

TRUST BOARD

Date of Meeting: 15/05/2012	Agenda Item No: 5.3	Enclosure: 4
Intended Outcome:		
For noting ✓	For information ✓	For decision
Title of Report: Major Trauma Unit Accreditation for North Cumbria University Hospitals		
Aims: To provide the Trust Board with a progress report on the accreditation process and next steps.		
<p>Introduction:</p> <p>The NHS Operating Framework 2011/12 requires all SHAs to have regional plans for major trauma systems by the end of March 2011, to be implemented from April 2012. A trauma system is a model of care for treating the most seriously injured patients, such as those with multiple injuries, including head injuries, life-threatening wounds and multiple fractures. It relies on a “hub” – a major trauma centre – working with a series of local trauma units. The major trauma centre’s operate 24 hours a day, seven days a week and are staffed by consultant-led specialist teams with access to the best diagnostic and treatment facilities.</p> <p>There is widespread agreement that by creating an integrated major trauma system lives could be saved and there could be significant positive impact on long term debilitation, and the efficiency and productivity of health and care services.</p> <p>A major trauma regional network therefore is being developed which will comprise three collaborative major trauma systems serving the populations of:</p> <ul style="list-style-type: none"> • Merseyside and Cheshire • Greater Manchester • Lancashire and Cumbria. <p>These sub-systems will be committed to working in an integrated way where this provides region-wide benefits. Standards have been developed nationally to ensure there is a common approach to ensuring a patient is taken in the shortest possible time to the most appropriate service with highly skilled staff, the right facilities and patient centred pathways.</p> <p>For North Cumbria this also means working across regional boundaries with our local North West Ambulance Services and our nearest the Major Trauma Centre in Newcastle which is part of the North East network.</p> <p>North Cumbria University Hospitals Accreditation</p> <p>The accreditation process for North Cumbria University Hospitals has been led by NHS North West under the direction of Dr Barbara Green. The process started in February 2011 with an expectation that the process would be concluded as close to April 2012 as possible.</p> <p>The north Cumbria proposal for Major Trauma Unit status was led initially by Mr Vincent Foxworthy lead clinician for Trauma and Clinical Director for Emergency Care at the Cumberland Infirmary. Mr Paul Hill took up the lead role following the Mr Foxworthy’s retirement and has continued to coordinate the accreditation process. To date this process has involved:</p>		

- An initial assessment against the Trauma Unit standards
- Engagement with the North East network led by the North East SHA
- Development of the Trauma unit model for north Cumbria which will operate across both hospital sites with the Cumberland Infirmary as the designated Trauma Unit
- Presentations of the model to the SHA clinical leaders group and the national clinical director for Trauma (Professor Keith Willett)
- Local accreditation assessment led by the Cumbria Clinic Commissioners

The Trust has received very positive feedback on the proposed model form both the SHA and local clinical commissioners especially in relation to the local provision of specialist acute rehabilitation which is seen as an essential part of a modern high quality Major Trauma service.

Commissioner Accreditation Process

The local accreditation assessment of the North Cumbria model was undertaken in April 2012. The Trust has received feedback from the panel undertaking this assessment together with a request for further information and evidence relating to the Major Trauma Unit standards. The feedback highlighted a requirement for further evidence as follows:

Essential Evidence for Accreditation	Status
Trauma unit management structure	To be completed by Trauma Lead
Pathways between the Emergency Department at WCH and the Trauma Unit at CIC and between both department and the Trauma Centre	To be completed by Trauma Lead
Arrangements for ensuring TARN data is collected uniformly across both sites in a timely manner	Complete
Activation criteria for the Trust and North East Trauma Network	Complete
Protocols for the use of tranexamic acid	Complete
Arrangements for vascular and cardiothoracic injuries	To be completed by Trauma Lead
Arrangements for the transfer of patient to the Major Trauma Centre including non-ventilated patients and children	Complete
Arrangements for the specialist rehabilitation coordination and case management of major trauma patient	Complete
Enhanced Provision	Status
Training needs analysis across departments and professions in line with the Major Trauma standards	Incorporated in project plan
Undertake a risk assessment on the future development of the Major Trauma Unit	Incorporated in project plan

A substantial amount of the additional evidence requested has already been prepared and the outstanding essential evidence will be submitted to the accreditation panel by 14 May 2012. The expectation is that confirmation for the 'go live' date for the system will be set in the near future by the clinical commissioners once they are assured that the Trust meets the required standards.

Next Steps

As requested the Trust will complete the submission of additional evidence requested by the Clinical Commissioners in the next week.

In preparation for the local accreditation process the Medical Division has developed a Trust wide framework which will lead and deliver future clinical requirements for achieving and maintaining Major Trauma Unit status. Initial accreditation as a Major Trauma Unit will be achieved in the near future however the more significant challenge will be to maintain this status particularly when clinical outcome and patient experience KPIs are added to the current standards.

The details of this structure and the Terms of Reference for the Major Trauma Board and workstreams are enclosed in Appendix A. Senior Executive leadership together with a broad range of clinical leaders and professional leads will implement a comprehensive plan for Major Trauma Services whilst ensuring there is a longer terms strategy for service development and clinical excellence in providing trauma care.

The first meeting of the Board is scheduled for June and an initial work plan for each workstream has been developed using the self assessment against the standards and feedback from the clinical commissioning initial accreditation assessment. The plan places equal emphasis on all aspects of the patient pathway including links with external partners, all clinical departments (from Emergency Department to theatres, wards and clinical support) as well as the specialist rehabilitation model which will play an important role in future service provision.

