

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Service	Sussex Network Governance Measures (T14-1C-1) - 2014/15	
Peer Review Visit Date	26th February 2015	
Compliance		
NETWORK GOVERNANCE MEASURES	Self Assessment 73.7% (14/19)	Peer Review 52.6% (10/19)
Zonal Statement		
Completed By	James Heasman	
Job Title	Quality Manager	
Date Completed	23rd March 2015	
Agreed By (Clinical Lead/Quality Director)	Sally Edwards	
Date Agreed	6th April 2015	
Key Themes		
Network Governance Measures		

Sussex benefit from a proactive Network Clinical Director who is well supported by a Network Manager and both are assets to the network. The network during the last twelve months has made significant improvements in terms of developing and implementing a more robust governance system, from the initial embryonic structure and this is to be commended. There is good engagement from constituent organisations, complemented by good active involvement from medical and allied medical professionals across the network, including units on the periphery.

At the time of review there is no network rehabilitation director in place or any funding to support this role and this needs to be addressed.

There is a network board and clinical advisory group in place, together with a data group and education and training group, the latter two being sub-groups of the network board.

There is executive representation at network board meetings and these meetings take place on a quarterly basis.

A clinical governance half day audit meeting was undertaken during January 2015 and some feedback was given to organisations, however this needs to be undertaken on a more formal basis and include the Kent, Surrey and Sussex Sub-Regional team and respective Clinical Commissioning Groups.

The continued delay in the transfer of neurosurgical services from Hurstwood Park Neurological Centre (HPNC) to the MTC site at Brighton remains a concern, and although assurance was given during the review meeting regarding timescales, it is essential that the network management team together with commissioners continue to closely monitor the transfer of these services. Any further delay could impact on the viability and sustainability of the MTC.

During the review discussion, commitment was given by trusts on the periphery of the patch to review patient pathways once neurosurgery has transferred to the Brighton site from HPNC.

The network evidence was well presented and ensured that the review progressed smoothly.

At the time of review network protocols and guidelines remain in development. There is a picture archiving and communication system (PACS) in place across the network, which enables good access to images and the network has facilitated a data sharing agreement between organisations to support the sharing of these images.

There is a network CT protocol for adults, which is based on enabling TUs to use their own systems and together with a paediatric version for children. It is important that the network closely monitors arrangements in organisations to ensure that practice remains broadly the same and ensures a more detailed policy in terms of investigation is developed.

Guidelines for head injuries of AIS3+ require further development, as the time to CT is outside of NICE recommendations. The network team acknowledged that further work is required in relation to the production of rehabilitation guidelines and pathways. It would also be beneficial to liaise with the South East London and Kent and Medway trauma network regarding provision of rehabilitation for those patients in the north of Sussex.

Although the MTC has undertaken a useful patient experience exercise, there is a need to consider how this can be rolled out and achieved network wide.

A network transfer protocol has been developed but there is a need to audit this to ensure that it has been fully implemented at a TU level.

There are plans in place for a web based system for repatriation which will facilitate a smooth pathway of repatriation from TU's, as well as supporting the completion of rehabilitation prescriptions - the review team considered this to be an innovative approach.

There is one patient representative on the network board which is positive; however, there is a need to increase this valuable representation.

A more robust programme for network audit needs to be developed, together with a more consistent approach to education and training. The review team welcomes the establishment of working groups and anticipates significant progress during the next 12 months.

Funding streams for rehabilitation and education and training need to be identified. It would be beneficial to consider regional funding streams (such as 'learning beyond registration').

A network wide major incident plan needs to be developed, as although individual ones exist these differ on each hospital site.

During the review discussions at TUs, concerns were expressed regarding the potential de-skilling of certain groups of staff as a result of the major trauma pathways and this needs to be considered more widely at a network level.

A network rehabilitation directory has been established which is positive.

Good Practice

Good Practice/Significant Achievements

Committed Clinical Lead and Network Manager.

Web based approach to repatriation.

Patient engagement.

Engagement from TU teams.

Development of governance processes.

Half day audit meeting.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

Lack of network rehabilitation director.

Neuro-surgery not centralised at the time of review.

Lack of audit activity.

Not all guidelines consistent (e.g. emergency planning).

Funding streams for rehabilitation and training.

Rehabilitation provision for patients in North Sussex.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	South East Coast Ambulance Service NHS Foundation Trust	
Trauma Service	South East Coast Ambulance Service NHS Foundation Trust Pre-Hospital Care Measures (T14-2A-1) - 2014/15	
Peer Review Visit Date	26th February 2015	
Compliance		
PRE-HOSPITAL CARE MEASURES	Self Assessment 90.0% (9/10)	Peer Review 90.0% (9/10)
Zonal Statement		
Completed By	James Heasman	
Job Title	Quality Manager	
Date Completed	23rd March 2015	
Agreed By (Clinical Lead/Quality Director)	Sally Edwards	
Date Agreed	6th April 2015	
Key Themes		
Pre-Hospital Measures		

The South East Coast Ambulance Service (SECAMB) provides a service across three trauma networks (Sussex, South East London and Kent and Medway and South West London). SECAMB and the Air Ambulance Charity have some interactions with the Wessex Trauma Network when Southampton is either the closest MTC or the choice for the helicopters as the landing pad is functional 24 hours a day, seven days a week. The review team understands that SECAMB take an active role in the Sussex based clinical advisory group and the network trauma board, which aids its' own governance processes. Although the challenge of attending up to four network board meetings is recognized, where practical it is important that SECAMB work to achieve this, ensuring appropriate representation when decision making takes place.

Links with the Sussex trauma network are well established and a collaborative audit on the major trauma decision tree has been undertaken. This has also been completed with other networks with links in place via the Quality Manager. During the presentation on the day of the review it was highlighted that further analysis is required, and this should be undertaken in

conjunction with the network. It would be useful to consider rolling this audit out to other networks and sharing any good practice found.

Following the anticipated transfer of neurological services to the MTC in Brighton, there will be a need to ensure that greater clarity exists regarding triage for isolated head injuries to TUs.

The open fracture pathway needs further clarification, and it is important that SECAMB work with respective networks to ensure timely ortho-plastic involvement for patients that fulfill the BOAST criteria.

Through discussion, although the major trauma decision tree is in place and guidance is provided, it was apparent that there is a lack of clarity between the Trauma Units (TUs) and SECAMB regarding when it is appropriate to stop at the TUs to undertake life-saving treatment prior to transfer to the MTC, and this must be resolved.

Air ambulances are considered a strength of the service providing a twenty four hour, seven day a week service. It is noted though that the only helipad currently available out of hours is at University Hospitals Southampton.

Extensive training records for paramedics were made available during the review visit including the administration of tranexamic acid. Although reassurance was given that pelvic ring binder training is given as part of induction, no documentary evidence was produced.

It was noted that the Critical Care Paramedics are extending their skill-set to do a thoracostomy rather than thoracotomy. The former is a hole in the chest to check for a tension pneumothorax rather than opening the chest.

There is a need to develop clinical guidelines regarding when to exceed the 45 minute isochrone in appropriate clinical situations.

The review team commends the critical care paramedics in post for their advanced academic preparation in critical thinking and analysis. The proposed move to increase skills in sedation and thoracostomy is innovative.

It would be beneficial for the SECAMB and the network to undertake a joint audit to measure the time of secondary transfer request to the response time of the ambulance. Whilst it is recognized that a high priority it is given, it is unclear as to whether this standard is achieved.

SECAMB expressed desire to reduce unnecessary time on scene and the review team is supportive of any work in this area.

