

# West Midlands Specialised Commissioning

## RSH Trauma Unit Designation Submission

The focus of emergency medicine should be to provide the best care for patients attending A&E so they recover as quickly and safely as possible. To enable this to be achieved, emergency services should be configured locally in a manner that delivers evidence based and safe care within the organisation's capabilities.

West Midlands Strategic Commissioning Group (WMSCG) has been asked by PCTs and Clusters to lead the review, development, selection and implementation of a regional Trauma Care System. The process and associated documentation is based on the Service Specification for the West Midlands Regional Network for Adult and Paediatric Major Trauma Services and follows a review of evidence based practice and consultation with all SCGs in England and with clinicians and patient representative groups.

An informal Expression of Interest was submitted as requested on 27<sup>th</sup> July to request that RSH A&E Department be part of the designation process, and a self assessment was submitted as requested on 9<sup>th</sup> August

The following definitions provide the background for the scope of the exercise and the strategic aims of this process.

**Inclusive Trauma System** – An Inclusive Trauma System (ITS) describes a model in which commissioners; providers, public health representatives and other stakeholders of trauma care in a geographical region collaborate to plan, provide and manage the treatment of people injured as a result of Major Trauma.

The ITS is responsible for all aspects of trauma care, from the point of injury to rehabilitation, as well as for injury prevention. Each ITS comprises of one or more 'Trauma Networks' (see definition below). The ITS also features:

- a population-based approach to the assessment of need and the provision of treatment.
- a role for every hospital and provider of care.
- provision for the speedy transfer of patients between facilities, particularly where the severely injured have been under triaged away from the Trauma Centre.
- a quality assurance structure that penetrates across the region and to each stage of care, which underpins providers' clinical governance processes, identifies inadequate performance in order to support its correction and ultimately can apply sanctions where this does not occur. It also informs commissioners about the quality of care being delivered.

**Trauma Network** – A Trauma Network (TN) is the name given to the collaboration between the providers commissioned to deliver trauma care services in a geographical area. At its heart is the 'Major Trauma Centre'. A TN should include *all* providers of trauma care, particularly: pre-hospital services, other hospitals receiving acute trauma admissions (Trauma Units), and rehabilitation services. The TN has appropriate links to the social care and the voluntary/community sector. While individual units retain responsibility for their clinical governance, members of the Network collaborate in a Quality Improvement programme.

**Trauma Unit** – A Trauma Unit (TU) is a hospital in a Trauma Network that provides care for most injured patients and:

- is optimised for the definitive care of injured patients. In particular, it has an active, effective trauma Quality Improvement programme. It also provides a managed transition to rehabilitation and the community.
- has systems in place to rapidly move the most severely injured to hospitals that can manage their injuries.
- may provide some specialist services for patients who do not have multiple injuries (e.g. open tibial fractures). The Trauma Unit then takes responsibility for making these services available to patients in the Network who need them. Other Trauma Units may have only limited facilities, being able to stabilise and transfer serious cases but only to admit and manage less severe injuries.

The Royal College of Surgeons advises that the ITS should have in place a plan which sets out the Regional Networks for Major Trauma. As a result The West Midlands Specialist Commissioning Team has developed a local service specification for the Regional Network in relation to Adult and Paediatric Major Trauma Services and this informs the designation process around Trauma Unit status. This model of care will be facilitated through a Trauma Network (TN); the collaboration between the providers commissioned to deliver trauma care services in a geographical area. A TN should include all providers of trauma care, including: pre-hospital services and rehabilitation services. The TN has appropriate links to social care and the independent sector. While individual units retain responsibility for their clinical governance, members of the TN collaborate in order to provide continuous Quality Improvement.

### The designation process

This is a self assessment process for providers who have expressed an interest in becoming a Trauma Unit within the West Midlands. This process is to determine where providers are currently compliant in delivering aspects of trauma care. If in undertaking the self assessment, the organisation identifies areas where they are not currently compliant, they will need to provide the date by which they will be compliant and detail the actions they will undertake to ensure they attain compliance.

A Multi-Cluster group will convene with nominated clinical representation from the Regional Trauma Steering Group to formally consider each submitted self assessment. The Multi-Cluster Group will then advise of individual suitability or not for designation, and advise the Project Board and submitting organisation of what would be required if not suitable at this point in time. The Multi-Cluster group will then ask the West Midlands Strategic Commissioning group to approve those organisations that are suitable for Trauma Unit designation at the Boards 2011 September meeting. WMSCT will collect evidence from selected Trauma Units of compliance between 9<sup>th</sup> August and 9<sup>th</sup> September which will include an action plan of how they will ensure full compliance by July 2012. Provisional design of Trauma Units will be held between April 2012 and June 2013 with formal designation taking place in 2013.

An informal Expression of Interest was submitted as requested on 27<sup>th</sup> July to request that RSH A&E Department be part of the designation process, and an agreed self assessment (available by request if required) was submitted as requested on 9<sup>th</sup> August. Our submission has the support of the Cluster CEO Eamonn Kelly.

An action plan has been produced for the complete set of standards, issued to all internal stakeholders and actions are now being worked through for completion by 7<sup>th</sup> September to enable submission of evidence by 9<sup>th</sup> September to WMSC.

This report submits to the Hospital Executive Committee a request to endorse the RSH TU designation submission in order to drive safe, timely and effective patient care in accordance with regional commissioning intentions, along with the reflection of national best practice guidance around the provision of safe and clinically effective trauma care.

### **Supplementary references:**

Department of Health (2010) The Operating Framework for the NHS in England 2011/12 – Section 4.52 – Regional Trauma Networks

National Audit Office (2010) Major Trauma care in England

The Trauma Audit & Research Network (TARN) – An Overview

The Intercollegiate Group on Trauma Standards (2009) Regional Trauma Systems – Interim Guidance for Commissioners.