

Trust Board Meeting in Public: Wednesday 8 May 2019

TB2019.59

Title	Major Trauma Centre (MTC) Peer Review Outcomes
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Status	Final
History	A paper on the outcomes of the MTC peer review reports and action plan was reviewed at TME on Thursday 11 April 2019

Board Lead(s)	Ms Sara Randall, Acting Chief Operating Officer Professor Meghana Pandit, Chief Medical Officer			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. On Thursday 1st November 2018, the Oxford Major Trauma Centre (MTC) underwent a peer review visit to assess compliance against the national Major Trauma Service Quality Indicators.
2. This paper is being presented to the Trust Board in order to **inform** the board about the level of compliance that the MTC achieved; and a brief overview of areas of good practice and areas for development.
3. This paper is also intended to provide the Trust Board with **assurance** that an action plan has been put in place in response to recommendations from the peer review panel and that this has been reviewed and approved by the Trust Management Executive (TME).
4. Finally, the Trust Board are being **alerted to** work that is being carried out to address the recommendations on areas for development. This will result in a number of business cases which will be submitted over the coming financial year (2019/20).

Major Trauma Centre (MTC) peer review outcomes

1. Context / Background

- 1.1. On Thursday 1st November 2018, the Oxford MTC underwent a peer review visit from a panel led by the NHS England Quality Surveillance Team (QST) with clinicians and managers from MTCs and Networks across England.
- 1.2. The Oxford MTC were assessed for compliance against the national Major Trauma Service Quality Indicators, and feedback was received in two stages:
 - 1.2.1. A letter was received on 5th November 2018 highlighting that the Trust were not meeting all of the requirements of the Major Trauma patient care model which is described in the NHS Standard Contract for Major Trauma Services, NICE guideline [NG40] for Major Trauma Service Delivery, and the NICE Trauma Quality Standard [QS166].
 - 1.2.2. The Trust received final reports on 23rd January 2019 detailing overall levels of compliance, areas of good practice, and some areas for improvement.

2. Information on MTC compliance

- 2.1. Importantly, the Trust were commended for having a cohesive well led MTC team who were engaged with the peer review process, had a good team work ethic, and demonstrated a strong desire to improve the service.
- 2.2. Furthermore a number of clinical services and outcomes were highlighted as areas of good practice and significant achievements. This included but was not limited to MTC Psychological Medicine support available to patients and staff; the paediatric neurorehabilitation service; performance against the British Orthopaedic Association Standards for Trauma and Orthopaedics (BOAST) for the multi-disciplinary team management of patients with open fractures which is delivered by our Ortho-Plastics service; nurse training to support achievement of the National Major Trauma Nursing Group Competencies; strong engagement with trauma research; and a high standard of patient discharge documentation including Rehabilitation Prescriptions.
- 2.3. Overall, the Trust received levels of compliance with the national Major Trauma Service Quality Indicators of between 56% and 75% which is detailed in **Table 1**:

Table 1: Compliance against the national Major Trauma Services Quality Indicators for the adult and children's MTC split by areas of care

Measures	Adult MTC	Children's MTC
Reception and resuscitation	13/19 (68%)	12/17 (71%)
Definitive care	15/22 (68%)	15/20 (75%)
Rehabilitation	5/9 (56%)	5/9 (56%)
Overall	33/50 (66%)	32/40 (70%)

- 2.4. For both the adult and children's MTC, compliance was greater for measures of reception and resuscitation and definitive care. This is indicative of the high quality trauma training delivered by a faculty of engaged clinicians from across the MTC and Network; as well as notable clinical capabilities. Areas for development include refining the model of care to enable early Consultant-led

review of all Major Trauma patients with a single Consultant body responsible for the holistic care of Major Trauma patients who are co-located in a dedicated Major Trauma ward with a 7-day coordination service.

- 2.5. Compliance was lower for the rehabilitation measures which demonstrate the need to develop dedicated clinical leadership through the appointment of a Consultant in Rehabilitation Medicine, and to extend the existing rehabilitation service to enable 7 a day service to all adult and paediatric Major Trauma patients.

3. Assurance on the MTC action plan

- 3.1. In response to the letter received on 5th November 2018, an action plan was generated by working collaboratively across Directorates, Divisions and with OUH Executive Directors. This action plan was reviewed by TME on Thursday 22nd November 2018 and was sent to NHS E on Friday 23rd November 2018. Updates on progress against the action plan are sent to the Wessex specialised commissioners, and members of the Trust Executive on a regular basis.
- 3.2. Additionally, a summary of the final reports and action plan was presented to TME on Thursday 11th April 2019. TME were asked to accept the paper as evidence of the final action plan and as a point of reference for future business cases being submitted to TME.

4. Alerting the board to further work to be carried out

- 4.1. A number of business cases are being developed in response to the peer review panel feedback and reports. These include strengthening the volume of Consultant-led Trauma Calls; developing estates options for the co-location of Major Trauma patients; further enhancing the multi-disciplinary adult Major Trauma rehabilitation coordination service to enable a 7 day service and extending the distinguished paediatric neurorehabilitation service to all paediatric Major Trauma patients.
- 4.2. Further work being carried out will also need to take into account any emergent findings that may be received in relation to the MTC following the recent inspections by the Care Quality Commission (CQC).

5. Recommendation

- 5.1. The Trust Board are asked to accept this paper as information on the outcomes of the Oxford MTC peer review visit; to provide assurance that an action plan has been developed, reviewed, and approved by TME; and as contextual information for any subsequently submitted business cases to the Trust Board.

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