# National Peer Review 2016
# Midlands Trauma Networks Feedback Report

Within the Midlands Trauma Networks, there are 12 Trauma Units in England, and 3 in North Wales.

**TRAUMA UNITS VISITS**

11 Trauma Units (TU) in England were visited between 6th and 16th September 2016 with 1 postponed until further notice. The North Wales visits took place on the 2nd and 3rd November 2016. Each visit was performed by a trained review panel with varying representation from clinicians, managers, network representatives, rehabilitation coordinators and nurses. Each visit took around 3 hours and involved reviewers checking evidence against each measure, a SWOT presentation from the TU, question session with TU representatives, which varied from unit to unit, but generally included representatives from ED, Surgery, Anaesthetics, T&O, Radiology, Nursing, Therapies and Management. Draft reports were written by the reviewing team with final reports published on TQuINs, other than the North Wales reports, this process is not mandatory in Wales and are therefore not supported by TQuINs. The North Wales Units requested they undertake the same process as the England Units and their reports were sent to their Health Board and saved on an individual system.

**TU IMMEDIATE RISKS/SERIOUS CONCERNS/GENERAL CONCERNS & GOOD PRACTICE**

The following were identified during the visits.

<u>Immediate Risks</u>:

1 Unit – x2 I/R's reported:

1) TARN – deterioration in TARN data capture and no resilience around the TARN Coordinator role.
2) Administration of TXA – a number of patients not given TXA where required.

Nil for North Wales Units.

<u>Serious Concerns</u>:

9 Units – Total of 16 S/C's reported: Top 5 were:

1. Emergency Trauma Nurse Training – Unable to meet the Level 2 training requirement.
2. Major Trauma Coordination Service – No-one in post to perform this role, or only identifying T&O patients.
3. Dedicated Orthopaedic Theatre – Not available 7 days a week.
4. Trauma Group – Insufficient meetings, no buy-in from Executive teams, lack of governance process.
5. 24/7 CT Scanner – Unable to provide CT scanning within 60 minutes of trauma team activation.

<u>Serious Concerns</u> – 3 North Wales Units

1. CT Reporting – Unable to meet provide evidence that protocols for trauma CT reporting specify there should be a provisional report within 60 minutes.
2. Trauma Team Leader – Unable to provide the right quantity of staff required in order to cover the role of trauma team leader of ST3 or above or equivalent on each rota. Not all trauma team leaders are up to date with training in ATLS or equivalent.

<u>General Concerns</u>:

11 Units – Total of 58 G/C's reported: Top 5 were:

1. Rehabilitation Coordinator – No-one in post to perform this role.
2. Major Trauma Coordination Service - No-one in post to perform this role, or only identifying T&O patients.
3. Trauma Lead with agreed responsibilities – TTL without the specified 1 PA in their job plan.
4. Discharge Summary – Does not include Instructions for next stage rehabilitation for each injury (including specialist equipment such as; wheel chairs, braces and casts )
5. Rehabilitation Prescription – Not providing patients with a rehabilitation assessment including barriers to return to work. Copy not given to the patient.

<u>General Concerns</u> – 3 North Wales Units

1. Rehabilitation Coordinator – No-one in post to perform this role.
2. Major Trauma Coordination Service - No-one in post to perform this role, or only identifying T&O patients.
3. Discharge Summary - Does not include Instructions for next stage rehabilitation for each injury (including specialist equipment such as; wheel chairs, braces and casts )
4. Rehabilitation Prescription - Not providing patients with a rehabilitation assessment including barriers to return to work. Copy not given to the patient.

Good Practice/Key Achievements/Improvements since last year – Top 3 in England

1. Local Guidelines now being produced in a number of units.
2. More emphasis on in-house training, simulation training.
3. Improved TARN data reporting.

Good Practice/Key Achievements/Improvements since last year – Top 3 in North Wales

1. Excellent engagement with the process by all concerned.
2. Good examples of local guidelines.
3. Improvements in TARN data capture.

**Combined Self Assessment Review Meeting for the 4 MTC's, Networks & main Pre Hospital Provider**

The 3 Trauma Networks came together on 20th September 2016 for a combined review meeting where they provided feedback about their individual Self Assessments on TQuINS. The Network Data Analyst presented the comparison information taken from TQuINS which included relevant TARN data providing further evidence and areas for discussion against the measures, particularly focussing on the measures not being met by the MTC's.

