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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 March 2020	Agenda Item	3.5
Report Title	Major Trauma Network Clinical Guidelines		
Report Author	Julie Morse Principal Project Manager		
Report Sponsor	Richard Evans Executive Medical Director		
Presented by	Richard Evans Executive Medical Director		
Freedom of Information	Open		
Purpose of the Report	This report provides a brief with regards the clinical guidelines to be adopted to support the new South Wales Major Trauma Network [MTN], once operational. Each participating Health Board must provide assurance to the MTN Board that the guidelines will be embedded into clinical practice.		
Key Issues	<p>The adoption of the guidelines is a critical element of the preparedness work for each Health Board. Each Delivery Unit and specialty area affected by the guidelines must provide assurance to the Q&S Committee that the guidelines will be implemented into clinical practice. The Welsh Health Specialised Services Committee [WHSSC] will be reviewing the guidelines with the aim of endorsing them on March 17 2020. SBUHB will formally move to approve the guidelines once WHSSC has done the same. In anticipation of this endorsement, SBUHB Q&S Committee is asked to:</p> <ol style="list-style-type: none"> 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. 3. Confirm that implementation of the guidelines can proceed ahead of the MTN go live date in April 2020. <p>To support the above, the MTN Clinical Lead has written to Medical Directors with more detail (<i>letter attached</i>).</p>		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Approval
			<input checked="" type="checkbox"/>

Recommendations	<ol style="list-style-type: none"> 1. Q&S Committee members are asked to approve and endorse the plans for adopting the MTN clinical guidelines into the Health Board. 2. Q&S Committee members are asked to note that WHSSC will be reviewing the guidelines on March 17 2020; SBUHB will formally adopt the guidelines following endorsement at the WHSSC meeting.
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MAJOR TRAUMA NETWORK CLINICAL GUIDELINES

1. INTRODUCTION

This report provides a brief regarding the clinical guidelines to be adopted to support the new South Wales Major Trauma Network [MTN], once operational. Each participating Health Board must provide assurance to the MTN Board that the guidelines will be embedded into clinical practice.

2. BACKGROUND

One of the core quality indicators for the Network is to have a set of network-wide clinical guidelines, to improve knowledge base and ensure consistency of patient care. As part of the readiness work to prepare for the launch of the Network in April 2020, the suite of 22 clinical guidelines has been developed to support the trauma patient pathway. All participating Health Boards will need to adopt these guidelines into clinical practice. The guidelines titles are listed below:

Abdominal injury	Paediatric trauma
Analgesia for rib fractures	Pelvic injury
Burns	Penetrating cardiac injuries
Chest drain insertion	Radiology
Compartment syndrome	Rehabilitation guidelines
Damage control resuscitation	Resuscitative thoracotomy
Emergency anaesthesia	Severe traumatic brain injury
Emergency surgical airway	Spinal injury
Femoral fractures	Trauma in the older person
Interventional radiology	Traumatic cardiac arrest
Open fractures	Vascular injuries

3. GOVERNANCE AND RISK ISSUES

In order to provide assurance to Q&S committees, the following process has been followed and agreed by the MTN Board:

- 3.1 All clinical guidelines are based on best practice evidence and are already current practice in most Health Boards. Most are based on the clinical practice in regional trauma networks in England.
- 3.2 These are hospital guidelines. Separate guidelines exist for pre-hospital providers, which align with hospital guidelines, where appropriate.
- 3.3 The guidelines have been authored and reviewed by experts in trauma management from across the region.
- 3.4 Where differences of clinical opinion have arisen, these have been resolved by seeking external expert clinical advice.
- 3.5 Subsequently all guidelines have been comprehensively peer reviewed by members of the MTN 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.

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- 3.6 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.
- 3.7 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.
- 3.8 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.
- 3.9 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.
- 3.10 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.
- 3.11 Each guideline has a three year review period, but the Network will undertake a review earlier should this be necessary.
- 3.12 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.
- 3.13 Executive Medical Directors have been sighted on the above process. 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.

The adoption of the clinical guidelines forms a critical element of MTN system readiness and each Health Board is required to provide assurance that the guidelines will be embedded into clinical practice. WHSSC is aiming to endorse the guidelines at its March 17 2020 meeting; once endorsed the SBUHB Q&S Committee will be advised to formally adopt the full set of guidelines. The guidelines have already been shared for information via the Clinical Cabinet in Morriston Hospital (Morriston Hospital will become the Trauma Unit for Swansea Bay once the MTN is live).

4. RECOMMENDATION

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	

	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The aim of adopting a standard set of guidelines across the network is to improve knowledge base and ensure consistency of patient care.		
Financial Implications		
There are no financial implications expected from the adoption of the MTN clinical guidelines		
Legal Implications (including equality and diversity assessment)		
The guidelines will need to be formally adopted into Health Board clinical practice. The guidelines have been developed via a thorough clinical review process and are based on best practice evidence.		
Staffing Implications		
There are no expected staffing implications for the adoption of the guidelines.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The Network and the clinical guidelines will support the Wellbeing of Future Generations (Wales) Act 2015, particularly aligned to the Collaboration element:		
Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.		
Report History	n/a	
Appendices	Appendix 1 - Letter from MTN Clinical Lead	

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