

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	RMTN	
Trauma Centre	St George's Hospital London	
Trauma Service	St George's Hospital London Network Organisation Measures (T13-1C-1) - 2013/14	
Peer Review Visit Date	6th February 2014	
Compliance		
NETWORK ORGANISATION MEASURES	Self Assessment % (0/0)	Peer Review 75.0% (6/8)
Zonal Statement		
Completed By	Marie Cummins	
Job Title	Programme Manager	
Date Completed	18/02/14	
Agreed By (Clinical Lead/Quality Director)		
Date Agreed		
Key Themes		
Network Governance Measures		

South West London and Surrey Trauma Network covers a population of more than 2.6 million. It includes three Trauma Units in London: Kingston, Croydon University Hospital and St Helier Hospital. In Surrey the four Trauma Units are: East Surrey, Royal Surrey, Frimley Park and St Peter's Hospitals. The Major Trauma Centre (MTC) is based at St George's Hospital. The two ambulance services covered by the network are London Ambulance Service (LAS) and Southeast Coast Ambulance Service (SECamb).

The Major Trauma Network continues to deliver a high quality major trauma service to patients. This is recognised with such initiatives as: the completeness of the helipad and facilities that this will require, all speciality engagement across the trauma pathway, 24/7 trauma team leader provision, trauma psychologist, therapy Consultant role in major trauma and orthopaedic service, established pathways and protocols, engaged Trauma Units with good clinical leadership.

Overall the South West London and Surrey Major Trauma Network is an outstanding model

which needs to be applauded.

The Network is innovative and forward thinking and has good engagement from stakeholder organisations. Major Trauma is recognised as 'business as normal' and is fully embedded in the ethos of the Major Trauma Network.

Good Practice

Good Practice/Significant Achievements

1. Excellent leadership and management of the network.
2. A sound and forward thinking development of network and clinical governance.
3. Strong commitment to openness and data transparency.
4. Education with the development of programmes and courses specific to major trauma.
5. Patient experience and research project being carried out.
6. The valuable innovation of injury prevention work being carried out.
7. Evidence of effective communication structure across the Network with innovative methods i.e. Twitter.
8. Evidence of effective Network working with engagement of all stakeholder organisations.

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

1. It was recognised by the review panel that ISS> 15 patients are regularly reviewed at the Trauma Unit's performance reviews and all appropriate ISS>15 patients are transferred into the MTC from all Trauma Units. An assurance was given to the review panel that this work continues as an on-going process.
2. The submission of TARN data from the Trauma Units is varied across the Network although there is recognition that the Network is working with TARN co-ordinators across the Trauma Units to improve the data completeness.
3. Whilst the Network has a process to record intra-hospital transfers, these transfers could be better audited through a more formal Network transfer audit process.
4. The Operational Delivery Network 'model' needs to be recognised for this effective clinical Network.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	RMTN	
Trauma Centre	St George's Hospital London	
Trauma Service	St George's Hospital London Pre-Hospital Measures (T13-2A-1) - 2013/14	
Peer Review Visit Date	6th February 2014	
Compliance		
PRE-HOSPITAL MEASURES	Self Assessment % (0/0)	Peer Review 80.0% (8/10)
Zonal Statement		
Completed By	Marie Cummins	
Job Title	Programme Manager	
Date Completed	18/02/14	
Agreed By (Clinical Lead/Quality Director)		
Date Agreed		
Key Themes		
Pre-Hospital Measures		

The South West and Surrey Trauma Network provide a high level of pre-hospital care. There is an inclusive system of clinical governance that is facilitated by the network involving two stakeholder ambulance services, these are: London Ambulance Service (LAS) and the Southeast Coast Ambulance Service (SECamb).

The LAS in partnership with London Air Ambulance have a HEMS paramedic in their control room 24/7, this paramedic forms part of the clinical hub and co-ordination desk. They are responsible for providing a first point of contact for trauma enquiries. They form part of the team of clinicians within the Emergency Operations Centre (EOC) and are supported by an on-call clinician who can provide senior advice by the Gold Doctor rota. This provides Consultant level input 24/7. SECamb have a local dispatch desk which is managed 24/7 by a paramedic.

Two Trauma Triage Tools are in practice across the network.

The network has a secondary transfer protocol and has developed a transfer definition

document to support the transfer process. This supports the Secondary Transfer protocol, Isolated Head Injury pathway, Spinal Injury pathway and Open Fracture Scoring system. Enhanced Care teams appear to provide a high quality standard of care. London uses the MERIT and BASICS system and the Southeast Coast use MERIT.

The ambulance services have access to the priority phones in all of the Emergency Departments.

Good Practice

Good Practice/Significant Achievements

1. The provision of an enhanced care team.
2. Good partnership between the two ambulance services working with the major trauma centre and network.
3. Application of protocols for Tranexanic Acid, Pelvic Binders and analgesia.

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

1. A recommendation of how the network protocol for transfers to the major trauma centre from the trauma units is being audited was raised.
2. It was noted that the trauma desk used by SECamb was pressurised and an action plan to support the concern was required.
3. It was felt by the review panel that all Pre-Hospital providers need to continue the important engagement with the network's established governance processes in order to ensure a robust structure is continued.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	RMTN	
Trauma Centre	St George's Hospital London	
Trauma Service	St George's Hospital London Reception and Resuscitation Measures (T13-2B-1) - 2013/14	
Peer Review Visit Date	6th February 2014	
Compliance		
RECEPTION AND RESUSCITATION MEASURES	Self Assessment %	Peer Review 95.8%
	(0/0)	(23/24)
Zonal Statement		
Completed By	Marie Cummins	
Job Title	Programme Manager	
Date Completed	18/02/14	
Agreed By (Clinical Lead/Quality Director)		
Date Agreed		
Key Themes		
RECEPTION		

The Major Trauma Centre at St George's Hospital has a very good reputation for the reception and management of major trauma cases with excellent feedback from paramedics. Reception is by a Consultant-led trauma team.