Conclusion

The Trust has made a very positive initial application for Major Trauma Unit Status which is fully supported by the SHA and our Clinical Commissioners. The initial application needs further development of specific pathways which will be different for North Cumbria compared to other Major Trauma Units reflecting our geography and extended range of sub-specialist services.

We anticipate that maintaining Major Trauma Unit status in the future will be outcome and quality based and as such will become progressively more challenging in the future. Work therefore needs to be supported at a Board level particularly in relation to the governance arrangements for developing a service strategy and Trust wide plan to maintain Major Trauma Unit Status in the future.

The strategy for trauma also needs to place greater emphasis on specialist acute rehabilitation which will be core part of the clinical model in the future. We therefore need to leverage our current strengths in the excellent service which is currently provided at the Cumberland Infirmary. The acute rehabilitation service will also need build on the current links across inpatient and community based services to provide a fully integrated model with clinical leadership from the specialist consultant.

Specific implications and links to the Trust's Strategic Aims:

Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC	✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable	✓
Develop a new healthcare facility in West Cumbria that is fit for the 21st century	
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions	
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust	

Recommendations:

That the Trust Board:

1. Notes the outcome of the accreditation process to date
2. Notes the requirements to achieve accreditation
3. Notes the plans for developing Major Trauma Unit strategy and delivering Trust wide plan.

Prepared by:

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Presented by:

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Director of Operations

Terms of Reference for the Trauma Unit Board and Workstream Groups

The Trauma Unit Board

Reports to:

The Senior Management Team (SMT) which is the group responsible for the operational delivery and performance of the clinical services. MTU updates will be presented monthly

Membership:

Director of Operations (Chair)
 Associate Medical Director for Medical Division (vice Chair)
 Associate Medical Director for Surgical Division (vice Chair)
 Associate Medical Director for Clinical Support
 Clinical Lead for MTU
 Clinical Lead for ED
 Clinical Lead for General Surgery
 Clinical Lead for Trauma & Orthopaedics
 Clinical Lead for Anaesthetics and Critical Care
 Clinical Lead for Rehabilitation
 Clinical Lead for Imaging
 Clinical Lead for Therapies and Disablement Services
 Head of Nursing for Medicine
 Head of Nursing for Surgery
 Divisional General Manager for Medicine

Attendees:

Project Manager
 Business Manager for Emergency Care
 Director of Strategic Planning
 NWAS representative
 MTC representative
 Clinical Commissioning representative

Terms of Reference:

1. To ensure there is a Trust wide action plan to deliver the Trust's services in compliance with the terms of accreditation
2. To ensure the plan incorporates and coordinates a programme of continuous service improvement and development to deliver sustainable high quality patient care by the MTU across all services
3. To ensure all proposals for service development and Business Cases for investment are compliant with the terms of accreditation and prepared within agreed timescales.
4. To oversee an integrated governance framework for the MTU including MDT, training, audit and outcome measures
5. To ensure the service is continuously reviewed taking into consideration patient feedback and experience, regional guidelines and national standards
6. To ensure the MTU has appropriate engagement and agreements with key stakeholders and partners including the MTC, NWAS and clinical commissioners

Frequency of Meeting:

Every two months (minimum of 5 meetings per year)

Quorum:

The Board is quorate when there are at least 5 members in attendance including the Chair or Vice Chair.

Review:

These terms of reference will be reviewed after two meetings

Workstream Groups

Workstream Groups are responsible for developing and delivering individual plans which include all tasks required to maintain compliance with the terms of MTU accreditation. The Workstreams will have a clinical or managerial lead from appropriate services.

Reports to:

The Trauma Board (progress against key milestones will be reported every two months)

Workstream Leads:

Workstream Group	Medical Division Lead	Surgical Division Lead	Clinical Support Division Lead
Workforce (incl training and CPD)	MTU Clinical lead		
Clinical Models (incl pathways, transfers and triage tools)	MTU Clinical Lead and Head of Nursing		
Rehabilitation (incl clinical model and rehab prescription)	Clinical lead for Rehabilitation		
Patient Experience	Quality Matron		
Clinical Standards (incl MDT, audit, SUIs, TARN)	Governance leads for Medicine		

Terms of Reference:

1. To ensure there is a workstream plan and resources (clinical and operational) in place to deliver all aspects of the MTU requirements relevant to each work stream.
2. To ensure the workstream plans are structured across 3 distinct phases:

Phase	Focus
Phase 1 Go Live	Delivery of safe day 1 requirements.
Phase 2 Safe 100 days	System development and essential requirements for first 100 days
Phase 3 Transformation (24 months)	Service development and continuous improvement to delivery sustainable high quality outcomes and patient experience

3. To ensure there are adequate resources across all services to deliver the workstream plan.
4. To ensure any issues which may be material to the MTU accreditation are identified and mitigations are incorporated in workstream plans.
5. To ensure there is effective escalation of any exceptions in the delivery of workstream plans within individual services.
6. To ensure each workstream group regularly reviews the issues log for their particular work stream, ensure it captures all material risks and issues and update as necessary.
7. To ensure progress reports to the Trauma Unit Board are provided two monthly (to the Project Manager).
8. To ensure there is coordinated and integrated approach to other corporate transformation programmes including the Emergency Flow and Elective Flow workstreams.

Membership and Quorum:

Each workstream lead is required to set up a small workstream group and ensure it has a clear scope of work with appropriate input across services. Groups will not need to be quorate in order to deliver the workstream requirements but there must be clarity in terms of timescales and accountability for specific tasks. This will be supported by the Project Manager.

Review:

These terms of reference will be reviewed after 4 months.