Good Practice

Good Practice/Significant Achievements

Critical care paramedic's academic preparation in critical thinking and analysis.

Governance around maintenance of training records.

24 hour air ambulance service

Collaborative work with Sussex Trauma Network.

Extending skill base to cover thoracostomy.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

Engagement with other networks in terms of seniority of attendance at network board meetings.

Response to secondary transfer requests.

TUs not accepting trauma patients when requested by SECAMB.

Lack of guideline for 45 minute isochrone.

Open fracture pathway requires greater clarification.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	Brighton and Sussex University Hospitals (Royal Sussex County Hospital)	
Trauma Service	Brighton and Sussex University Hospitals (Royal Sussex County Hospital) Reception and Resuscitation Measures (T14-2B-1) - 2014/15	
Peer Review Visit Date	26th February 2015	
Compliance		
RECEPTION AND RESUSCITATION MEASURES	Self Assessment 82.6% (19/23)	Peer Review 52% (12/23)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23rd MARCH 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	6th APRIL 2015	
Key Themes		
RECEPTION		

Brighton and Sussex University Hospitals is based across two sites, in Brighton at the Royal Sussex County Hospital (RSCH) and in Haywards Heath at the Princess Royal hospital (PRH) which is approximately 15.5 miles away in distance. The Major Trauma Centre (MTC) was set up in 2012 and is based on the RSCH site, covering a population of approximately 1.6 million.

Currently the RSCH is going through a period of transition as it transfers neurological services from PRH to RSCH; this is due to be completed by May 2015. The reviewers were assured on the day that the project is currently on target however, failure to achieve the transfer would potentially result in an immediate risk as major trauma patients with head injuries requiring neurosurgical input are currently managed on the PRH site some distance from the Major Trauma Centre.

Paediatric services are provided by either Kings College Hospital, St Georges Hospital or Southampton General Hospital depending on the place of residence.

The review team met with a well-represented trauma team, who benefited from good executive and clinical team engagement.

Although it was apparent, through the evidence that response times meet the five minute criteria for team members, there is a need for team leaders to ensure they undertake appropriate trauma team leader training.

At the time of review there is no ATNC course in place, though this is mitigated by the cohort of seven senior nurses who provide twenty four hour, seven day a week cover in the resuscitation area. It is positive that the network is working on developing a network wide solution, which will ensure team members are compliant with this measure. Other nurse training was recorded thoroughly which is good practice. Of further note was the role of the technical assistants who ensured resuscitation bays are re-stocked in a timely manner.

A trauma activation policy is well established and is embedded in practice.

There is a twenty four hour, seven day a week rota for Emergency Department consultant cover, and the review team believe this model is unsustainable in the long term due to the current number of consultants in post. It was noted that the existing consultants are covering periods between Friday and Sunday by doing locums.

There is twenty four hour, seven day a week access to appropriate staff in the event of a thoracotomy being undertaken, with cross-cover provided by the cardio-thoracic senior team.

Despite reassurance to the contrary, it is noted that TARN data for the period April 2014 to September 2014, indicates that MTC consultant presence on arrival and consultant present within 30 minutes following trauma team activation is 77.5% and 81.3% respectively, and these are below expected levels. The Trust is encouraged to audit these areas as matter of urgency.

The evidence was well presented and aided the review preparation.

RADIOLOGY

The computerised tomography (CT) scanner is located within the emergency department area, and benefits from a twenty four hour, seven day a week on site radiographer presence. It is noted that where requested, a verbal report is available within five minutes.

The review team believe it would be beneficial to consider implementing a radiology primary assessment proforma, which is available from the Royal College of Radiologists, whilst awaiting a formal full report.

At weekends radiology reports are outsourced, and the MTC highlighted that local audits had indicated no major discrepancy.

TARN data indicated that 47.9% of patients are receiving a CT scan within 30 minutes of arrival at the MTC, and a 100% of patients who met NICE criteria for head injuries received a CT within 60 minutes.

An audit of CT reporting in September 2014 demonstrated an average time of 1 hour 33 min. It is anticipated this will improve during 2015 when the registrar on-call rota is changed from

non-resident to resident. This audit also showed no discrepancy between the reporting of the registrar and the verification by the consultant which is commendable.

MRI scanning is available twenty four hours a day, seven days a week at RSCH, however the service does not currently allow for scanning of patients under sedation/anaesthesia out of hours, and this needs to be resolved.

An interventional radiology service commenced in January 2014, with a theatre suite opened during July 2014. The review team understand that a further interventional radiologist appointment will be made during 2015.

The network has agreed that individual organisations will use their own CT protocol as a clinical guideline.

All radiologists have access from home to all hospitals images in the trauma network, which are linked via PACS. This is available to the MTC.

SURGERY

The review team understand that there is twenty four hour, seven days a week access to emergency theatre and surgery. However currently there is only limited access to interventional radiology, although the review team understand that as stated previously a further appointment is anticipated during 2015.

It was noted that at the time of review not all surgeons had undertaken training in damage control surgery. It is essential that this is addressed as a matter of urgency and this is raised as a 'serious concern'.

It was noted on the rotas provided that general vascular and orthopaedic surgeons are ST3 and above and there is a need to ensure the grade of staff is ST4 in line with the measures from the Manual of Trauma Services. Anaesthesia and Intensive care however do have ST4 grade staff available.

Through discussion, the MTC demonstrated that with the exception of neurosurgery and interventional radiology, there is satisfactory access to relevant consultant team members.

Trauma management guidelines are in the process of being completed at a network level and further work was detailed within the work programme.

TARN data indicated that patients requiring acute intervention for haemorrhage control were seen appropriately.

At the time of review the Intensive Care Unit (ICU) has 28 beds. All poly-trauma patients requiring level 2 or level 3 care are admitted direct to ICU. The review team understand that additional ITU capacity is being created at the RSCH site to cater for the neurosurgery service which is due to commence at RSCH during May 2015.

Collection of ICNARC data commenced in October and at the time of review the MTC had not

received its' first set of results.

There is twenty four hour, seven day a week access to anaesthetic support and all patients are referred to the pain service, but no audit was provided of patients of IS3+ and above.

INTENSIVE CARE

PAIN MANAGEMENT

TRANSFUSION

There is a named lead for transfusion, and rota's provided indicated expert advice is available twenty four hours a day, seven days a week.

A massive transfusion protocol is in place, though this is a trust level document. It is important that the network works towards developing a more consistent document across Sussex. It was noted that the MTC use of products is thromboelastometry (ROTEM) guided.

Evidence provided indicated that the Trust met the three hour criteria only 50% of the time, however this was felt to be due to recording discrepancies. The review team commends the fact that SECAMB are moving towards tablet recording systems.

Good Practice

Good Practice/Significant Achievements

Executive team engagement and commitment.

Commitment to the peer review process by the Trauma team including HPNC colleagues and Commissioners.

All radiologists have access from home to all hospitals images in the trauma network.

CT reporting audit demonstrated no discrepancy between the reporting of the registrar and the verification by the consultant.

Twenty four hour, seven day a week on site CT radiographer presence.

The evidence was well presented and aided the review preparation.

Nursing training was well recorded.

Role of the technical assistants who ensure resuscitation bays are re-stocked in a timely manner.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Identified

Serious Concerns

At the time of review not all surgeons performing lifesaving emergency surgery had undertaken training in damage control surgery. It is essential that this is addressed as a matter of urgency and this is raised as a serious concern.