PR self assessment for PaQ [Protected View] - Excel

| Standards | | UHCW | UHNM | QEHB | BCH |
|---|---|---|---|---|---|
| T16-2B-101 | Trauma Team Leader | 24/7 Consultant cover with exception of x1 associate specialist. 97.8 % compliant on last Dashboard for triage positive patients. | | This is an on-going issue at QEHB where at the moment the ED consultant is only resident from 0800-midnight. Our Code Red call-in policy will ensure call-in prior patient arrival for time critical patients. The ED service is undergoing a radical review at the moment. The intention is to provide a 24/7 service | Trauma Team Leader is always available for triage tool positive patients. Previous dashboards where this does not seem to be the case have been due to a missinterpretation by the TARN co ordinator of what triage tool positive means |
| T16-2B-102 | Trauma Team Leader Training | All Trauma Team leaders are European Trauma Course providers/ instructors or ATLS instructors. In year two TTL courses have been run at UHCW for the central engalnd network with participants from the consultant body and non consultant grades from the MTC and networked TU | | | All TTLs ETC trained |
| T16-2B-103 | Emergency Trauma Nurse/ AHP | This area was a serious concern at last peer review. Considerable progress has been made with respect to ensuring the band 7 nurses are ETC trained, the relative paucity of ETC course is the rate limiting | | | All of our trauma nurses have been through a competency based training and take part in regular simulation training in the emergency department . We are in the process of mapping current training to the standards |

Summary | Network | Pre-hospital | MTC Resus & Reception | MTC Definitive Care | MTC Rehab Measures | T16-2B-101 | T16-2B-104

**Major Trauma Centres**

University Hospitals Coventry and Warwickshire

- Main Issues
    - Emergency Trauma Nurse Training
    - Major Trauma Coordinator Service
    - Rehabilitation Coordination (at weekends)
- Good Practice/Key Achievements/Improvements since last year
    - Access to dedicated Ortho Trauma Theatre
    - Patient Transfers are quick and direct

University Hospitals of North Midlands

- Main Issues
    - 24/7 Acute Pain Service
    - Major Trauma Coordinator Service
    - Rehabilitation Prescriptions
    - Rehabilitation Coordination (at weekends)
- Good Practice/Key Achievements/Improvements since last year
    - Access to dedicated Ortho Trauma Theatre
    - Now appointed a Clinical Psychologist for Trauma Rehab

Queen Elizabeth Hospital Birmingham

- Main Issues
  - Out-of-hours Trauma Team Leader available within 5 minutes of arrival of the patient
  - Trauma Team Activation Policy
  - Provision of surgeons & facilities for fixation of pelvic ring injuries
- Good Practice/Key Achievements/Improvements since last year
  - To recognise the Rehabilitation Service who can now deliver 100% compliance with the MTC recommendations and the work undertaken by Hannah Farrell and Steve Sturman
  - To recognise the high quality of the MDT meeting on Tuesday mornings and our regular M&M meetings which review all appropriate cases and trauma deaths.

Birmingham Children's Hospital

- Main Issues
  - Emergency Trauma Nurse Training
  - Access to CT Scanner
  - Major Trauma Coordinator Service
  - Rehabilitation Coordinator
- Good Practice/Key Achievements
  - 24/7 Access to emergency theatre

Trauma Networks

i) Central England Trauma Network ii) North West Midlands & North Wales Trauma Network
iii) Birmingham, Black Country, Hereford and Worcester Trauma Network

- Main Issues
  - Network Director of Rehabilitation
  - Management of Spinal Injuries
  - Network Guidelines
- Good Practice/Key Achievements
  - Network Governance arrangments
  - TARN - Data completeness and accreditation figures reviewed at network audit meetings and plans put in place to improve on the figures.
  - Emergency Plan

Main Pre Hospital Provider

- West Midlands Ambulance Service
  - 100% achieved.

PR self assessment for PaQ [Protected View] - Excel

| Standards | | | EMAS | | NWAS | | WMAS |
|---|---|---|---|---|---|---|---|
| T16-2A-101 | Pre-Hospital Care Clinical Governance | | EMAS work collaboratively with the EMMTN alomg with linke to the Yorkshire and Humberside and West Midlands networks | | Established governance arrangements with each of the Major Trauma Networks. | | Service lead clinician attends all network governance boards, PAQ and Oversight Board |
| T16-2A-102 | 24/7 Senior Advice for the Ambulance Control Room | | Please see appropriate documents for rationale | | Provided by the advanced paramedic on the trauma cell. Supported by the the Consultant Paramedic Team and medical directors. | | Regional Trauma desk in control room staffed 24/7 365 by experienced CCPs who rotate through RTD and MERIT service |
| T16-2A-103 | Enhanced Care Teams available 24/7 | | Please see appropriate documents for rationale | | Informal arrangements in place pending a review of the current MERIT model. With a proposal tabled with the lead commissioners for a enhanced care for the NW. | | Commisioned MERIT service 24/7 365 supplemented by well governed voluntary doctor schemes |
| T16-2A-104 | Clinical Management Protocols | | Full education packages are in place for all frontline staff at EMAS | | See various attachments detailing the procedures. In addition, The Major Trauma guidelines recently released by NICE contain a number of | | Multiple clinical management protocols in place |
| T16-2A-105 | Hospital pre-alert and handover | | | | Standby notification jointly reviewed with the Acute Trust following the last peer review | | Hospital pre alert via RTD and crews use regional handover tool |

Finally each MTC presented a SWOT analysis providing a clear view of their Strengths, Weaknesses, Opportunities and Threats.

