

Report to:	Board of Directors				
Date of Meeting:	27.4.16				
Report Title:	Action Plan for the Serious Concerns Post Major Trauma Peer Review				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X			x		
Prepared by:	Erky Radic PSM Urgent Care				
Executive Sponsor (presenting):	Stacey Hunter				
Appendices (list if applicable):					

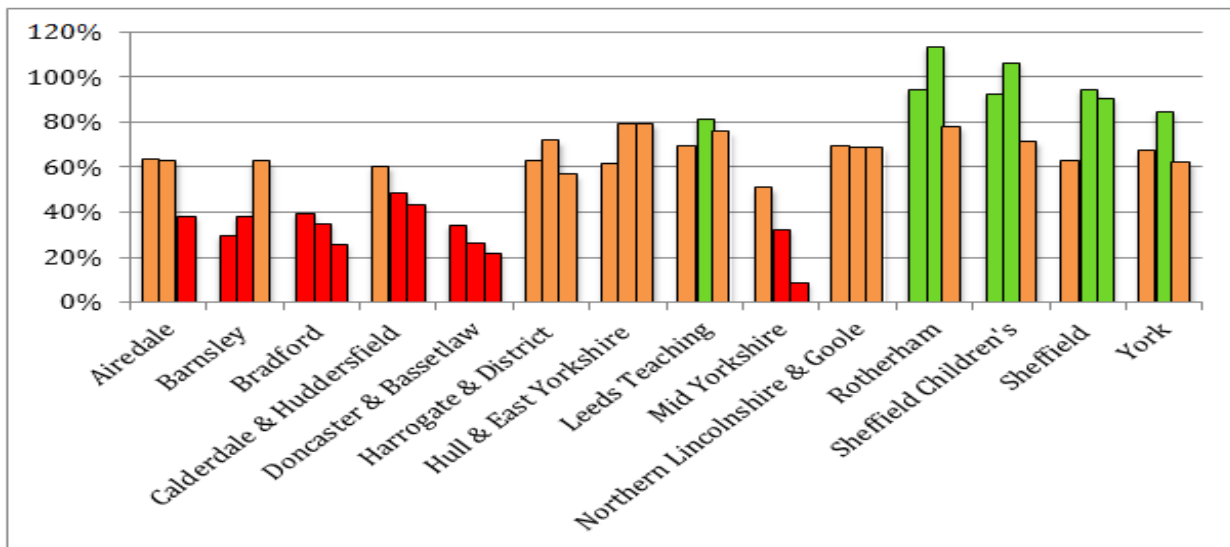
<p>Purpose of the Report To set out the progress update action plan in response to the 5 serious concerns raised at the major trauma peer review on the 24th March 2015</p> <p>Action required by the Board of Directors To review and approve the update action plan</p>

<p>Key points for discussion</p> <p>List the key areas for discussion for example financial implications, risks, E&D implications, regulatory requirement, impact on patients/staff etc.</p> <p>Dr Tamsin Gregory Consultant Anaesthetist has been in her interim post as Trauma Lead Consultant from the 1st January 2016, and is attending network meetings and making good links with the network leads and is fully aware of AGH position post peer review.</p> <p>The TARN Coordinator post has now been filled since November 2015. The post holder has undergone the national TARN training and is working closely with Dr Gregory to ensure that data input remains a priority. She has a good understanding of the data collection and submission process and continues to work hard with clearing the backlog.</p> <p>Of the 5 serious concerns, there remain only 2 exceptions, both of these are low risks</p> <ol style="list-style-type: none"> 1. Delays in assessing CT scans for trauma: <ul style="list-style-type: none"> • Original audit (n72) demonstrated 78% of patients had their CT within 30 minutes of request, and 92% of scans reported within 60minutes. This is a considerable improvement on the quoted figures from the TARN data available to the peer review team. • Local CT protocol agreed. Broadly based upon MTC protocols. • Outstanding - Dr Gregory to repeat the Audit and produce report in June 2016 2. No overall trauma coordinator service: <ul style="list-style-type: none"> • Outstanding: Work still ongoing to identify trauma patients on SystemOne before audit can be undertaken <p>Note on TARN Data completeness TARN data incomplete: see graph 1 on p2</p> <ul style="list-style-type: none"> • Currently as of 8th April 2016 the published data completeness on the TARN website for 2015 for AGH is 33-40% but the board and the Network has acknowledged that this was due to the fact that AGH did not have a dedicated TARN coordinator for the majority of the year and the low data completeness % was anticipated. • AGH is currently 13th out of the 15 Trusts with data submission below 50% for 2015
--

- The TARN Coordinator is now well embedded and is working closely with relevant colleagues to ensure data completeness for Q4 remains a priority.
- Current data completeness for Q4 figures not available on the dashboard till 27 May 2016. We expect this to show a significant improvement with the introduction of the TARN coordinator
- The WYMTN are working with Trauma Units to support better data collection and inputting by ensuring TARN Coordinators attend local and regional meetings where the issue is discussed and best practice is shared.
- The WYMTN are also working with commissioners to look at routes through contract management that can be utilised to support Trauma Units with TARN data collection.