RADIOLOGY

The CT scanner is located adjacent to resus. All scans are double reported by a Consultant within 12 hours. Interventional Radiology is available 24/7 and this is adjacent to the Emergency Department. Plans are in progress to build a hybrid theatre with Interventional Radiology.

SURGERY

All of the key surgical specialities are on-site. There is a clear commitment to trauma care and Consultants are no longer than 30mins away from the Trust.

INTENSIVE CARE

The adult Critical Care Directorate comprises of 52 critical care beds split over three units:

General Intensive Care = 21 beds

12 level 3 beds

6 level 2 beds

3 surgical level 2 beds

Cardiothoracic Intensive Care = 17 beds

15 level 3 beds

8 level 2 beds

Neurological Intensive Care = 14 beds

10 level 3 beds

4 level 2 beds

The three adult critical units submit to ICNARC (Intensive Care National Audit & Research Centre).

The paediatric intensive care unit has 10 beds; there is flexibility between the levels of beds required.

PAIN MANAGEMENT

A comprehensive acute pain service, with a Consultant lead is in place. A senior pharmacist is allocated to support the service and the service maintains close links with the Trauma Psychology service and the Alcohol & Drug Liaison team.

TRANSFUSION

A massive transfusion protocol for adult and paediatric major trauma is in place.

Good Practice

Good Practice/Significant Achievements

1. A very comprehensive patient flow following the recent restructure of the Emergency Department.
2. A Paediatric trolley which can be moved to the specific bay when required is innovation.

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

1. The roll out of damage control surgery training is a concern.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	RMTN	
Trauma Centre	St George's Hospital London	
Trauma Service	St George's Hospital London Definitive Care Measures (T13-2C-1) - 2013/14	
Peer Review Visit Date	6th February 2014	
Compliance		
DEFINITIVE CARE MEASURES	Self Assessment % (0/0)	Peer Review 94.1% (16/17)
Zonal Statement		
Completed By	Marie Cummins	
Job Title	Programme Manager	
Date Completed	18/02/14	
Agreed By (Clinical Lead/Quality Director)		
Date Agreed		
Key Themes		
Definitive Care Measures		

All specialities required to provide a definitive care following major trauma are available at the Major Trauma Centre at St George's Hospital. All patients with multi-system injuries are admitted under the care of the Orthopaedic Surgeons and patients with a single-system injury their care is delivered by the speciality team.

The co-ordination of the pathway for all major trauma patients is overseen by the Trauma Lead Nurse (TLN) and therapist.

A business case is in process to cohort all of the major trauma patients together on one ward in order that the tracking of the patients is easier and this will assist with a more vigorous patient pathway.

Burns patients are treated at Chelsea and Westminster Hospital or triaged at the Major Trauma Centre and then transferred on once initial stabilisation and fluid resuscitation has taken place.

Good Practice

Good Practice/Significant Achievements

1. Open and solid co-operation between various trauma specialities.
2. High level of Consultant-delivered care.

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

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1. A recommendation is the Trauma Nurse Co-ordination Team requires further expansion with another member of staff being recruited in order to ensure safe, effective and continuous care of trauma patients throughout their journey.
 2. The review panel recognised the importance of cohorting all of the major trauma patients on a dedicated trauma ward as an important aspect to patient experience and felt a recommendation was to ensure the patients are cohorted.

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Regional Trauma Network	RMTN	
Trauma Centre	St George's Hospital London	
Trauma Service	St George's Hospital London Rehabilitation Measures (T13-2D-1) - 2013/14	
Peer Review Visit Date	6th February 2014	
Compliance		
REHABILITATION MEASURES	Self Assessment % (0/0)	Peer Review 78.6% (11/14)
Zonal Statement		
Completed By	Marie Cummins	
Job Title	Programme Manager	
Date Completed	18/02/14	
Agreed By (Clinical Lead/Quality Director)		
Date Agreed		
Key Themes		
Rehabilitation Measures		

There is a comprehensive multi-disciplinary team working across the Major Trauma Centre, however the roles of Director of Rehabilitation Services for the Major Trauma Centre and the Network and the Rehabilitation Therapy Lead for the network are not funded and the work is in addition to their existing job plans.

A Network Rehabilitation Group has been established which meets to share best practice and address any clinical governance issues. A gap analysis has been completed for the network patients and a Rehabilitation conference was held to explore the solutions, with a workshop in which Commissioners were invited to initiate the conversation regarding Rehabilitation for the major trauma patient.

The Major Trauma Centre has links with the London Spinal Cord Injury Centre (LSCIC) at Stanmore and has developed a joint protocol for the immediate management of adult patients with spinal cord injuries. The LSCIC outreach team support therapists and nursing staff at the

Major Trauma Centre in the management of this patient group.

The Rehabilitation prescription is rolled out and a key worker is identified for each patient.

Good Practice

Good Practice/Significant Achievements

1. A very keen and motivated team who have demonstrated excellent innovation by completing a gap analysis. Qualitative data provided good evidence of patient feedback.

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

1. It is recommended that the Trust and Network consolidate their progress on rehabilitation to date and articulate, with the Commissioners a clear strategic plan for how the gaps in rehabilitation will be met over the next 12 to 24 months.