The trust has responded to the above 'serious concern' and advised:

This is identified within the MTC work programme for 2015/16 as a priority to address. All surgeons on the surgical on call rota are GI surgeons, and we have a separate vascular surgery rota. Since the visit, two of the eight surgeons on the general on call rota have enrolled to participate in a Damage Control Surgery course run at St George's Hospital in London this week, and will be updating the department at a Clinical Governance meeting the following week. We are committed to ensuring there is always a Damage Control Surgery trained surgeon on call and the vascular surgeons who are trained in damage control surgery will support their general surgical colleagues in achieving this. Finally we have funding in place to recruit a cadre

of general surgical consultants with a specialist interest in emergency surgery which will provide far greater long term assurance around provision in this area. We hope in the future to be able to hold our own damage control surgery courses as part of our commitment to providing education and expertise to the Sussex Trauma Network.

Serious Concerns Resolved?

Not Resolved

Serious Concerns Resolution

Concerns

Administering of tranexamic acid showing as 50%.

Limited access to interventional radiology.

ED model of twenty four hour, seven day a week consultant model, unsustainable in the longer term due to numbers of consultants.

General vascular and orthopaedic surgeons' rotas indicated staff of ST3 and above, and there is a need to ensure the grade of staff is ST4.

Delays in time to surgery.

Trauma team leader training to be rolled out to all relevant team members.

No ATNC course in place.

Audit of MTC consultant presence should be undertaken to review discrepancies.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	Brighton and Sussex University Hospitals (Royal Sussex County Hospital)	
Trauma Service	Brighton and Sussex University Hospitals (Royal Sussex County Hospital) Definitive Care Measures (T14-2C-1) - 2014/15	
Peer Review Visit Date	26th February 2015	
Compliance		
DEFINITIVE CARE MEASURES	Self Assessment 83.3% (15/18)	Peer Review 66.7% (12/18)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23rd MARCH 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	6th APRIL 2015	
Key Themes		
Definitive Care Measures		

The review team was impressed with the commitment and enthusiasm of the MTC lead clinician who has been instrumental in developing trauma services at the RSCH and more widely across the network. This enthusiasm and good leadership was also evident in the poly-trauma consultants, who manage the inpatient multiple trauma patients.

It was also noted that the clinical leads for trauma in ITU and the ED are assets to the service and are particularly proactive in resolving issues and instigating change.

There are two MTC trauma co-ordinators who are dedicated and pivotal to the success of the trauma service. However, at the time of review the service is not available seven days a week and is thought to be unsustainable in its current format, particularly given the likely increase in workload following the migration of neuro-services from Hurstwood Park Neurological Centre (HPNC). There is an urgent need to consider how this developing role can be further supported.

There is a robust MDT meeting in place with the appropriate level and variety of MDT members

in the main attending, with the exception of the general surgeons and rehabilitation representation. Plans exist for poly-trauma patients to be co-located within the orthopaedic trauma ward. Neuro-surgery will be in the immediately adjacent ward.

The development of a joint ortho-plastic emergency service following the appointment of an ortho-plastic surgeon is commendable, and will hopefully allow the team to improve compliance with BOAST guidelines. However, the current provision of timely management of complex lower limb trauma was recorded as 40% which is below the national average and this is raised as a 'serious concern'.

A spinal fixation service is in place at BSUH, partially provided in the MTC, and partially within the neurosciences department. In cases of spinal cord injury there is discussion with Stanmore. Some patients are referred to St Georges either for specialist support or when there is a gap in the local service. A full service will be provided at the MTC following completion of the reconfiguration of services.

As previously stated neurosurgery is currently provided at HPNC. The Deputy Chief Executive gave an undertaking that services will transfer to the RSCH site by May 2015. If the MTC is to remain viable it is essential this takes place as a matter of urgency and that the necessary support including appropriate rehabilitation service is also developed.

South East burns guidelines have been adopted for the management of burns and the service is provided via Queen Victoria Hospital in East Grinstead.

Although no formal tertiary survey protocol was presented, the poly-trauma consultants provided assurance that an appropriate daily mechanism is in place to support patients following neurosurgery or with isolated head injuries. It is essential the tertiary survey protocol is formalised and agreed between all specialites.

Maxillo-facial services are in place though no formal rota was provided.

Data quality for the Trust is a concern as a number of TARN eligible patients who are admitted to the HPNC with an isolated head injury, are not captured as part of the MTC, though following reconfiguration it is anticipated that this will improve. The review team is concerned regarding the level of TARN support. Although the individual is enthusiastic and committed to the role, the level of cover is unacceptable and needs to be reviewed, to ensure data collection is not compromised during any periods of leave or extended absence.

Good Practice

Good Practice/Significant Achievements

Commitment and enthusiasm of the MTC lead clinician who has been instrumental in developing trauma services at the RSCH and more widely across the network.

Enthusiasm and leadership provided by poly-trauma consultants.

Clinical leads for trauma in ITU and the ED.

Commitment of trauma co-ordinators.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Identified

Serious Concerns

Patients with open limb fractures requiring combined orthoplastic surgery are not always receiving initial coverage within 72 hours. This may result in increased risk of wound infection and may significantly compromise patient outcomes. The current provision of complex lower limb trauma was recorded as 40% which is below the national average.

The trust has responded to this issue:

The review identified that the BOAST 4 standard in relation to fracture fixation and wound closure was not being met in sufficient cases. The data on coverage of open fractures is reported on a rolling 12 month basis through TARN, and up until very recently our rolling total number of cases did not meet the threshold for statistical significance. The orthoplastic and trauma & orthopaedic lead have gone back through the notes for each of the 16 cases submitted to identify where improvements can be made, and have identified one case which had not been recorded accurately. Taking this case into consideration, our performance would have been better than the national average of 40% moving from a 37% to a 43% compliance. The case review has identified some issues with accuracy of data capture, and the teams are developing a proforma for recording open fracture management within the orthopaedic trauma database. Our plastic surgery service is provided in partnership with the Queen Victoria Hospital, East Grinstead and we are developing plans to extend the current provision to ensure

full cover for leave, and subsequently enhanced cover at weekends. Finally, with the reconfiguration of clinical services in June 2015, that sees Neurosurgery move to the RSCH site and fractured neck of femur surgery move to the Princess Royal, there will be increased availability of theatre time for orthoplastic cases, both with dedicated lists and greater access to general trauma sessions. We will continue to monitor progress in this area monthly via the Trauma Committee as well as via TARN.

Serious Concerns Resolved?

Not Resolved

Serious Concerns Resolution

Concerns

Delay in transferring neurosurgery despite previous assurance, failure to move services by end of May would potentially impact on viability of this service.

Trauma co-ordination only available five days a week and considered to be unsustainable, given the likely increase in work following the migration neuro-services from HPNC.

Lack of surgical and rehabilitation input to trauma MDT meeting.

Lack of acute spinal injury service in Brighton and the review team is unclear how referrals are managed.

Data quality, not all TARN eligible patients being recorded due to split site arrangements.

Level of support for TARN co-ordinator.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	Brighton and Sussex University Hospitals (Royal Sussex County Hospital)	
Trauma Service	Brighton and Sussex University Hospitals (Royal Sussex County Hospital) Rehabilitation Measures (T14-2D-1) - 2014/15	
Peer Review Visit Date	26th February 2015	
Compliance		
REHABILITATION MEASURES	Self Assessment 84.6% (11/13)	Peer Review 38.5% (5/13)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23rd MARCH 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	6th APRIL 2015	
Key Themes		
Rehabilitation Measures		

At the time of review there is no consultant in rehabilitation medicine currently leading the MTC Acute Trauma Rehabilitation Service. Recurrent funding is however, in place for the MTC, though currently no substantive appointment has been made and this is raised as a 'serious concern'. At the time of review rehabilitation consultants are employed by the community trust.

