

**TRUST BOARD**  
**30 June 2016**

<b>AGENDA NUMBER</b>	<b>ITEM</b>	7.1
<b>TITLE OF PAPER</b>	Trauma Unit Annual Report	
Confidential	<b>NO</b>	
Suitable for public access	<b>NO</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED</b>		
Trauma Delivery Group		
<b><u>STRATEGIC OBJECTIVE(S):</u></b>		
Best outcomes	√	To ensure safe delivery of care for all patients presenting with Trauma related injury
Excellent experience	√	To ensure patients have an optimum experience throughout their whole journey
Skilled & motivated teams	√	To ensure optimum clinical expertise and response
Top productivity		
<b>EXECUTIVE SUMMARY</b>		
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This document outlines ASPH Trauma Unit Operational Delivery (2016/7) following the National Major Trauma Peer Review Process (2 <sup>nd</sup> Aug 2016).		
<b>RECOMMENDATION:</b>	Note the Annual Report	
<b>SPECIFIC ISSUES CHECKLIST:</b>		
Quality and safety	To ensure patients receive immediate care (post trauma related injury) by skilled clinicians through-out their journey	
Patient impact	To ensure patients are supported (during and after care); particularly for those where trauma related injury has resulted in life changing care needs	
Employee	Tis ensure staff have the right skills to assess whether major trauma care is required (at the Major Trauma Centre – MTC) and where appropriate manage patients within the Trauma Unit (TU) - SPH	
Other stakeholder	Carers, SGH	

Equality & diversity	To ensure patients receive the same level of expert care irrespective of age, gender, race, culture etc
Finance	To ensure where appropriate staff are given the opportunity to attend essential skills based Trauma courses to ensure they are able to deliver the highest standard of care
Legal	To mitigate against injury
Link to Board Assurance Framework Principle Risk	
<b>AUTHOR NAME/ROLE</b>	Tom Smerdon, Director of Operations Claire O'Brien, Head of Emergency Planning & Resilience
<b>PRESENTED BY</b>	Tom Smerdon, Director of Operations
<b>DATE</b>	13th June 2017
<b>BOARD ACTION</b>	Agree board report and make necessary recommendations as/if required

**Ashford & St. Peter's NHS Foundation  
Trust  
Trauma Unit**

# Annual Report

**2016/17**

<b>Organisation</b>	Ashford & St. Peters NHS Foundation Trust (ASPH)
<b>Document Purpose</b>	Overview of Trust Trauma Unit status and priorities for 2016/7
<b>Title</b>	Annual Report
<b>Author</b>	Claire O'Brien (Head of Emergency Planning & Resilience)
<b>Date and Version</b>	June 2017, Version 6
<b>Linkages</b>	Network Peer Review Report and Work Plan
<b>Circulation</b>	Trauma Network Group & Trust Board Directors
<b>Description</b>	This document outlines ASPH Trauma Unit Operational Delivery (2016/7) following the National Major Trauma Peer Review Process Report (2 <sup>nd</sup> Aug 2016).
<b>Point of Contact</b>	Claire O'Brien (Head of Emergency Planning & Resilience)

## Foreword

Ashford and St Peters Hospitals NHS Foundation Trust (ASPH) serves a population of over 410,000 people and provides a wide range of services from two hospital sites – Ashford Hospital near Hounslow and St Peters in Chertsey. The quality of services continues to be developed and the Trust won the national Quality of Care Award from CHKS in 2016.

Our strategy is to develop integrated care for the local population and deliver high quality specialist services in Surrey. The Trust Board therefore recognises the value of delivering effective trauma services (as part of the Major Trauma network) and the benefits this brings the local population. ASPH is committed to ensuring that key service improvement and governance recommendations (as described within the network strategy and following the National Trauma Peer Review Aug 16) are given priority; ensuring high quality, safe and compassionate care for our patients.

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## Background

Ashford and St Peter's NHS Trust (ASPH) is a member of the South West London and Surrey Trauma Network (SWL&STN). The Network was established in 2010 in response to the National Confidential Enquiry into Patient Outcomes & Death (NCEPOD) report – Trauma: 'who cares' which highlighted significant deficiencies in organisational and clinical aspects of trauma care. St Peter's Hospital (SPH) acquired Trauma Unit (TU) Status in 2011.

