



Trauma Performance & Quality Group
Tuesday 17th May 2016
Network Office Meeting Room
Draft Minutes V1
Approved by Chair 8.6.16

Professor Keith Porter	KP	Professor of Clinical Traumatology	UHB
Ellie Fairhead T/C	EF	Major Trauma Service Manager	UHNM
Jane Owen	JaO	Major Trauma Services Team Lead	UHCW
Sarah Graham (minutes)	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
Simon Davies	SD	Major Trauma Coordinator	UHNM
Nicola Dixon	ND	Group Manager	UHCW
Sue O’Keeffe T/C	SOK	Network Manager (CC & Trauma)	WALES
Karen Hodgkinson	KH	Joint Coordinator	BCH
Nicky Bartlett	NB	General Manager	UHB
Angela Himsworth	AH	Acting Network Manager	MCC&TN

Apologies:

John Hare	JH	Clinical Lead – Trauma/CETN Chair	NGH
Tina Newton	TN	Consultant Emergency Medicine - Paediatrics	BCH
Ian Mursell	IM	Consultant Paramedic	EMAS
Kay Newport	KN	MTC Coordinator	BCH
Paul Knowles	PK	Consultant in Emergency Medicine	MCHT
Rivie Mayele	RM	MTC Administrator	UHB
Alex Ball	AB	Consultant in Rehabilitation Medicine	UHNM
Jon Hulme	JHu	Consultant Anaesthetist	MERIT
Richard Hall	RH	Consultant in Emergency Medicine	UHNM
Simon Shaw	SS	Consultant Neurologist	UHNM

1	Welcome and Introductions – Chaired by Professor Keith Porter	
2	Apologies (see above)	
3	Approval of Minutes: 23.3.16 approved as an accurate representation of the meeting	
4	<p>Outstanding actions from previous minutes 23 Feb 2016:</p> <p>84a – Blood to Scene query with Shrewsbury – SG has picked this up with Adrian Vreede who is dealing with this.</p> <p>84c – Trauma Care Conference invited for BCH – TN completed this.</p> <p>85c – Time line for trauma measures for MTC’s. MW and KP updated the group regarding the email MW sent to Prof. Chris Moran. He has confirmed he agreed with the email and all that is required of the MTC’s is their TARN reports.</p> <p>6a) Oswestry Retrieval Service update – this is for discussion on the meeting agenda. See below.</p> <p>Outstanding actions from previous minutes 23 Mar 2016:</p>	



	<p>5a – Patient / Public Feedback – SG still outstanding.</p> <p>5b – Injury Prevention discussion with SR – SG and SR have not yet met to discuss this however KP updated the group on the Red Thread System who essentially a not-for-profit organisation that support violence reduction programmes. In each of the four London major trauma centres they have sponsored a violence reduction nurse and they are seeking to pilot this model outside of London. Eventually they would wish to embed a youth worker within the hospital to pick up both physical violence and sexual violence. Main target cohort they have discovered are 16-17 year olds.</p> <p>ACTION - SG was asked to invite them to one of our PAQ meetings to consider if it could be done as a network initiative rather than individual MTC's.</p> <p>5C – Cadaver Course Email from KP- I believe we still have some cadaveric credits in terms of the fact that we didn't use all of the cadavers we purchased in Coventry. That in mind I've had enquiries from orthopaedic surgeons about running a further orthopaedic day. I believe we still have access to two bodies which probably means we could recruit up to 12 or so people for a damage control orthopaedics day.</p> <p>ACTION – SG asked to look into this and confirm future training event for TU Orthopods.</p> <p>5d – Cadaveric Course at Keele. SR mentioned that Keele do a Pre-hospital course.</p> <p>ACTION – SR agreed to find out more information about the course and bring back to the next PaQ meeting.</p> <p>5e – Escalation Policy – Agreed and signed-off. SG has circulated and KP sent it to Prof. Chris Moran.</p> <p>5f – Cadaveric Course – Keep on Work Plan for 2016/17 – Agreed to keep on in respect of 5c above.</p> <p>5g – Burns Pathway – on this agenda. See below for information.</p> <p>8a – Trauma Service Closure Escalation policy – as stated in 5e this has been sent to CM.</p> <p>8d – ODN document to KP – JO completed.</p> <p>ALL – Letter to Mark Prescott, retiring and thank you letter. KP completed.</p>	<p>SG</p> <p>SG</p> <p>SR</p>
5	<p>New Items:</p> <p>1) MTC Escalation and 'MTC closure' planning - David Walker from NHS England. SG received his apologies as he was unable to get to the meeting due to transport difficulties.</p> <p>ACTION – SG to reorganise the meeting.</p> <p>2) Regional Burns Pathway – SR presented the new pathway, it has been discussed at each Network Board meeting and has been approved by the PaQ Board. WMAS are very happy with the pathway which is clear and concise. Any issues should be recorded on the Trauma Related Issues Database (TRID). SR mentioned the conversations he was privy to regarding UHCW not completely agreeing to the terms of being a Burns Facility. MW updated that they are a</p>	<p>SG</p>