Rehabilitation co-ordination has been taken on by the trauma co-ordinators, which although commendable, may not be sustainable in the longer term given the likely influx of patients from Hurstwood Park Neurological Centre (HPNC), and there is a need to increase the establishment of this role to ensure that patients or staff are not disadvantaged. It is noted that currently this is not a seven day service.

There is a dedicated rehabilitation team that only works with trauma patients, providing a service to outlying all complex trauma patients irrespective on which wards they admitted.

Good working relationships were described at the review meeting with neuro-surgical teams at

HPNC. There are two head injury nurses at HPNC who provide support for their cohort of patients.

There is access in place for psychological services on a twenty four hour, seven day a week basis, which also facilitates access to outpatient appointments post discharge.

The trust links with Roehampton for trauma amputation using their guidelines accordingly.

Patient information would benefit from a review in collaboration with the patient/family representative and network. There is evidence of some good work on Patient Reported Outcome Measures (PROMS), but consideration needs to be given as to how this is circulated more widely within the trust and wider network.

A repatriation policy is in place, however the memorandum of understanding between the MTC and the TUs needs to be fully embedded in practice. The MTC has initiated the rehabilitation prescription but these are yet to be fully rolled out to the TUs.

There continues to be a lack of a comprehensive roll out of rehabilitation prescriptions into the community. There is a high level of commitment and support from the network management team to implement this, and a number of projects had commenced across the network.

There is a high level rehabilitation directory of services in place, but there is a need to include contact details, with other details also requiring review and updating.

Good Practice

Good Practice/Significant Achievements

Network rehabilitation steering group.

Some work undertaken on PROM information.

Good working relationship with HPNC.

Good access to psychological provision.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Identified

Serious Concerns

There is no consultant in rehabilitation medicine currently leading the MTC Acute Trauma Rehabilitation Service. In the absence of this dedicated lead clinician discussion at Board level/Commissioner level is less likely and therefore resources more difficult to obtain to improve this part of the pathway.

The trust has responded to the above issue:

The review identified the lack of consultant in rehabilitation medicine. Within the work programme for the MTC this is identified as a priority for the 2015/16 year. Full funding is in place for this post. The delay in recruitment has largely been because we needed to agree a service model for the delivery of medical care in rehabilitation that coordinated the services required on the RSCH site for the MTC, and also for the Sussex Rehabilitation Centre, our specialist rehabilitation service on the Princess Royal campus. The consultant cover for this service has hitherto been provided by Sussex Community Trust, but all parties agreed that to achieve clinical congruence between the services and reliable cross cover for major trauma, the consultants needed to come under a single employer. Negotiations to achieve this have been severely hampered by an ongoing HR dispute between Sussex Community Trust and one of their rehabilitation consultants. BSUH has taken professional advice and concluded the only approach that will deliver a stable service in the long term is to terminate the SLA with Sussex Community Trust and employ all the medical staff required for both the MTC and rehabilitation centre directly. This process is now underway, and a revised job description for the vacant post is being prepared for college approval. Progress will be monitored both via the Trauma Committee, and also at executive level via the relevant service line.

Serious Concerns Resolved?

Not Resolved

Serious Concerns Resolution

Concerns

No dedicated rehabilitation co-ordinators, work currently undertaken by Trauma Co-ordinators.
Limited access to level 1 and level 2 rehabilitation facilities.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	East Sussex Healthcare (Conquest Hospital)	
Trauma Service	East Sussex Healthcare (Conquest Hospital) Reception and Resuscitation Measures (T14-2B-3) - 2014/15	
Peer Review Visit Date	25th February 2015	
Compliance		
RECEPTION AND RESUSCITATION MEASURES	Self Assessment 85.7% (12/14)	Peer Review 71.4% (10/14)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23rd MARCH 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	6th APRIL 2015	
Key Themes		
RECEPTION		

The East Sussex Hospitals NHS Trust (ESHT) is a two hospital site trust based at Eastbourne (459 beds) and the Conquest Hospital in Hastings (450 beds). The designated trauma unit (TU) is based at the Conquest Hospital. The sites are approximately 18 miles apart and cover a combined population of 525,000.

There are currently four resuscitation bays, including a dedicated paediatric bay, and there is a plan to expand to six bays. There are seven Emergency Department (ED) consultants in the department, and this is backed up by a full surgical shift rota at night, with orthopaedic on site presence until late at night and weekends. All consultants on the on-call rota are available within 30 minutes- if not, they stay locally when on call.

Evidence was well presented on the day, and enabled the review team to utilise their time well. However there is a need to ensure that evidence relating to practice is contained in one over-arching operational policy, which was acknowledged by the team within their work

programme.

Through discussion it was apparent that the team are committed to developing their work programme with the Network over the coming year.

The review team met with a committed team that has benefitted, following a period of transition, from moving surgical and orthopaedic services from Eastbourne to Hastings. It was particularly good to see the investment in consultant presence seven days a week across specialties for trauma patients. The service is supported by a good governance structure, including engagement at executive level.

The review team were not provided with evidence of an audit of attendance at trauma calls, though were subsequently made aware that this is in place.

Of 51,353 patients seen in 2014, 214 were TARN eligible. 223 trauma calls saw 26 patients with an ISS of greater than 15.

Through discussion it was noted that a good training programme is in place for nurses and doctors, ensuring that the team is led by an ATLS qualified team leader. Paediatric trauma training takes place and all middle grades have undertaken EPLS and more than 50% APLS training. This ensures good access to paediatric trained trauma staff where necessary.

ATLS is undertaken at Eastbourne (two courses per annum) and Hastings (annually), and the Trust has 30 ATLS instructors. Nurses also undertake ATLS observer training and TILS, it is noted that plans exist to develop ATNC at Brighton and band 6 and 7 nurses from ESHT will attend. It is noted that the Trauma lead nurse is an ATNC instructor.

There is a monthly training session in the trauma simulation suite or in the resuscitation room in the emergency department. All middle grades undergo this process.

No audit was available to the team for response times for trauma calls.

The trauma assisted discharge service (TADS) has undertaken a fractured neck of femur patient survey, which could be implemented more widely across team members as the service develops.

The team viewed a trauma activation policy which was very extensive.

The team has agreed the network transfer policy, though it would be beneficial to undertake an audit of the patients transferred to the MTC. The review team understand that patients with isolated head injuries are taken to Hurstwood Park neurological centre. Where a patient has other injuries in addition to a head injury they are likely to go to Kings Healthcare.

When a trauma call is raised, the full team are present on arrival, including an ED consultant and registrar, a radiographer and a Paediatric consultant for a child of fifteen years old or younger. A surgical registrar and an Orthopaedic Senior House Officer are also present. The computed tomography department is notified and the patient is taken to the CT scanner as soon as is appropriate.

Eastbourne hospital, has an emergency department on site, with surgical middle grade cover 24

hours a day, seven days a week. There is no orthopaedic presence out of hours and if necessary patients are sent to the Conquest hospital or MTC.

SECAMB has audited and shared results with the Trust. Improvements are being made following the serious concern raised last year and two Patient Pathway Co-ordinators have been appointed at Eastbourne, to monitor patient flow and ensure pathways are adhered to. It was noted that this also facilitates the identification of TARN eligible patients.

