Midlands Critical Care & Trauma Networks WHS

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.

Immediate Risks:

- 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.

Serious Concerns:

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.

General Concerns:

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.

General Concerns - 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.

Midlands Critical Care & Trauma Networks NHS

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

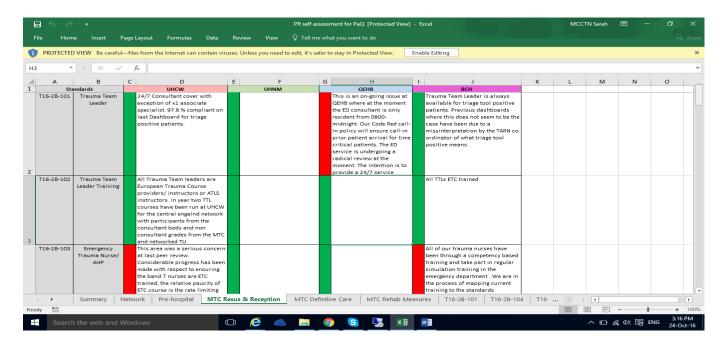
- 1. Local Guidelines now being produced in a number of units.
- 2. More emphasis on in-house training, simulation training.
- 3. Improved TARN data reporting.

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 focusing on the measures not being met by the MTC's.



Major Trauma Centres

University Hospitals Coventry and Warwickshire

- Main Issues
 - Emergency Trauma Nurse Training
 - Major Trauma Coordinator Service
 - o 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
 - o 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

Midlands Critical Care & Trauma Networks NHS

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
 - o 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
 - o 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

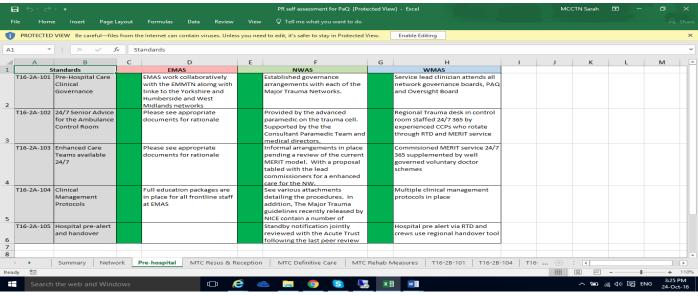
- Main Issues
 - Emergency Trauma Nurse Training
 - Access to CT Scanner
 - Major Trauma Coordinator Service
 - Rehabilitation Coordinator
- Good Practice/Key Achievements
 - o 24/7 Access to emergency theatre

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
 - o Network Director of Rehabilitation
 - Management of Spinal Injuries
 - o 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.
 - o Emergency Plan

Main Pre Hospital Provider

- West Midlands Ambulance Service
 - 100% achieved.



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

Birmingham Children's Hospital NHS

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
- · Maintaining good quality rehab despite the resignation of the clinical lead

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

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)

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 MHS **NHS Trust**



Strengths

- Clinical Engagement
- Strong Network
- Demand
- Governance
- Data management
- Proactive approach
- Education, Training & Research

Weaknesses

- Capacity
- Location
- Pain service
- Orthoplastic engagement
- Lack of 7 day service
- No MT Consultant Role

Opportunities

- Executive restructure
- Community engagement
- Outreach follow up clinics
- Rehabilitation development
- **Cross Speciality Links**

Threats

- Silo working
- Non NICE/BOAST compliant
- **Future Direction**
- Finance
- **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

Midlands Critical Care & Trauma Networks NHS

- 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.

Sarah Graham

Service Improvement Facilitator

Midlands Critical Care and Trauma Networks