



## Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

**Report of:** Cathy Edwards, Director of Commissioning (Interim)

**Subject:** Update on progress in implementing plans for improving major trauma within Yorkshire and the Humber

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### Summary:

A paper setting out plans for improving the care for patients who have suffered major trauma in the Yorkshire & the Humber region was presented to the committee in April 2013. This paper presents progress made in implementing those plans and at the request of the Committee we have focussed on developments made to rehabilitation care following major trauma.

**Type of item:** The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	✓
Other	

### The Scrutiny Committee is being asked to:

Note the significant progress made in improving major trauma care in South Yorkshire and Bassetlaw and to acknowledge the further work that is underway to continue improvement.

Category of Report: OPEN

## **Report of the Director of Commissioning (Interim)**

### **Update on Progress on Implementing Plans for Improving Major Trauma within Yorkshire and the Humber**

#### **1. Introduction/Context**

##### **1.1 What is Major Trauma?**

Major trauma is used to describe serious and often multiple injury where a patient has less than 10% chance of survival, often described as 'life-changing' injuries, it includes: head injury, spinal injury, abdomen, chest, penetrating wound, gunshot, long bone amputation and injuries to the pelvis. The paramedic on the scene identifies the patient as having major trauma.

##### **1.2 How many people suffer major trauma on our region?**

The number of people across the region who experience major trauma is relatively small at around 660 cases per year, which equates to less than 0.2% of Emergency Department activity.

Nationally it has been estimated that 91% of hospitals will see less than one major trauma case per week and 75% of hospitals will see less than one case per fortnight. These are small numbers of patients who require specialist care.

##### **1.3 Plan for improving Major Trauma Care**

In 2011 NHS organisations in Yorkshire and the Humber agreed plans to ensure that all injured patients (adults and children) receive an excellent standard of care and safety, from time of injury to rehabilitation.

Evidence told us that better coordination of care and reducing variation in care would lead to saved lives and better outcomes for people who have suffered major trauma. This could be achieved through our acute hospitals, ambulance service and rehabilitation services working together as a whole system, with common protocols and agreements.

Our plan was to achieve the following:

- Save lives with an approximate 20% reduction in lives lost. In Y&H this equates to an additional 160 lives saved per year.
- Significantly improve chances of making a full recovery, reducing the chance of long term debilitation. 75% of patients are currently left with a significant disability following a major trauma.

##### **1.4 This paper updates the Committee on progress to implement the plans. At the request of the Committee in April 2013 there is particular focus on actions to improve rehabilitation following Major Trauma.**

## 2 Progress report

2.1 In December 2013 the national lead for Major Trauma announced that, as a direct result of improvement made in major trauma care across the country, there had been a 20% increase in lives saved following major trauma. It is difficult to precisely measure this improvement at a local level however it is believed that this increase is reflected in Yorkshire and the Humber. Additionally survival rates are likely to improve further as the new arrangements become more embedded. Further work on data is underway to confirm survival rates at a local level.

2.2 The Major Trauma Centres, Trauma Units and Ambulances have come together in South Yorkshire to implement change and where required invest resources to improve patient care. The following summarise some of the many improvements that are now in place:

- All patients (adults and children) are assessed at the roadside using a standard national approach.
- A paramedic in the ambulance control room coordinates the decision making about admission and transfers for patients injured throughout Yorkshire and the Humber.
- All patients with major trauma are taken directly to a Major Trauma Centre if they are within 45 minutes travel time. Where this is not the case they are taken to the nearest Trauma Unit for stabilisation prior to transfer on to the Major Trauma Centre.
- In South Yorkshire and Bassetlaw the Major Trauma Centres are the Northern General Hospital for adults and Sheffield Children's Hospital for children. Trauma Units are Barnsley Hospital, Rotherham Hospital, and Doncaster Royal Infirmary. Both Major Trauma Centres also receive cases from the North Derbyshire area too.
- The Northern General Hospital is receiving around 300 additional major trauma patients per year directly to the Emergency Department via ambulance service triage.
- Sheffield Children's Hospital was already receiving most patients directly from across the region so they have seen just a small rise in additional major trauma cases.
- All patients meeting ambulance service triage criteria are seen by a consultant lead trauma team.

- There is faster access to diagnostic imaging for all patients
- Improved care pathways and treatment are in place for all patients in particular those with severe bleeding, burns, spinal cord injuries, long bone and open fractures.
- Additional specialist nursing staff have been recruited to specifically care for patient with major trauma.

2.3 Work has progressed well to improve rehabilitation during the first stages of recovery from major trauma. These are summarised below:

2.3.1 For children:

- All children with major trauma are now assessed for their rehabilitation needs using the national major trauma rehabilitation prescription. This happens within the national standard of 72 hours of injury.
- A trauma and rehabilitation co-ordinator has been appointed to coordinate the care pathway for children with major trauma, from injury to rehabilitation.
- Dedicated consultant neurologist and a consultant in neuro-disability sessions are now in place for children with major trauma.
- Formal links have been developed with Tadworth Childrens Trust (the national specialised rehabilitation centre for children with highly complex rehabilitation needs)
- A directory of local services has been developed. This aids discharge and transition with therapists in the region and provide support as required
- Increased number of multi-disciplinary neurorehabilitation follow-up clinics.
- Education sessions for rehabilitation therapists from trauma units across the region.

2.3.2 For adults:

- 85% of adults with major trauma are now assessed for their rehabilitation needs using the national major trauma rehabilitation prescription within the national standard of 72 hours of injury. This is an improving position and the plan is to achieve 100% as soon as possible.

- A lead therapist for major trauma has been appointed at Sheffield Teaching Hospitals; he has responsibility for coordinating the rehabilitation of major trauma patients.
- A rehabilitation consultant dedicated to major trauma care has been appointed and will take up their post in February 2014.
- With the new rehabilitation consultant in post, Sheffield Teaching Hospitals will be able to meet the key national standards of a consultant signing the rehabilitation prescription within 72 hours, and for all major trauma patients to be reviewed in a multi-disciplinary meeting occurring weekly.

#### **2.4 Future plans for rehabilitation**

In April 2013 the South Yorkshire and Bassetlaw Major Trauma Operational Delivery Network was established. The purpose of the network is to bring together clinical teams from across the region to further improve care for patients with major trauma. The network will continue to improve the acute care for major trauma. However a key objective is to develop and implement a strategy for improving rehabilitation care following the initial acute phase following trauma. The operational delivery network would be happy to keep this Committee briefed of progress.

### **3 Recommendation**

The committee is asked to note

- The significant progress made in improving major trauma care in South Yorkshire and Bassetlaw.
- Improved survival rates following major trauma.
- That further work that is underway and continued improvement to major trauma care is envisaged.

Sarah Halstead

3rd March 2014

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