RADIOLOGY

The review team was satisfied with the CT scanning practices and reporting. All appropriate protocols are in place.

The team indicated that there may be the opportunity to improve time to CT further, through greater use of protocols to streamline the process.

The CT scanner is less than a minute away (53 seconds) from the ED, and two scanners are always available. Radiographers are contractually obliged to be present within 20 minutes.

The median time to CT is 45.5 minutes from arrival. Twenty patients had their CT within 30 minutes of arrival, rather than from the time of request.

The reporting times for CT range from 19 minutes to 248 minutes, averaging 70 minutes. The median being 57.5 minutes to being typed and on the system.

The Interventional Radiology suite opened in 2013, and there are six interventional radiologists available seven days a week, 24 hours a day.

A monthly trauma review meeting is in place, and CT times, appropriateness of calls, risks, and attendance by specialty are all discussed. Any issues are then highlighted to the Conquest Trauma Committee and Trauma Delivery Group and, if appropriate, to the network.

SURGERY

There is a seven day trauma theatre, as well as a CEPOD theatre, and there are options for additional theatre capacity should the occasion arise. Good levels of staffing are in place for each of the three theatres, which include an extended working day, seven days a week.

There is good access to all specialties within 30 minutes of request; this was clearly evidenced both in the documentation provided and in conversation with the team.

Network trauma management guidelines are in development and the team showed that they are keen to work with the network to develop these.

For a head injury, where a theatre is required, the surgical registrar makes appropriate access arrangements. Advice is sought from the head injury centre and from anaesthetics as appropriate. The Surgical consultant is called and the CEPOD theatre is opened, fully staffed,

ready to start as soon as the patient is ready. If a patient is already on the table, a divert is put in place to the trauma theatre. Eastbourne has similar processes in place, though these are only activated where a patient cannot be safely transferred to the Conquest site or MTC.

Damage control surgery has been undertaken by surgical team members.

INTENSIVE CARE

.

PAIN MANAGEMENT

.

TRANSFUSION

A trust named lead for transfusion was provided to the team, although this needs to be written into the operational policy.

A haematology rota was provided to the review team, which provided good evidence of consultant transfusion advice being available at all times from the on-call consultant Haematologist.

A Network Massive Transfusion protocol has been agreed to, but the team also have their own, which included processes for both adults and paediatrics.

There have been two instances of tranexamic acid being administered to a trauma patient over the past year, both within 30 minutes. The tranexamic acid policy is contained within the massive transfusion policy.

Good Practice

Good Practice/Significant Achievements

Trauma team activation protocol.

Nurse training highly structured in place with plans to participate to develop a local ATNC course.

ATLS training.

Seven day presence of consultants.

Good governance structure.

Access to CT.

Patient pathway co-ordinators at Eastbourne site.

Executive team engagement.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

The operational policy needs to be developed by the team to reflect practice and be an

all-encompassing document

Local audit needs to be undertaken in a number of areas (CT reporting, team member attendance).

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	East Sussex Healthcare (Conquest Hospital)	
Trauma Service	East Sussex Healthcare (Conquest Hospital) Definitive Care Measures (T14-2C-3) - 2014/15	
Peer Review Visit Date	25th February 2015	
Compliance		
DEFINITIVE CARE MEASURES	Self Assessment 90.0% (9/10)	Peer Review 80.0% (8/10)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23rd MARCH 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	6th APRIL 2015	
Key Themes		
Definitive Care Measures		

The trauma lead clinician has one session of programmed activity in place and there is an executive commitment to continue this to ensure succession planning for the role.

The protocol for designating a lead specialty consultant for patients admitted was clear and was being adhered to.

There is an Orthopaedic trauma co-ordinator who is involved in pre-operative care, but this role does not extend to all trauma cases and this needs to be reviewed to ensure consistency for all trauma patients.

The 'bed management team' identifies patients and notifies the relevant members of the trauma team. The 'hospital intervention team' also highlights patients.

The co-ordination of patients occurs at the daily orthopaedic trauma morning meeting (8am), where the team liaises with the trauma theatre staff. One team member leads each

week, but this covers orthopaedic surgery, rather than other injuries and rehabilitation.

There is a governance process for issues/concerns to be raised through the trauma delivery group, with executive attendance. The network escalation policy is mirrored within the trust.

Rehabilitation is an issue, which is currently being looked at. Patients have orthopaedic trauma rehabilitation, but issues persist around neurological trauma, with patients falling between the Trust and the MTC. Patients are cared for by the specialty most relevant to the presenting injuries. The Trauma Co-ordinator post is lacking, missing the links to the centres, the community and acute provider services.

The team is working collaboratively with the network to develop network guidelines, indicating best practice, and these will complement local ones. The Trust is part of the regional burns network, and, as such, is served for burns by the Queen Victoria Hospital, East Grinstead.

There were examples of discharge summaries provided to the team, although there were no examples of rehabilitation information in the examples given. They are currently quite generic, and could include more structured information, i.e. rehabilitation needs.

The trauma team is fully engaged with the network and the MTC on rehabilitation prescriptions.

TARN data is obtained by the TARN Coordinator. Since 1998 there has been a local trauma database in place. A good process was described for the collection of data, however, there is no cover for the co-ordinator and this needs to be addressed. It was noted that the system enables the trauma team to review data and this high level of detail could be used more productively in relation to audit activity.

Good Practice

Good Practice/Significant Achievements

Good process for the collection of data.

Clear protocol in place for designating lead consultant.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

Documentation needs to reflect the practice of the team.

Lack of cover for TARN/Data Co-ordinator.

Orthopaedic co-ordinator needs to cover all trauma.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	East Sussex Healthcare (Conquest Hospital)	
Trauma Service	East Sussex Healthcare (Conquest Hospital) Rehabilitation Measures (T14-2D-3) - 2014/15	
Peer Review Visit Date	25th February 2015	
Compliance		
REHABILITATION MEASURES	Self Assessment 40.0% (2/5)	Peer Review 20.0% (1/5)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23rd MARCH 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	6th APRIL 2015	
Key Themes		
Rehabilitation Measures		

At the time of review there was no rehabilitation co-ordinator in post, but a job description has been developed and has gone through the business planning process. The Chief Operating Officer attending the meeting, expressed support of this role and it is anticipated that this will ultimately make a positive impact on patient care. The Trust will attempt to recruit to this post at the earliest opportunity.

Occupational Therapy and Speech and Language Therapy are referred to as appropriate but are not dedicated to trauma. The stroke team also take referrals for neurological trauma.

The Physiotherapy service is considered a strength of the team and the Trust is currently looking at seven day a week working. Work is also being undertaken to audit the necessity of service requirement.

Out of hours physiotherapy can be accessed for repatriated patients and is provided via the

chest physiotherapist.

There is a network protocol for repatriation of patients in place.

Rehabilitation prescriptions are not in place, but the team is working in collaboration with the network to produce a meaningful document.

Good Practice

Good Practice/Significant Achievements

Proactive team with good lines of communication.

TADS team looking to increase scope wider than fractured neck of femur to other trauma patients.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

Lack of Rehabilitation Co-ordinator can delay discharge.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	Western Sussex Hospitals (St Richards Hospital, Chichester)	
Trauma Service	Western Sussex Hospitals (St Richards Hospital, Chichester) Reception and Resuscitation Measures (T14-2B-3) - 2014/15	
Peer Review Visit Date	24th February 2015	
Compliance		
RECEPTION AND RESUSCITATION MEASURES	Self Assessment 92.9% (13/14)	Peer Review 64.3% (9/14)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23 March 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	1 April 2015	
Key Themes		
RECEPTION		

Western Sussex Hospitals NHS (WSHT) consists of two trauma units (TU) based at St Richard's Hospital in Chichester and Worthing Hospital. The sites are approximately 20 miles apart and cover a combined population of 485,000.