Graph 1

TARN Performance Comparison: Data Completeness - Yorkshire & Humberside NHS Hospitals 2012-13, 2014 & 2015



Recommendation

Action required by the Board of Directors

To discuss and note the updated action plan.

WYMTN – PR: Update on Response to Notification of Serious Concerns (18/4/2016)

Serious Concern	Immediate action	Progress update	Evidence to be presented to EAG	Lead	timescale	Risk Rating
The team acknowledged significant delays in accessing CT scans for trauma.	30/3/15 – AD met with GR and MC to devise audit protocol running from 1/4/15 looking specifically at the 2 assessed TU measures.	TG has agreed to repeat “time to CT” audit and will allocate another clinician to do it	Audit is awaiting completion	TG	June 16	1x2
There is no overall trauma co-ordinator service to ensure that all major trauma patients in the Trust have their multiple needs managed throughout the care pathway, including current and future rehabilitation . This includes the transfer and repatriation of patients to and from the MTC and associated specialist services. This could affect the treatment and outcomes for patients.	Standard reviewed on 09.04.15 and following actions agreed:					
	a) Trauma rehabilitation coordinator agreed	Complete	Named Trauma Rehabilitation Coordinator – Cath Gregson	CG	16.04.15	1x1=1
	b) Work with IT to develop icon to identify trauma patients from point of admission on Systmone	In progress: ongoing work with IT to scope what is required to add icon. Concerns regarding additional demands on ED reception staff	Changes in staffing and role allocation has resulted in this not being actioned. Needs to be resolved for June 2016	TG/CG	June 2016	1x2=2
	c) Pathway to demonstrate coordination of trauma patients from admission to discharge	Complete in April 2015		CG/SL	Comp 4/2015	1x1=1
d) Audit of identified trauma patients to identify if rehabilitation needs met	Incomplete: This can only be done once systems in place to flag trauma patients across the trust (see b)).	Flag system not in place therefore audit not completed. Alternative plan to look at TARN data once backlog up to date. SL to investigate	CG/AD	June 2016	2x2=4	
TARN data for the TU is incomplete and consequently inadequate to provide robust clinical and management	31/3/15 AD met with LT to discuss current TARN process in detail. Significant issues highlighted including 1.	Completed Dec 2015	TARN Coordinator in post since Dec 2015 Training commenced with Laura Taylor from Clinical Audit.		Comp 12/20 15	1x1=1

information to the service and the Trust. The absence of adequate data capture and entry has resulted in there being insufficient information available to provide assurance to the Commissioners and the Trust on the quality and safety of the current service or to allow effective planning for the future.	problems with eligible patient capture via clinical coding. 2. completion of data by multiple operators with important clinical information not entered resulting in multiple errors on submission. 3. Transparency and adequacy of HES data.		TARN Network Team training booked in Manchester for March 2016 and covers all aspects of data collection and submission			
	13/4/15 meeting arranged to discuss the above between AD, LT, PB, ER, JS . Decision made that this needs to be a new dedicated role (15hrs pw)	Complete: 15hrs/week recruited. Training provided. Initial action to catch up on backlog, then anticipated real time audit data capture.		Post holder is Rachel Barrett since 7.12.15	ER	Comp Dec 15

There are no dedicated specialist rehabilitation services for trauma patients locally therefore patients are being admitted to general wards where they will not receive the specialist rehabilitation support required. Lack of dedicated facilities and defined rehabilitation pathways co-ordination may seriously compromise the quality and outcome of patient care.	Standard reviewed on 09.04.15 and following actions agreed:					
	a) Flowchart to describe specialist rehabilitation pathways including onward referral to community services	Completed April 2015		CG/SL	Comp 4/2015	1x1=1
	b) Description of seven day rehabilitation services available to trauma patients to include the role of the Consultant in Rehabilitation	Completed April 2015		CG/SL	Comp 4/2015	1x1=1
	c) Work with IT to enable access for therapy to input on-going rehabilitation needs in discharge summary (rehabilitation prescription)	In progress: CG met with IT to scope best system – rehab prescriptions included in discharge letter (ICE) on ward 5. Working with IT to replicate in Systmone trust wide.	Ward 5 and ward 9 therapist are inputting to Systmone discharge letters which include the rehabilitation summaries. Roll out to other wards starting with most complex patients'	CG/SL	3/2016	1x1=1
d) Amend operational policy for Physiotherapy on-call to include trauma patients	Completed 6/2015	<u>Appendix 11:</u> updated operational policy	SL	Comp 6/2015	1x1=1	

AD – Alex Danecki

TG- Tamsin Gregory

ES – Elizabeth Stoppard

GR – Girish Raghunathan

ER – Erky Radic

CG – Cath Gregson

MC – Martin Cobley

LT – Laura Taylor

MD – Mary Dickinson

SL – Sara Lewis