SPH receives trauma predominantly from South East Coast Ambulance Service (SECamb) and self-presentations. Major trauma is taken directly to the Major Trauma Centre (MTC) at St George's Hospital (SGH). All trauma patients presenting to SPH are discussed with the MTC and where appropriate are transferred to SGH. Patients considered stable and suitable to be managed within a TU will be assessed and where appropriate admitted to St Peter's under the care of the most relevant speciality. (Trauma Unit Operational Plan)

## Introduction

During the National Peer Review, ASPH were assessed against both National Trauma Measures (TQUINS) and Pan - London Trauma Unit Standards. In order to maintain Trauma Unit status ongoing evidence of compliance against these standards is required, including regular review of the Trauma Unit Operational Policy, and Work plan; developed following this visit

Information submitted during the Peer review included:

- Evidence of institutional commitment
- Evidence of TARN data completeness
- Evidence of governance and risk management
- Evidence of inpatient care and inpatient pathways
- Evidence of transfer of care processes
- Evidence of on-going rehabilitation practices

2015/6 identified gaps in effective trauma delivery:

Where were we?	Where are we now?
Poor closure of governance reviews following M&M meetings	The Trust has reviewed its governance reporting structure to ensure a more robust mechanism of scrutiny relating to the management of Trauma patients ( <b>see fig 1 below</b> ).
1 hr to CT + 1hr for reporting for Elderly patients with Traumatic Brain Injury (TBI)	Where there were delays identified most were due to delays in booking due to missing initial need for a CT or where there were delays in transfer from ED to CT. The Emergency Dept (ED) have developed a RED Flag system ( <b>see Appendix 2</b> ) where elderly fallers (from standing in particular) on anticoagulants are flagged to a senior clinician in order to ensure immediate CT head
Inconsistent recording/attendance of the level of doctors attending trauma calls.	The Trauma record book has been updated to include whether a trauma call was triggered. The M&M meetings review patients with an Injury Severity Score (ISS) >15, which helps to identify whether a Trauma Call was initiated and whether appropriate specialities responded
Trauma team activation criteria review	During Aug 15 – May 16, 92% of all patients identified with Trauma had a Trauma call activated.

Increase administrative support for trauma governance (TARN)	The Trust has now agreed an additional x20hrs funding for TARN support which will ensure we are able to manage the current back-log in TARN data analysis and keep contemporaneous reporting as recommended by the Peer Review team
Demonstrate cross organisational learning from trauma M&M reviews	Monthly M&M meetings have been set-up to review all Trauma patients. The group is multi-disciplinary (Therapy, senior nurses ED, Trauma clinical lead, Trauma lead nurse). This group focuses on review of all TARN patients as well as others where there has been any cause for concern. In addition the quarterly Trauma delivery Group meetings review any specific learning presented to the group by the respective governance leads. There is still a gap in senior clinician engagement
Delay in repatriation of patients from SGH following Referral	Daily review of patients waiting repatriation at the capacity meetings. Escalation to Director of Ops in the event of delays
Direct referral pathways	The Trust Rehab coordinator supported by therapies ensure (where possible) patients are transferred to a rehab bed at the point of repatriation. Where this is no possible the Rehab Trauma lead (senior therapist) ensured patients are tracked to the right bed base to ensure improved outcome, reduced LoS

### Trauma Delivery Group

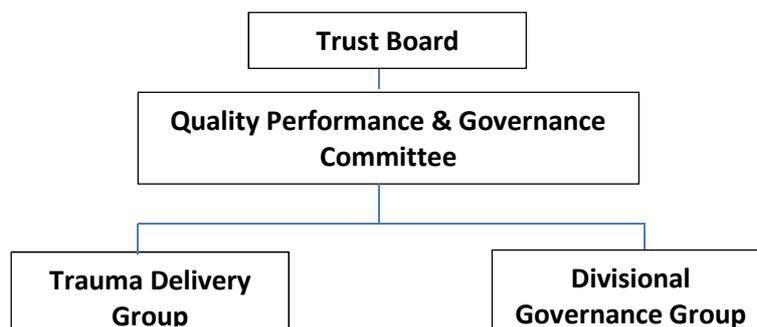
The Trauma Delivery Group (TDG); made up of multi-disciplinary senior clinicians and managers was set-up in 2011. The group refreshed its clinical leadership and membership in March 2016. This group currently meets quarterly to discuss key actions relating to effective care of trauma patients presenting/admitted to ASPH. The group terms of reference were last reviewed and revised in March 2016 (**See appendix 1**).