St. Richard's Hospital sits between two Major Trauma Centres (MTC) at Brighton (33 miles in distance) and at Southampton (36 miles in distance). Currently, this results in patient pathways being across multiple networks, with a majority of patients from St Richard's being transferred to Southampton, within the Wessex Trauma Network, pending the full configuration of trauma services at Brighton.

St Richard's Hospital is a 400 bedded hospital, and the Emergency Department has nine major treatment cubicles, four resuscitation cubicles and is supported by an eleven bedded Accident and Emergency (A&E) ward.

Although there are two separate TUs, both teams work from the same local protocols and are

part of the Sussex Trauma Network.

The review team noted that there were 25 trauma activation calls for patients with an Injury Severity Score (ISS) greater than 15.

There is a 'Trauma Activation' policy in place and this is used across both sites.

Local audit figures for St Richard's for the period 2014-15, indicated that the Accident and Emergency consultant or middle grade attended 'trauma activation calls' in 100% of cases. Emergency department consultants alone, attended 60% of calls. It was noted that this was an improvement on the previous TARN data from 2013/14 which indicated that middle grades and consultants attended 59% of activated calls, though 31% cases did not have the ST grade recorded.

Advanced Trauma Life Support (ATLS) training is built into the appraisal system. When the TU was designated three years ago 50% of surgeons had received damage control surgery. The review team understand that a decision has been made not to refresh this training based on an informal risk assessment. Given the potential level of risk it would be beneficial to review the risk assessment more formally and include the result in the trust wide risk register.

A lot of anecdotal evidence was given regarding a training programme which included recognised trauma training material and local simulation training. However, no information was presented regarding the level of monitoring of training received by staff members.

There is a paediatric consultant in place at St Richards with a significant interest in paediatric trauma.

No evidence was provided for St Richard's relating to patient experience feedback, although team members expressed a desire to work towards a network solution.

RADIOLOGY

There is immediate physical access to computed tomography (CT) and the team described the process that is in place and how images are reported. The review team was impressed with the training provided to non-CT radiographers in order to enhance service provision.

TARN data from 2013/14 indicated that the median time to CT was 45 minutes from arrival. More recent local figures indicated that the median time to CT is 47 minutes with the reporting time 20 minutes which is commendable.

At the time of review it was understood that the network CT protocol was not recognised, although the MTC protocol had been discussed within the multi-disciplinary team meeting with a view to implementing it.

SURGERY

At the time of review the network trauma management guidelines are in development, though

local guidelines exist for some of the criteria outlined within the measure from the Manual of Trauma Services although these were not presented during the visit. No evidence was provided relating to the management and fixation of rib fractures and musculo-skeletal trauma.

The review team was impressed with the theatre access on both sites as described by the Clinical Director for Theatres and Critical Care. In the event of a multiple theatre requirement a contingency is in place, however this needs to be detailed within the operational policy.

INTENSIVE CARE

PAIN MANAGEMENT

TRANSFUSION

Documentation provided, indicated a named trust lead for transfusion that covers both sites, with advice available via the haematological team on-call rota on a seven day a week basis.

The reviewers noted the 'Massive Transfusion' protocol is in place but this needs to be updated.

At the time of review TARN data indicated that there had been no cases of tranexamic acid being administered.

Good Practice

Good Practice/Significant Achievements

Cross-site working.

Immediate access to CT.

Local audit figures for St Richards indicated that the Accident and Emergency consultant or middle grade attended in 100% of cases.

CT reporting times.

Advanced Trauma Life Support (ATLS) training is built into the appraisal system.

Paediatric support.

Working to a single set of operational policies.

Training up of non-CT radiographers.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

Lack of updated damage control training in surgical team.

Lack of formalised training programme and recording.

Operational policy needs to be updated to reflect practice.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	Western Sussex Hospitals (St Richards Hospital, Chichester)	
Trauma Service	Western Sussex Hospitals (St Richards Hospital, Chichester) Definitive Care Measures (T14-2C-3) - 2014/15	
Peer Review Visit Date	24th February 2015	
Compliance		
DEFINITIVE CARE MEASURES	Self Assessment 100.0% (10/10)	Peer Review 60.0% (6/10)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23 April 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	1 April 2015	
Key Themes		
Definitive Care Measures		

The designated lead at St Richards Hospital is also the trust lead for trauma. The review team understand that the lead clinician has 2.5 sessions of programmed activity (PAs), which include any duties as required for trauma lead.

Governance processes were described to the review team, however the discussion did not reflect the detail provided within the evidence, and there is a need to describe more fully all the processes in place, in order to provide necessary transparency and demonstrate how they link with the overall network objectives.

It was unfortunate that the lead nurse was unavailable for the review visit, though it was noted that the transfusion nurse attended who covered both sites.

There is a need for greater clarity regarding specialty ownership of trauma patients upon admission, and the review team was unclear regarding the process for who manages patients at

St Richards. The apparent lack of co-ordination or oversight of trauma patients could be attributed to the lack of overall trauma co-ordinator, which as a consequence could result in a lack of clear decision making for designated specialty and this needs to be reviewed. It was noted that there is one Orthopaedic Trauma Co-ordinator at St Richards Hospital with two deputies. As indicated it is important that this role is extended to cover all trauma.

The Trauma team contribute to the TARN database and aided by a TARN Co-ordinator who is contracted for 18 hours. It would be beneficial to consider trust wide cover arrangements for TARN coordination and audit.

There is a need for the Trust to review all of its documentation to include sufficient detail to ensure it reflects actual practice. This should be led by trauma team members.

A number of network protocols are still in development and as a result the trauma team are developing local guidelines based on national guidance and recognised best practice in conjunction with the Sussex network. It is important that both TUs continue to participate in the development of these guidelines within the Sussex Trauma network and then follow these accordingly - this was listed as a priority for the TU going forward. It was acknowledged during the review discussion, that future developments within the network and at the MTC would initiate a review of patient pathways.

It is noted that at the time of review patients from St Richards Hospital are also referred to the MTC at University Hospitals Southampton, and there is a need to also reflect the Wessex network guidelines within the local documentation.

The Trust is part of the Regional Burns network and as such, is served by the Queen Victoria Hospital in East Grinstead, using the London and SE burns network guidelines.

Review team members viewed discharge summaries on both sites and these were satisfactory.

TARN co-ordinators are in place at both sites and it is noted that the level of completeness at St. Richard's is 48%, with 81% accreditation. There is a need for the team to consider how this can be improved.

Both TUs presented at the network audit event identifying patients with ISS>15 treated definitively within a TU.

Good Practice
Good Practice/Significant Achievements

TARN Co-ordinator on both sites.

Concerns and Recommendations
Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

Documentation did not reflect practice and needs review.

Greater clarity regarding specialty ownership of trauma patients upon admission.

Lack of cohorting of trauma patients onto single location.

Trauma co-ordinator currently only covers orthopaedics. It is important that this role is extended to cover all trauma patients.

