

 		Rhwydwaith Trawma De Cymru South Wales Trauma Network
South Wales Trauma Network February 2020 Briefing for Quality and Safety (Q&S) Committee Endorsement of Network Clinical Guidelines		
Lead: Dr Dindi Gill, Clinical Lead, NHS Wales Health Collaborative		
Date: 9/03/2020		Version: FINAL
Purpose of Document: To provide a summary of the processes followed to produce the network clinical guidelines for the South Wales Trauma Network, in order to support endorsement by Q&S committees.		

Background

The South Wales Trauma will be going live in April 2020.

One of the core quality indicators for the network is to have a set of network clinical guidelines, to improve knowledge base and ensure consistency of patient care across South Wales, West Wales and South Powys. As part of the Major Trauma Centre (MTC) and Trauma Unit (TU) designation process all organisations stated committed that they would sign up to the network clinical guidelines.

An appendix of clinical guidelines is provided below and are being released as tranche 1 and 2 (Appendix 1). Both tranches are now complete and included. Appendix 2 highlights a couple of minor edits to tranche 1.

In order to provide assurance to Q&S committees, the following process has been followed and agreed by the network board (November and December 2019):

1. All clinical guidelines are based on best practice evidence and are already current practice in most Health Boards. Most are based on the practice in regional trauma networks in England.
2. These are hospital guidelines. Separate guidelines exist for pre-hospital providers, which, align with hospital guidelines, where appropriate.

3. The guidelines have been authored and reviewed by experts in trauma management from across the region.
4. Where differences of clinical opinion have arisen, these have been resolved by seeking external expert clinical advice.
5. Subsequently all guidelines have been comprehensively peer reviewed by members of the governance subcommittee. The governance subcommittee meets monthly and has clinical representation from across the network (incl. Major Trauma Centre and Trauma Unit clinical leads). It is the network governance subcommittee where the network clinical expertise resides.
6. In addition to the above, the paediatric guidelines have been subject to further scrutiny from the network paediatric working group, which has paediatric representation from all Health Boards.
7. All guidelines have been reviewed by the network clinical lead. The adult guidelines have had a further review by the network governance lead and paediatric guidelines by the network paediatric lead.
8. Finally, the process of assurance that is described here has been formally signed off by the network board, where all Health Boards are represented from a clinical and managerial perspective.
9. The guidelines will be used for benchmarking clinical governance issues that are raised within the network structure; however, as the name implies these are guidelines and not standard operating procedures/policies, therefore individual clinician judgement where appropriate will be supported.
10. There are no significant resource implications for implementation. Training and education will be disseminated through network and local educational programmes. Alignment with these programmes will be critical to their success.
11. Each guideline has a 3 year review period, but the network will undertake a review earlier should this be necessary.
12. It has been agreed through WHSSC Management team, that the guidelines will go through the WHSSC Q&S Committee for noting and assurance of the process (17th March). WHSSC are the principle commissioners of the network.
13. Exec Medical Directors have been sighted on the above process.
14. Therefore, there is no expectation to undertake a consultation on the clinical guidelines as this will risk inconsistency of clinical practice and training across the network.

Quality & Safety Committees are asked to:

1. Note the suite of clinical guidelines that have been developed.
2. Confirm that they are assured by the process by which these guidelines have been developed as outlined above for both tranche 1 and 2.
3. Confirm that implementation of the guidelines can proceed ahead of the go live date in April 2020 (correspondence to the Health Board trauma clinical lead and network clinical lead).

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Appendix 1 – Clinical Guidelines (all in tranche 1 unless marked as tranche 2)

Guideline
Emergency Anaesthesia (SWTN CG01)
Emergency Surgical Airway (SWTN CG02)
Resuscitative Thoracotomy (SWTN CG03) – tranche 2
Penetrating Cardiac Injuries (SWTN CG04) – tranche 2
Chest Drain Insertion (SWTN CG05) – tranche 2
Rib Fracture Management and Analgesia (SWTN CG06)
Major Haemorrhage & Damage Control Resuscitation (SWTN CG07)
Abdominal Injuries (SWTN CG08)
Severe Pelvic Fracture (SWTN CG09)
Severe Traumatic Brain Injury (SWTN CG10) – tranche 2
Open Fractures (SWTN CG11)
Compartment Syndrome (SWTN CG12)
Vascular Injuries (SWTN CG13)
Spinal Cord Injury (SWTN CG14)
Burns (SWTN CG15)
Radiology (SWTN CG16)
Interventional Radiology (SWTN CG17)
Paediatric Guidelines (includes all of the above incl. Non-accidental injury) (SWTN CG18)
Trauma in the Older Person (SWTN CG19) – tranche 2
Traumatic Cardiac Arrest (SWTN CG20)
Long Bones Fractures (SWTN CG21) – tranche 2
Clinical Guideline – Rehabilitation (SWTN CG22) – tranche 2
Mass casualty guidelines – agreed by mass casualty group and disseminated to HBs in 2019 for local adoption.
https://www.england.nhs.uk/ourwork/epr/major-incidents/
Supported by the South Wales Trauma Network – tranche 2

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Appendix 2 – Minor edits to tranche 1

All clinical guidelines	Updated logo and infographic
Paediatric trauma clinical guidelines CG18	Page 4 – Addition of penetrating trauma to activation criteria Page 12,13,14 – Addition of resuscitative thoracotomy procedure Page 37 – Edit to mannitol dose range
Radiology CG16	Page 2 – Addition of suggested WBCT protocol Page – Addition to reporting timeframes for primary survey report in MTC

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