### Governance and Risk Management

A new Trauma lead has been appointed and the governance arrangements have been redesigned. (**See fig 1 for governance structure**).

Monthly MDT M&M meetings are used to review patients presenting with an Injury Severity Score (ISS) >15 and discuss governance issues relating to the management/outcome of these patients. Results from key local audits are presented by specialties to the divisional governance meetings. Divisional Governance leads assist the TDG to maintain a governance log and risk register. Trauma Datix incidents are logged and investigated and relevant incidences/learning presented at the TDG meetings.

**Fig 1:**



## Developments

### Traumatic Brain Injury (TBI)

All elderly patients admitted with TBI will be placed either on Cedar ward or Cherry ward - Older Persons Short-Stay Unit (OPSSU). Regular review of this group of patients suggests that the majority are getting to Cedar ward and onto (where appropriate) a rehabilitation bed prior to discharge home.

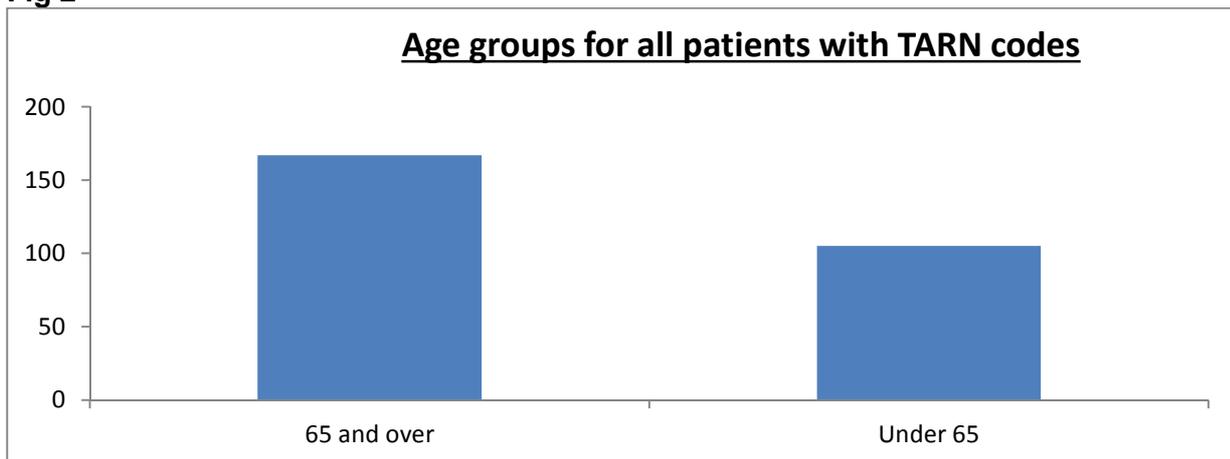
### Spinal Cord Injuries (SCI)

Spinal cord injury patients are a complex patient group who are often associated with long waits in acute beds in the network (both MTC's and TU's) while waiting a rehabilitation placement at a Spinal Cord Injury Centre. ASPH Trauma specialist nurse and Therapists continue to ensure all senior clinicians/therapists are American Spinal Injury Association (ASIA) trained to ensure best quality spinal cord assessment.

### Elderly Trauma

An increasing amount of our seriously injured patients; with an Injury Severity Score (ISS) of >15 are the elderly fallers from standing who do not appear as major trauma in the classical sense. These patients often present with a seemingly insignificant mechanism but can have serious injuries. With the population ageing this has also been recognised nationally. (**See fig 2**)

**Fig 2**



Data has shown that 'Falls<2 metres' (a fall from standing) has a significant injury pattern and poor outcome. A significant number on anticoagulants may have a delayed CT head as history maybe poor on presentation or the mechanism of injury has now triggered a trauma call. The Trust is currently working with the radiology dept to identify a mechanism to audit whether the red flag scheme is improving time to CT and outcome for this client group

### Care Coordinators:

It is recognized that in order to ensure the best outcome for patients getting to the right bed base (where appropriate skilled clinicians can manage your care) is essential. The Trust now has Care coordinators for:

- Surgery – Emergency Laparotomy nurse lead
- Orthopedics – Trauma Specialist Nurse
- Medicine: Rehab Trauma Lead Therapist

The Care Coordinators work closely with the site team to support tracking and coordination of specialist care and where appropriate outlying patients are flagged & transferred to an appropriate specialty bed base.