Midlands Critical Care & Trauma Networks NHS

Birmingham Children's Hospital NHS
NHS Foundation Trust

## Strengths

- Committed, motivated multidisciplinary team
- Approval of business case to increase to 10 ED consultants
- Twice monthly, high fidelity trauma simulation in ED/theatres/CT
- Development of a twice weekly MT MDT meeting with good representation from specialties, therapies, CP, youth services
- Family support- family support days, development of family packs
- Collection/ collation of rehabilitation data using the UKROC data base (off line)
- Maintaining good quality rehab despite the resignation of the clinical lead

Birmingham Children's Hospital NHS
NHS Foundation Trust

## Weaknesses

- CT scanner not co-located in ED
- Poor attendance at the trauma group meeting with potential to impact on governance
- Vacancy for our Rehabilitation lead since October 2015
- Access to psychology services (Trust wide problem)
- IT structure and support to complete project work
- Audit showed poor completion of the tertiary survey

Birmingham Children's Hospital NHS
NHS Foundation Trust

## Opportunities

- Links with the university resulting in the development of a Major Trauma App (for free!)
- Virtual Trauma Group platform and increased use of teleconferencing to improve engagement
- Engagement with the Children's MTC5+ group
- Rehabilitation project team – rehabilitation at BCH and opportunities for early supported discharge.
- Links with finance and coding services
- Rehabilitation links with adult providers
- Business case to move CT scanner (early stage)

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## Treats

Lack of space
Winter pressures- sustainability of MT MDT and Trauma Group attendance
Need to formalise some informal arrangements into clear SLAs
Staffing shortages in areas such as psychology could further impact service
Financial considerations

University Hospitals of North Midlands NHS
NHS Trust

| Strengths | Weaknesses |
| --- | --- |
| • Clinical Engagement<br>• Strong Network<br>• Demand<br>• Governance<br>• Data management<br>• Proactive approach<br>• Education, Training & Research | • Capacity<br>• Location<br>• Pain service<br>• Orthoplastic engagement<br>• Lack of 7 day service<br>• No MT Consultant Role |
| **Opportunities**<br>• Executive restructure<br>• Community engagement<br>• Outreach follow up clinics<br>• Rehabilitation development<br>• Cross Speciality Links | **Threats**<br>• Silo working<br>• Non NICE/BOAST compliant<br>• Future Direction<br>• Finance<br>• BCU Contract tender |

## Queen Elizabeth Hospital Birmingham

**Strengths**

- Consultant Trauma Clinician (CTC) service which includes both consultants and juniors. To recognise the Rehabilitation Service who can now deliver 100% compliance with the MTC recommendations and the work undertaken by Hannah Farrell and Steve Sturman
- To recognise the high quality of the MDT meeting on Tuesday mornings & our regular M&M meetings which review all appropriate cases and trauma deaths
- To recognise the Code Red consultant call-in policy which has been active since the 1st September
- To recognise our Rib Fixation Service

- To recognise the introduction of a ROTEM service from September 2016
- To recognise that appropriate 50% of our major trauma patients are entered into some form of clinical research
- To recognise the IT support given by our health informatics team
- To recognise the introduction of a clinic for our poly-trauma patients
- To recognise the review of our overall governance structure & the establishment of the two trauma groups; MTC Governance Group & MTC Specialty Group

**Weaknesses**

- To recognise the lack of frequency of multi-disciplinary simulation
- To recognise the lack of 24/7 consultant trauma team leader presence on site
- To recognise the trust failings in compliance with the BOAST 4 guidelines

**Opportunities**

- To recognise the important work ongoing to look at the psychosocial care delivered to patients and families including legal advice
- To develop an education programme for both in-house and network training
- To formulate allocated theatre sessions for BOAST 4 patients
- To develop senior clinical roles with in the major trauma medical /nursing team
- This year has recognised Stevie Lewis as becoming the lead Major Trauma Coordinator and Justine Lee being made associate specialist

**Threats**

- Capacity especially during winter time
- Failure to resolve the 24/7 consultant ED staffing
- Funding
- The impact on the trust merger with Heart of England
- Availability of rehabilitation beds with in the community

## University Hospitals Coventry and Warwickshire

### Strengths

- Reception
- Rehabilitation in house and network
- Bi weekly MTS planning meetings
- MDT Process and mortality review
- Trauma network
- In house SCI care
- Duty anaesthetist & rib fracture pathways
- Data
- Therapy engagement

### Weaknesses

- Capacity and infrastructure for IR and Hybrid
- Weekend holistic cover
- Links to SMH
- Imaging capacity

### Opportunities

- New database
- Education
- Research
- Continued expansion East
- Cohort SCI patients on MTECU
- Adolescent care pathways

### Threats

- IR/ hybrid
- Capacity
- Trusts financial position / PFI
- NHS Funding

Finally, we will endeavour to share examples of good practice and provide continued support throughout the year. We will work towards half year feedback sessions and the next round of Peer Review in 2017.

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Midlands Critical Care and Trauma Networks