	<p>Burns Facility but there are concerns they do not have everything in place as they should have, however, this will not impact on patient care and certainly not for trauma patients. KP confirmed that QEHB Emergency Department personnel are aware of the new pathway.</p> <p>3) Network Options Appraisal - AH and SG updated on the current process, we are awaiting a final options appraisal documentation from QEHB Finance people and we are scoping other rooms/facilities. As soon as we have something more complete we will bring it to PaQ.</p> <p>4) Blood to Scene – feedback from RSH/Hereford – SG confirmed that Hereford has the process embedded in their trust including the pathway and the process for blood transportation. Shrewsbury have been contacted and SG read an email from Tom Blyth who had concerns about the level of traceability of the blood and that they require an SLA. The Board agreed that the receiving MTC would be responsible for the traceability and that they can be assured that they all work to the legal requirements of such a process. The use of the transport boxes was raised and that we cannot impose the boxes that the QEHB use on the units at this point.</p> <p>ACTION – KP agreed to respond to the email from Shrewsbury.</p> <p>5) Thoracic abdominal injuries and patients in shock – SL proposed to have information based on the validated dashboards before the next PaQ meeting. MW stated that abdominal injuries were reviewed at their UHCW meeting last week using current dashboard information. The agreed that they are problematic to manage, therefore scrutiny is good.</p> <p>ACTION – SL to pull together some comparative data for MTC.</p> <p>6) Directory of rehabilitation services – SG put the case forward to keeping the directory and whether we should actively promote it nationally, however SL then updated on the cost of keeping it, when no-one is really using it and still use their current in-house processes. The cost is around £10,000. Everyone agreed that this would not be good use of Network funds. MW stated that it was impressive but sadly not being used. It was mentioned that it is still a standard for Peer Review and as such we should keep something that reflects our capabilities, just not the current system. JaO felt it would be useful to know which MTC to refer to when a patient is out of their own catchment area including information about their Specialist Rehabilitation Hospital. It was mentioned that another network is currently collating this type of data and that we would await his report.</p> <p>7) Peer Review Schedule – SG updated regarding the current schedule, all TU visit dates are confirmed other than Northampton Hospital. SG is chasing them. It has been agreed that the MTC Leads and Pre-Hospital Leads will come together on the 20th September to discuss their Self Assessments, where they are making progress or still having issues/concerns. SG has spoken with AB about the Specialist Rehabilitation Units having a ‘network’ visit but it was agree this may</p>	<p>KP</p> <p>SL</p>
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	<p>duplicate what Sarah Freeman is doing. Instead we would invite them to the 20th September meeting to feedback and into from this work. SG confirmed there are no national funds to support peer reviewer travel expenses and that we would include this in the network finance report instead.</p> <p>ACTION – SG to speak with AB initially about this, then approach the other units.</p> <p>ACTION – SG/AH to add travel expenses to network finance report.</p> <p>8) Combined Oversight Board Consultation Meeting 25/4 – AH provided an update regarding the Consultation meeting on 5th April, where the Combined Network Leads from Trauma, Critical Care, Burns and Paediatric Critical Care and Leads from Commissioning came together to discuss the future Board remit, Memorandum of Understanding, membership and key priorities. The paperwork will be circulated to the Board members prior to the next meeting on 14th June.</p> <p>9) Oswestry Retrieval Service Options – SG and SR updated everyone regards to the meeting held on 31st March. The main point was to discuss options for an Oswestry Retrieval Service, they have been asked to scope this up, and bring back to their next meeting on 9th June. Following which, it will be brought to the PaQ Board. MW felt it could have benefits if it reduced the waiting times and allowed more scope on the times of days that patients can be transferred. JaO said the other option would be to employ a registrar and extend the times they accept patients.</p> <p>10) Ws figures and care closer to home – presented by SL, TU's are getting the mathematical advantage when in fact it is the MTC's who have done the majority of care. SL generated a performance review report which was sent to TARN which if done properly would improve the MTC score. TARN have replied by saying they are looking into this for future calculations and that they will be discussing this at their meeting on 25th May. In relation to this it has been suggested that instead of a standardised fraction for all units that they instead have a fraction for the MTC's and a separate fraction for the TU's. Everyone expressed their thanks to SL for identifying this anomaly.</p> <p>SL mentioned he will be working with the TARN clerk at QEHB around how the repatriated patients are recorded for rehabilitation discharge.</p> <p>11) Criteria for diverting specialist trauma to MTC's including Max Fac pathway – SR presented the clinical notice that has been approved for specialist trauma diversion other than the MSK pathway, KP agreed to take this back to QEHB for further discussion. NB confirmed that their trauma colleagues are expecting these patients to go to QEHB it's just the ED colleagues having issues with it.</p> <p>KP has raised it with Prof CM, about their lack of 24/7 ED consultant cover and BOAST performance who has agreed to write to their Chief Operating Officer at QEHB. MW offered to write to QEHB as well from a Network stance, that it is a standard of care required for a Major Trauma Centre and that they are a national</p>	<p>SG/AB</p> <p>SG/AH</p>
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	<p>outlier.</p> <p>SR agreed to hold-off on sending out any further advice to the RTD at the moment.</p> <p>ACTION – KP to discuss MSK diversions to QEHB with his colleagues.</p> <p>ACTION – MW agreed to write a letter regarding the non-compliance against the standards detailed above. KP to let him know who to send it too.</p> <p>SR also mentioned the Maxillofacial pathway and where they should go. KP confirmed that if they trigger the Triage Tool positive on stages 1 & 2 they should go to UHB, if not they can go to a TU.</p> <p>ACTION – KP agreed to have this added to their pathway documentation.</p>	<p>KP</p> <p>MW</p> <p>KP</p>
6	<p><u>Trauma Handbook Policies:</u></p> <p>Nil to discuss.</p>	
7	<p><u>TRIDs for discussion:</u></p> <p>Nil to discuss.</p>	
8	<p><u>AOB:</u></p> <p>1 - Network Management Team changes – KP updated that Samantha Turner-Brown had left to go to pastures new and thanked her for all her support. Angela Himsworth is our Acting Network Manager until such time that the advertisement for the job is rolled out. KP thanked the team for their hard-work and commitment during this time of change and with a depleted staff presence.</p> <p>2 – MW mentioned that the Trauma CRG have not met since earlier in the year. Some CRG have had to merge and some have been abandoned altogether. Trauma has merged with Burns CRG. All current membership has been dissolved and new membership requests circulated. The clinical representation has been reduced with only 2 from each of the 8 NHS regions e.g x4 for Trauma and x4 for Burns. They are increasing the numbers of representation from external organisations eg. Colleges.</p> <p>3 – AH and SG updated on recent email correspondence around Mass Casualty Planning. A colleague from NHS England has been tasked by the Department of Health to head up a region-wide event on the 29th June named Exercise Alcazar. The event will cover the Midlands and East, North, South and London regions, with one large table for Networks. AH will provide him with the Managerial contacts for these networks. This event will lead to an update of the draft Con Op's. The PaQ expressed their concern over the date which is only 6 weeks away, both AH and SG agreed and had already shared their concerns with the Lead.</p> <p>The other exercise is an EMERGO exercise, SG received an email from David Walker who states that it has been discussed with Public Health England and Bob Winter and that it has been agreed that the Central England Critical Care and Trauma Network will conduct the centrally funded exercise during 2016/17.</p>	