### **Areas for Improvement:**

Although there is improved governance arrangements for patients admitted with trauma related injury there is still a lack of specialist clinical engagement in both the audit/review meetings and attendance to the Trauma Delivery Group meetings.

Reduction in Quash days has resulted in lack of time to support awareness of new trauma protocol

### **Summary and Way Forward**

During 2017 the TDG is focusing on the following priority areas: (See **appendix 3 – Work Plan**) for further detail

- 1. Improving patients longer term support post traumatic injury:** Critiquing the patient's journey is seen as an opportunity to identify gaps in service provision. There is limited therapy and psychological support offered to patients post discharge. This is an area identified as a priority as recommended in the SWLTN strategy
- 2. Identification and implementation of training recommended by the London Trauma network:** It is recognized that the ability to release staff to attend external training (Advanced Trauma Nurse Course (ATNC) is limited. In-house training has therefore been developed known as Trauma I Learning (TILs) – (facilitated by the CPEs in ED) to ensure nursing staff have the basic skills/competence to manage trauma presentations. Appropriate grade doctors continue to receive inhouse Advanced Trauma Life Support (ATLS) in order to ensure cover to ED 24/7, with the ability to escalate to a senior Consultant OOHs if there are greater than 2 Trauma presentations
- 3. Trauma Call attendance:** Whilst Trauma call activation is improving; Trauma call specialty response continues to be patchy. Another audit will be carried out (Aug 2017) to assess compliance with response. Specialties not attending will be Datix

### **Conclusion:**

The Trust continues to improve its ability to manage Trauma and is keen to learn and embrace any change which puts the patients at the very heart of the service we provide. There is still work to do to ensure adherence to recommended best practice trauma pathways thereby ensuring effective clinical outcomes for all patients.

## Appendix 1

### TRAUMA DELIVERY GROUP Terms of Reference

#### Constitution

Clinical Governance Committee: to ensure robust clinical governance review process are in place for all trauma patients, managed within ASPH or transferred out to the Major Trauma network

Trauma Delivery Group: to ensure adherence to recommended best practice trauma pathways thereby ensuring effective clinical outcomes for all patients

#### Authority

The Group is authorised by the committee to instigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Group.

#### Chair:

Consultant Orthopaedic Surgeon – Lead for Trauma, supported by the EPLO lead

#### Membership

Clinical Lead for Trauma – Orthopaedic Consultant

Accident and Emergency Clinicians – Consultant – Vice Chair (Adult & Paeds)

Accident and Emergency Department - Matron & Senior Nurse (Adult & Paeds)

Service Manager Accident and Emergency

Resuscitation Officer

Operating Department Practitioner

SECAMB Representative

Clinical Governance Manager

Paediatric Matron

Trauma and Orthopaedics - Matron/Trauma lead nurse

COE lead Consultant

Therapy lead

EPLO Lead

Management Support

TARN auditor

#### By Invitation

Chief Operating Officer

Consultant Surgeon

Consultant Anaesthetist

Trauma Surgeon

Radiologist

Clinical Site Nurse Practitioner (for patient pathway management)

#### Quorum

Meeting can only go ahead with 6 or more members are present.

#### Frequency and Conduct

The group will meet monthly for 1.5 hours for the first 6 months, from March to August 2016. Thereafter meetings will be bi-monthly

### **Function**

- The development and implementation of strategy, operational plans, policies, regarding management of trauma patients, including Paediatrics
- Review of recommendations of the TARN data and quarterly reports and implementation of quality improvements.
- Review of individual cases and the dissemination of learning through quarterly trauma forum and presentation at divisional Educational Half Days
- Review of the Hot Trauma Transfer arrangements as per Trauma Network Guidelines
- Ensure there is a patient perspective and measure patient and carer experience

### **Key Responsibilities**

- Improvement of the management of trauma patients and implementation of the trauma network guidelines.
- Identification and implementation of training recommended from the London Trauma network.
- Monitoring of national and local guidelines.
- Fulfillment of Trauma Unit designation criteria.
- Evidence of effective governance and risk management processes
- Evidence of inpatients/transfer of care pathways
- Structured action plan for reviewing trauma governance/risk management
- Evidence of training methods and log of training needs analysis/evidence