TARN coordination insufficient for two separate TUs.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	Western Sussex Hospitals (St Richards Hospital, Chichester)	
Trauma Service	Western Sussex Hospitals (St Richards Hospital, Chichester) Rehabilitation Measures (T14-2D-3) - 2014/15	
Peer Review Visit Date	24th February 2015	
Compliance		
REHABILITATION MEASURES	Self Assessment 100.0% (5/5)	Peer Review 20.0% (1/5)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23 April 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	1 April 2015	
Key Themes		
Rehabilitation Measures		

The review team was impressed with the proactive team working across therapy and rehabilitation particularly in critical care where they are planning to include patient experience survey results to further improve their pathway.

When a patient comes into the acute setting they go to the 'Emergency Floor' at Worthing.

There is a need for greater clarity within the documentation regarding the mechanism for identifying patients with high complex rehabilitation needs. Although the review team understood that neurotherapists based at St. Richard's and Worthing are able to carry out assessments around awareness. Patients requiring complex (out of locality) placements are identified and assessed by the Consultant in Rehabilitation medicine.

Following assessment, patients go to an elderly care rehabilitation ward under the care of an Elderly Care Physician or some patients may be streamed to the stroke ward depending on

diagnosis. The criteria for Trauma cases admitted to the acute stroke unit as opposed to an elderly care rehabilitation ward was not available. The review team understand specialist skills-sets exist within neurology (Occupational Therapy, Speech and Language Therapy and Physiotherapy), which are provided as part of an outreach mechanism/ team.

All other non-neurological trauma patients are seen exclusively on the orthopaedic ward where there is a full multi-disciplinary team.

The review team believe the patient pathway could be more streamlined by the presence of a rehabilitation co-ordinator, however in the absence of this post, the patient pathway is supported by a rehabilitation Consultant from Donald Wilson House who is available to review patients in the acute setting as requested. There is good communication across the therapy teams.

On discharge from the acute units, the patient rehabilitation pathway can be to a variety of settings. Donald Wilson House is a level 2a inpatient rehabilitation facility for patients with complex neurological needs. The teams admission criteria is centred around need, complexity and likely clinical outcome and a full multi-professional team is available. Where patients do not meet the admission criteria, a number of intermediate care units are accessed. Patients who are transferred home, are supported by community neuro-rehabilitation teams.

For non-weight bearing patients (NWB) there is an option to refer to intermediate transfer beds at Fairlight Nursing home in Rustington, with rehabilitation and occupational therapy support available from Sussex Community NHS Trust. An in-reach service for NWB patients is also available on Petworth Ward.

For patients with long term tracheostomy requiring rehabilitation, referrals are made to Glenside Manor, Salisbury, or Lane Fox unit for advice. It is important that these pathways are included within documentation.

The teams at WSHT self-identified issues for patients who are:
 Over 65's with neurological rehabilitation needs
 Trauma patient with learning difficulties.

Consultant support for non-orthopaedic trauma patients is good. This is mainly through the Department of Medicine for the Elderly (DOME) and supported in the acute setting by the Rehabilitation Medicine Consultant from Donald Wilson House .

With regard to rehabilitation prescriptions the teams at WSHT are not using or receiving the prescription but have indicated that they are keen to engage with the network in the development and implementation of the rehabilitation prescription.

Good Practice
Good Practice/Significant Achievements

Proactive team working across therapy and rehabilitation particularly in critical care.

Good communication across the therapy teams.

Good support particularly from consultants on Department of Medicine for the Elderly (DOME)

wards.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

Lack of rehabilitation co-ordinator which could delay discharge.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	Western Sussex Hospitals (Worthing Hospital)	
Trauma Service	Western Sussex Hospitals (Worthing Hospital) Reception and Resuscitation Measures (T14-2B-3) - 2014/15	
Peer Review Visit Date	24th February 2015	
Compliance		
RECEPTION AND RESUSCITATION MEASURES	Self Assessment 92.9% (13/14)	Peer Review 71.4% (10/14)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23 March 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	1 April 2015	
Key Themes		
RECEPTION		

Western Sussex Hospitals NHS (WSHT) consists of two trauma units (TU) based at St Richard's Hospital in Chichester and at Worthing Hospital. The sites are approximately 20 miles apart and cover a combined population of 485,000.

Worthing Hospital has 483 beds. The Accident and Emergency (A&E) department has eight major treatment cubicles, four resuscitation cubicles and is supported by nine beds within the clinical decision unit.

Although there are two separate TUs, both teams work from the same protocols and are part of the Sussex Trauma Network.

The review team noted that there were 51 trauma activation calls for patients with an Injury Severity Score (ISS) greater than 15. Further analysis indicated that 67% of these patients were over 80 years of age, which is reflective of the elderly local population.

There is a 'Trauma Activation' policy in place and this is used across both sites.

Local audit figures for Worthing for the period 2014-15, indicated that the Accident and Emergency consultant or middle grade attended 'trauma activation calls' in 100% of cases. Emergency department consultants alone, attended 60% of calls. It was noted that this was an improvement on the previous TARN data from 2013/14 which indicated that middle grades and consultants attended 82% of activated calls, though 18% cases did not have the ST grade recorded.

Advanced Trauma Life Support (ATLS) training is built into the appraisal system which is good practice. When the TU was designated three years ago 50% of surgeons had received damage control surgery. The review team understand that a decision has been made not to refresh this training based on an informal risk assessment. Given the potential level of risk it would be beneficial to review the risk assessment more formally and include the result in the trust wide risk register.

A lot of anecdotal evidence was given regarding a training programme which included recognised trauma training material and local simulation training. However, no information was presented regarding the level of monitoring of training received by staff members.

At Worthing, paediatric support is available through an ED consultant who has an interest in paediatrics, and through discussion it was apparent that the Worthing team were confident regarding middle grade coverage in this area. It would be useful to provide clarification regarding who manages teenage patients within the operational policy, though the review team was advised this was age dependant.

Following the opening of their emergency floor, a patient experience survey had been undertaken. However, no further work has been done and a desire to work towards a network solution on patient experience surveys was communicated.

RADIOLOGY

There is immediate physical access to computed tomography (CT) and the team described the process that is in place and how images are reported. The review team was impressed with the training provided to non-CT radiographers in order to enhance service provision.

TARN data from 2013/14 indicated that the median time to CT was 1.37 hours from arrival. More recent local figures indicated that the median time to CT is 1.13 hours with the reporting time 51 mins. Given the need to improve performance in this area it is important that these times are monitored on an ongoing basis and reviewed by the trauma committee.

At the time of review it was understood that the network CT protocol was not recognised, although the MTC protocol had been discussed within the multi-disciplinary team meeting.

SURGERY

At the time of review the network trauma management guidelines are in development, though

local guidelines exist for some of the criteria outlined within the measure from the Manual of Trauma Services, although these were not presented during the visit. No evidence was provided relating to the management and fixation of rib fractures and musculo-skeletal trauma.

The review team was impressed with the theatre access as described by the Clinical Director for Theatres and Critical Care. In the event of a multiple theatre requirement a contingency is in place, however this needs to be detailed within the operational policy.

INTENSIVE CARE

PAIN MANAGEMENT

TRANSFUSION

Documentation provided, indicated a named lead for transfusion that covers both TUs, with advice available via the haematological team on-call rota on a seven day a week basis.

The reviewers noted that a 'Massive Transfusion' protocol is in place but this needs to be updated.

At the time of review, TARN data indicated that there had been no cases of tranexamic acid being administered.

Good Practice

Good Practice/Significant Achievements

Cross-site working.

Immediate access to CT, though this needs to be demonstrated through audit.

Local audit figures for Worthing indicated that the Accident and Emergency consultant or middle grade attended in 100% of cases.

Advanced Trauma Life Support (ATLS) training is built into the appraisal system.

