policy Sign-off/Approval:</u></b></p> <p>A) The Diversion of Adult Major Trauma Policy – this has been approved by 3 adult MTCs and has been signed off and approved by P&amp;Q.</p> <p>B) Paediatric Trauma Radiology Protocols – this has been signed off and approved by P&amp;Q.</p> <p>C) TU to MTC Hyper Acute Transfer Policy – signed off and approved by P&amp;Q with minor alterations.</p>	
8	<p><b><u>AOB:</u></b></p> <p><b><u>A) Top Priorities for 2016/17:</u></b></p> <p>KP mentioned completing the Handbook by the end of June this year and to complete the Peer Reviews.</p> <p>JO mentioned Specialist Rehab being a priority for this year: Sarah Freeman and Steve Littleson from a Specialised Commissioners perspective, are looking at the current capacity and the utilisation of resources available at the moment. JO and AB are defining a Tool resembling the Glasgow Coma Score/Triage Trauma Tool that can be used in all the TUs and MTCs by newly trained staff. The Tool will have a set of measures which can assess a patient's needs. If the patient assessment reaches a certain score, they will be referred to Specialist Rehab</p>	



	<p>Services. The Specialist Rehab Services Team can then use the advanced Tools to determine the level of rehabilitation required.</p> <p>The Tool is going to be system checked with newly qualified staff and therapists, with a proposal to roll out as a pilot in both TUs and Support TC. AB will carry out a compliance check.</p> <p>If the Tool proves to be successful it be rolled out.</p> <p>JaO suggested having a set of Standards go to with it and time frames for what patients can expect. This Tool will identify full demand and unmet demand. It will filter out any gaps in what is required.</p> <p>SR suggested adding injury prevention to the priorities for 2016/17, within the networks.</p> <p><b>B)</b> KP reported he had received feedback from Nick Crombie regarding the MERIT SOP. There are no changes to be made to the SOP, this can now go in the Handbook.</p> <p><b>C)</b> KP reported he and Chris Moran had met with a Legal Team in Leeds to discuss the Day 1 project provided by Irwin Mitchell Solicitors. This project is an adult initiative only and includes citizen's advice and legal advice. When a patient and their relatives arrive at the hospital, they are made aware of the legal services available if required. These include: Peer Support System, Legal Benefits Advice and Support Education Staff. All legal advice is free and there is no obligation to use Irwin Mitchell Solicitors, once they have gained legal advice from them. They have a telephone number that can be called 24/7 if required. Day 1 are keen to recruit other MTCs. Once the hospital have been recruited by Day 1. They will fund a Day 1 coordinator for that hospital Day 1 would also be available to the TUs. KP suggested inviting the Day 1 Legal Team to the P&amp;Q Meeting to give a presentation.</p> <p><b>D)</b> EF mentioned Amanda Burston's secondment at Royal Stoke Hospital comes to an end March and her post is going out to advertisement as a full time post.</p>	
	<p><b><u>Actions:- From Pervious Minutes :</u></b></p> <p><b>5c)</b> KP has emailed Chris Moran regarding Measures Standards and will update as soon as possible.</p> <p><b>6a)</b> SCI Pathway update - a meeting is being held on 31<sup>st</sup> March to discuss SCI Pathway and Oswestry transfer/retrieval service, at Network Offices Birmingham.</p> <p><b><u>Actions from Agenda:</u></b></p> <p><b>5)</b> STB to email a reminder to all trauma and critical care regarding the Cadaveric Course on 7<sup>th</sup> and 8<sup>th</sup> March.</p> <p><b>5a)</b> JO and SG to create report of all TU visits and bring to P&amp;Q for presentation and sign off.</p> <p><b>5a1)</b> JO to send updated TUV report to SOK for Wrexham.</p> <p><b>5b)</b> SG to meet with IM and SR to discuss Trauma Handbook regarding Pre hospital policies and procedures.</p> <p><b>5b1)</b> JO was asked to take this up with the National Trauma Network Managers group to see what can be done nationally to reduce the duplication of handbooks and perhaps drive for a national handbook instead.</p> <p><b>5c)</b> JO to email Specialised Commissioners find out what contingency plans would be required from them.</p> <p><b>6)</b> SG will present data found to EF at RSUH before bring back to the next P&amp;Q meeting.</p> <p><b>8a)</b> JO and AB will be defining a Tool resembling the Glasgow Coma Score/Triage Trauma Tool that can be used in all the TUs and MTCs by newly trained staff.</p> <p><b>8c)</b> KP to invite the Day 1 Legal Team to the P&amp;Q Meeting to give a presentation.</p>	



10	<b>Date, Time, Venue of next meeting: 23<sup>rd</sup> March 13:30-16:30. Meeting Room, 4<sup>th</sup> Floor, Kings House, 127 Hagley Road, Birmingham ,B16 8LD</b>	
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