	<p>We will have the full support of NHS England.</p> <p>SG is going to obtain more details about what this means and will feedback to the Board via email. We were given 2 dates for the event, 7th September 2016 or 15th March 2017, all agreed that the September date was far too close to organise something on this level and it's the week of our Peer Review visits, therefore the March date would be better, again SG will discuss this with David Walker.</p> <p>ACTION – SG to discuss with David Walker the date and specifics around the EMERGO exercise.</p>	SG
	<p>3 – TARN data presented by SL in relation to the numbers of stabbings across the region including the abdominal injuries. KP asked for the number of deaths in the TU's relating to these areas.</p> <p>ACTION – SL to review number of deaths in the TU's relating to stabbings and abdominal injuries.</p>	SL
	<p>4 – SL mentioned that the CEO at Shrewsbury is refusing to sign-off the charge for their subscription to TARN as he wants to see value for money. MW agreed to contact their Medical Director. SG contacted TARN for help and they have sent some information to Shrewsbury. We discussed the So What factor if they don't subscribe, what could we do about it? All agreed probably very little as they are the next biggest TU to Heartlands and an Outlier in relation to their location, basically we need them as a TU.</p> <p>ACTION – MW to contact RSH Medical Director about their TARN Subscription.</p>	MW
	<p>5 – Silver Trauma Half Day Lecture on 25.5.16. KP would like a conclusion/discussion from the day which would be to agree a Standard and to establish a 'TU concept of a silver response' for the elderly falls taken to a TU. All agreed to this.</p>	
9	Date, Time, Venue of next meeting: Tuesday 14th June 2016. 1:30 – 16:30pm	