Paediatric support is available through an ED consultant who has an interest in paediatrics.

Patient experience exercise previously undertaken.

Access to theatres.

Working to a single set of operational policies.

Training up of non-CT radiographers.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

CT waiting times require review and greater clarification.

TARN reported waiting times for CT.

Lack of updated damage control training in surgical team.

Lack of formalised training programme and recording.

Operational policy needs to be updated to reflect practice.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	Western Sussex Hospitals (Worthing Hospital)	
Trauma Service	Western Sussex Hospitals (Worthing Hospital) Definitive Care Measures (T14-2C-3) - 2014/15	
Peer Review Visit Date	24th February 2015	
Compliance		
DEFINITIVE CARE MEASURES	Self Assessment 100.0% (10/10)	Peer Review 60.0% (6/10)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23 April 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	1 April 2015	
Key Themes		
Definitive Care Measures		

There is a designated lead at Worthing Hospital in place, although there is no reference to his role within the Operational Policy or the Annual Report. The review team understand that trauma services are primarily managed trust wide, and noted that the trust wide lead clinician has 2.5 sessions of programmed activity (PAs), to cover these duties.

Governance processes were described to the review team, however the discussion did not reflect the detail provided within the evidence, and there is a need to describe more fully all the processes in place, in order to provide necessary transparency and demonstrate how they link with the overall network objectives.

It was unfortunate that the lead nurse was unavailable for the review visit, though it was noted that the transfusion nurse attended who covers both sites.

There is a need for greater clarity regarding specialty ownership of trauma patients upon

admission. At the time of review patients are located on the emergency floor at Worthing and according to case-mix the vast majority are under the specialty of Medicine of the Elderly.

The apparent lack of co-ordination or oversight of trauma patients could be attributed to the lack of overall trauma co-ordinator, which as a consequence could result in a lack of clear decision making for designated specialty and this needs to be reviewed.

It was noted that there are three part-time Orthopaedic Trauma Co-ordinator's in place at Worthing. As indicated above it is important that this role is extended to cover all trauma patients.

The Trauma team contribute to the TARN database aided by a TARN Co-ordinator who is contracted for 16 hours at Worthing. The Worthing Co-ordinator has also been undertaking additional duties within this timeframe. It would be beneficial to consider trust wide cover arrangements for TARN coordination

There is a need for the Trust to review all of its documentation to include sufficient detail to ensure it reflects actual practice. This should be led by trauma team members.

A number of network protocols are still in development and as a result the trauma team are developing local guidelines based on national guidance and recognised best practice in conjunction with the Sussex network. It is important that both TUs continue to participate in development of these guidelines within the Sussex Trauma network and then follow these accordingly - this was listed as a priority for the TU going forward. It was acknowledged during discussion, that future developments within the network and at the MTC would initiate a review of patient pathways.

The Trust is part of the Regional Burns network and as such, is served by the Queen Victoria Hospital in East Grinstead, using the London and SE burns network guidelines.

Review team members viewed discharge summaries on both sites and these were considered satisfactory.

TARN co-ordinators are in place at both sites and it is noted that the level of completeness at Worthing is 65%, with 91% accreditation.

Both TUs presented their data at the network audit event identifying patients with ISS>15 treated definitively within the TUs.

Good Practice

Good Practice/Significant Achievements

TARN Co-ordinator on both sites.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

Documentation did not reflect practice and needs review.

Greater clarity regarding specialty ownership of trauma patients upon admission.

Lack of cohorting of trauma patients onto single location.

Trauma co-ordinator currently only covers orthopaedics. It is important that this role is extended to cover all trauma patients.

TARN coordination support could be further developed to become sufficient for two separate

TUs.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	STN	
Trauma Centre	Western Sussex Hospitals (Worthing Hospital)	
Trauma Service	Western Sussex Hospitals (Worthing Hospital) Rehabilitation Measures (T14-2D-3) - 2014/15	
Peer Review Visit Date	24th February 2015	
Compliance		
REHABILITATION MEASURES	Self Assessment 100.0% (5/5)	Peer Review 20.0% (1/5)
Zonal Statement		
Completed By	PAUL WICKENS	
Job Title	ASSISTANT QUALITY MANAGER	
Date Completed	23 March 2015	
Agreed By (Clinical Lead/Quality Director)	SALLY EDWARDS	
Date Agreed	1 April 2015	
Key Themes		
Rehabilitation Measures		

The review team was impressed with the proactive team working across therapy and rehabilitation particularly in critical care where they are planning to involve patient experience survey results to further improve the pathway.

When a patient comes into the acute setting they go to the 'Emergency Floor' at Worthing.

There is a need for greater clarity within the documentation regarding the mechanism for identifying patients with high complex rehabilitation needs. Although the review team understood that neurotherapists based at St. Richard's and Worthing are able to carry out assessments around awareness. Patients requiring complex (out of locality) placements are identified and assessed by the Consultant in Rehabilitation medicine.

Following assessment patients then go to a rehabilitation ward under the care of an Elderly Care Physician or some patients may be streamed to the stroke ward depending on diagnosis.

The criteria for trauma cases admitted to the acute stroke unit, as opposed to an elderly care rehabilitation ward was not available. The review team understand specialist skills-sets exist within neurology (Occupational Therapy, Speech and Language Therapy and Physiotherapy), which are provided as part of an outreach mechanism/ team.

All other non-neurological trauma patients are seen exclusively on the orthopaedic ward where there is a full multi-disciplinary team.

The review team believe the patient pathway could be streamlined further with the presence of a rehabilitation co-ordinator, however in the absence of this post the patient pathway is supported by the rehabilitation consultant from Donald Wilson House who is available to review patients in the acute setting as requested. There is also by the good communication across the therapy teams.

On discharge from the acute units, the patient rehabilitation pathway can be to a variety of settings. Donald Wilson House is a level 2a inpatient rehabilitation facility for patients with complex neurological needs. The teams admission criteria is centred around need, complexity and likely clinical outcome and a full multi-professional team is available. Where patients do not meet the admission criteria, a number of intermediate care units are accessed. Patients who are transferred home, are supported by community neuro-rehabilitation teams.

For non-weight bearing patients (NWB) there is an option to refer to intermediate transfer beds at Fairlight Nursing home in Rustington, with rehabilitation and occupational therapy support available from Sussex Community NHS Trust. An in-reach service for NWB patients is also available on Petworth Ward.

For patients with long term tracheostomy requiring rehabilitation, referrals are made to Glenside Manor, Salisbury, or Lane Fox unit for advice. It is important that these pathways are included within documentation.

The teams at WSHT self-identified issues for patients who are:

- â€¢ Over 65's with neurological rehabilitation needs
- â€¢ Trauma patients with learning difficulties.

Consultant support for non-orthopaedic trauma patients is good. This is mainly through the department of Medicine for the Elderly (DOME) and supported in the acute setting by the Rehabilitation Medicine Consultant from Donald Wilson House.

With regard to rehabilitation prescriptions the teams at WSHT are not using or receiving the prescription but have indicated that they are keen to engage with the network in the development and implementation of the rehabilitation prescription.

Good Practice

Good Practice/Significant Achievements

Proactive team working across therapy and rehabilitation particularly in critical care.

Good communication across the therapy teams.

Good support from consultants on Department of Medicine for the Elderly (DOME) wards.

Concerns and Recommendations

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Not Identified

Serious Concerns

Serious Concerns Resolved?

Not Applicable

Serious Concerns Resolution

Concerns

Lack of rehabilitation co-ordinator which could delay discharge.