### **Reporting Lines**

Local Trauma Network Meeting

Reporting progress as part of emergency Medicine Clinical Governance Report twice yearly

Clinical Advisory Group (CAG)

Quality Performance & Governance Committee – (QPGC)

## Appendix 2

### **RED Flag for ElderlyTrauma Patients** **(To support early identification of head injury)**

#### **Assessment:**

- History of recent falls
- On warfarin/anticoagulants
- And/or reduced GCS
- Bleep 5071 (8-8pm)

#### **Action:**

Discuss with senior ED or medical Dr (if on AMU) immediately, to assess whether patient requires urgent CT to rule out cerebral bleed or injury

NB: Following assessment if appropriate transfer to OPPSU

**CT should be requested within 1  
hr from time of arrival**

### Appendix 3

## Ashford & St. Peters Hospitals NHS Foundation Trust (ASPH) Trauma Work-Plan June 2017 (Updated)

Following the successful National Trauma Peer Review in Aug 2016 ASPH received a number of recommendations in order to ensure full Trauma Unit compliance. This work-plan sets out the required actions that will ensure full compliance against the National Trauma Quality Indicators (TQUINS) and a set of Pan London Trauma Unit Criteria from the Pan London ODN.

**NB:** This is a live document and it will be updated as actions are completed.

Core standard	Current self-assessed level of compliance (RAG rating)	Remaining actions required to be fully compliant	Planned date for actions to be completed	Lead name	Further comments
<b>Operational policy:</b> requires updating in line with current Trust and network protocols		Ops policy to be reviewed by the Trauma delivery Group team	<b>2017</b>	<b>Claire O'Brien + SWLTN</b>	Need to ensure updated SWLTN protocols are included in appendices New spinal pathway and update to radiology now received but need including in Ops policy and further dissemination
<b>Elderly Trauma:</b> Lack of front door identification of elderly trauma patients.		Currently piloting Red Flag triage assessment protocol to identify Elderly Trauma earlier	<b>On-going</b>	<b>Clarence Chikusu Radiology</b>	Waiting for outcome of audit to see if CT response times have improved for the older faller
<b>Diagnostics::</b> Time to CT for head injuries (AIS 3 +)		Delay in early identification for this group (usually elderly) identified and presented to the National Team	<b>ongoing</b>	<b>Radiology ED</b>	Re-assess response times – as above

<b>Interventional Radiology:</b> Lack of IR protocol for trauma patients		Meeting in Sept planned to review current IR protocols for Trauma related injury	<b>Completed</b>	Radiology Trauma Delivery Group (TDG)	Draft Protocol being developed by SWLTN Clinical Advisory group – awaiting sign-off
<b>Clinical Leadership:</b> ED Consultant lead		Need to ensure regular attendance from speciality leads at the Trauma delivery group	<b>Completed</b>		The clinical leads need to ensure all relevant protocols are disseminated within their respective divisions
<b>Management:</b> Named senior management lead to attend Network Board			<b>Completed</b>		Tom Smerdon – Director on unplanned care
<b>Trauma Coordinator:</b> Lack of a trauma coordinator service / role for non-orthopaedic trauma patients		Designated coordinators for all specialities being recommended by SWLTN.	<b>March 2017</b>		Agreed lead for T&O – Trauma lead Nurse Surgery – Emergency laparotomy Nurse Medicine – Therapist to lead Still need to improve communication – referral from SGH - ASPH
<b>TARN data:</b> Delay in getting data submitted.		Plan to recruit to PT additional TARN coordinator to support current resource	<b>Oct 2017</b>		The funding for this post now substantive. ERF being completed by ED admin manager for additional 20hrs
<b>Repatriation:</b> Transfer of patients back from the major trauma centre (MTC).		The network protocol for this is two days (48 hours) from referral. On average St Peters site at 4 to 5 days.	<b>On-going</b>		Re-audit times to repatriation Daily escalation to site if there are delays in repat and to exec level if not resolved

<p><b>Governance:</b>                  ISS &gt;15 review                  M&amp;M meetings                  Audit of elderly fallers/Trauma calls                  Improve senior clinical speciality attendance at MM &amp; TDG meetings</p>		<p>Continued review required to ensure shared learning</p>	<p><b>On-going</b></p>		<p>Monthly ISS meeting run by the TDG clinicians.                  Plan to ensure all divisions have 1 hr (bi-annual) and have Trauma as standard agenda item for quality/quash meetings</p>
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