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**Date:** 14<sup>th</sup> May 2013

Briefing paper to: All Members of the HASC

Purpose: To update the HASC Membership on the Kent and Medway Major

Trauma Project

#### 1. Summary

 The Kent and Medway element of the South East London, Kent and Medway Major Trauma System went live on 8<sup>th</sup> April 2013.

- It was agreed with Clinical Commissioning Groups that the Medway Maritime Hospital and the Tonbridge Wells Hospital would be designated as Trauma Units.
- It was also agreed with the Clinical Commissioning Groups that the William Harvey Hospital would be designated as an interim Trauma Unit until the completion of East Kent Hospitals University Foundation Trust's (EKHUFT) clinical strategy review.
- Initial feedback on the go-live has been positive and a six month post go-live report will be presented to the Kent and Medway Clinical Commissioning Groups and the HOSC and HASC.
- The SELKaM Trauma Network is setting up Clinical Reference Groups to continue to drive improvements to the major trauma pathway and inform future commissioning intentions with regards to major trauma.

### 2. Background

Major trauma may typically occur because of a road accident, a violent incident, or a serious fall. Although the number of major trauma patients is relatively small, less that 0.2% of hospital emergency work, their injuries are often complex and they are seriously at risk of death or disability. For example, somebody who has been in a road traffic accident might have both chest and head injuries. In order to improve chances of survival it is imperative that care is based on the individual needs of each patient and the expertise is available when they need it.

The need to improve care for major trauma patients was highlighted in a National Audit Office report (2010). It stated that there were unacceptable variations in care for this most severely injured group of patients and made recommendations to improve standards. A nationwide programme to form regional trauma networks was set up by the Department of Health following a recommendation from Lord Darzi that Major Trauma Centres would save lives. Networks are based on a hub and spoke model whereby a Major Trauma Centre works in partnership with several Trauma Units and pre-hospital care providers.

### 3. Kent and Medway aspect of the SELKaM Trauma Network

The South East London, Kent and Medway (SELKaM) Trauma Network is made up of:

- King's College Hospital Major Trauma Centre;
- Six trauma units including the Medway Maritime Hospital and the Tunbridge Wells Hospital;
- An interim trauma unit at the William Harvey Hospital; and
- Two local emergency hospitals at Darent Valley Hospital and the Queen Elizabeth the Queen Mother Hospital.

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(See Appendix 1).

The Kent and Medway Trauma Network were unable to continue in its own right as it did not have a Major Trauma Centre. King's College Hospital was identified as the most appropriate Major Trauma Centre for Kent and Medway patients in order to build on pre-existing high standards of care, patient pathways and patient flows. An agreement was reached that as of the 1<sup>st</sup> April 2012 the South East London Trauma Network and the Kent and Medway Trauma Network would joint to establish a new network.

The newly formed SELKaM Trauma Network supported NHS Kent and Medway as it worked with partner organisations and Clinical Commissioning Groups (CCGs) in Kent and Medway to develop high quality trauma units across Kent and Medway to work in partnership with the Major Trauma Centre.

Designation visits took place at the Medway Maritime Hospital and the Tunbridge Wells Hospital in September 2012. The visiting panels were impressed with the progress against the trauma unit criteria that both hospitals had made, particularly with regards to Trauma Audit and Research Network (TARN) data collection and analysis, education and training, governance, and pathways. The panel therefore recommended to the Clinical Commissioning Groups that both hospitals should be designated as Trauma Units.

Discussions with East Kent University Foundation Trust (EKHUFT) regarding the development of a Trauma Unit in East Kent resulted in an agreement that any final decision on which site/s should be Trauma Unit/s should be taken after the completion of EKHUFT's Clinical Strategy Review. The panel therefore recommended that the William Harvey Hospital was designated as an interim Trauma Unit until the completion of the clinical strategy review. This was because the William Harvey Hospital was in a position to meet the Trauma Unit criteria.

The Clinical Commissioning Group's majority decision supported the visiting panel's recommendations and the major trauma system successfully went live in Kent and Medway on 8<sup>th</sup> April 2013. As with all new pathways there have been occasional deviations from the agreed pathway however overall the implementation has gone smoothly and issues are being managed through an agreed governance route.

An analysis of the first six months data will be undertaken by the SELKaM Trauma Network in conjunction with partner organisations to understand the changes in patient flows and the effects on patient outcomes. A copy of the resulting report will be presented to the Kent and Medway Clinical Commissioning Groups and the Health and Scrutiny Committees.

#### 4. Future focus

The SELKaM Trauma Network is committed to improving the end to end major trauma pathway in collaboration with partner and commissioning organisations. Clinical Reference Groups are therefore being set up to identify and resolve issues at specific points on the major trauma pathway. These include:

- · Emergency Department CRG
- General surgery and orthopaedics CRG
- Head Injury CRG
- ICU CRG
- Major Transfusion CRG

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- Orthoplastics CRG
- Paediatric CRG
- Pelvic CRG
- Pre-hospital care CRG
- Rehabilitation CRG
- Spinal Cord Injury and Vertical Cord Injury CRG

The outcomes from these Clinical Reference Groups will inform commissioning recommendations to the Clinical Commissioning Groups.

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