

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 4 July 2011.

PRESENT: Councillor Dryden (Chair); Councillors Davison, Lancaster, Mawston, Mrs H Pearson and Purvis.

OFFICERS: J Bennington and J Ord.

**** PRESENT BY INVITATION:** South Tees Hospitals NHS Foundation Trust:

Carol Dargue, Divisional Manager, Trauma Division
Kye Han, Consultant in Accident and Emergency Medicine,
Honorary Clinical Senior Lecturer
Jill Moulton, Director of Planning
Dr Andrew Port, Chief of Service, Trauma Division.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole and Harvey.

**** DECLARATIONS OF INTEREST**

There were no declarations of interest made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 10 June 2011 were submitted and approved as a correct record subject to the inclusion of Councillor Davison in the list of apologies for absence.

JAMES COOK UNIVERSITY HOSPITAL – DESIGNATION AS A MAJOR TRAUMA CENTRE

The Scrutiny Support Officer submitted a report the purpose of which was to provide background information and introduce representatives from the South Tees Hospitals NHS Foundation Trust to address the Panel about the designation of James Cook University Hospital as a major Trauma Centre.

Trauma Services and their configuration had been the subject of many debates in recent years. Reference was made to Lord Darzi's NHS Next Stage Review which reported that there were 'compelling arguments for saving lives by creating specialised centres for major trauma'. Members were reminded that in February 2010, the National Audit Office had raised concerns over the variance in quality of Major Trauma services in its report Major Trauma Care in England a summary of which was provided at Appendix 1 of the report submitted.

The representatives from the South Tees Hospitals NHS Foundation Trust highlighted the key points as outlined in Appendix 2 of the report submitted and in a presentation a copy of which was circulated at the meeting.

Poor outcomes in the management of major trauma had been highlighted in a number of reports and together with a growing awareness of needless loss of life in the relatively young 'at risk' population had resulted in the Department of Health initiative to improve the care of patients with major trauma.

It was pointed out that Trauma was the fourth leading cause of death in western countries and the commonest cause of loss of life for the under 40s. In response to such concerns and the emerging evidence that there were better outcomes for trauma patients if they were treated in less and more specialised centres, hospitals around the country had been designated as Trauma Centres. Survival and completeness of recovery was dependant upon the care and speeds at which that care was delivered. For each trauma fatality there were two survivors with serious or permanent disability.

The Panel was advised of national statistical information which demonstrated that improvements could be made in terms of the management of Major Trauma patients. In response to a Members' question with reference to the RSC figure quoted of 30% of deaths considered to be preventable in 1988 it was reported that it would appear that such numbers had levelled since that time. Graphical information was also provided on comparative outcome analysis of cases with admission dates during 2007 and 2010 which demonstrated the increasing number of survivors over a period of twenty years in relation to JCUH. In discussing the endeavours which had been made to improve the quality of care over recent years the Panel was advised of the involvement and co-ordination of several different Teams covering a number of specialisms for individual trauma patients.

The key principle in the establishment of major trauma networks was the rapid delivery of patients to the facility with the specialised services needed to provide definitive care. The two trauma networks in the region were seen as increasing the resilience in the area.

In terms of South Tees Hospitals NHS Foundation Trust it was acknowledged that Trauma was one of the cornerstones of the Trust's strategy as a specialist centre for Teesside and the South of the Northern region.

The North East Strategic Health Authority had stated that a single Northern Trauma System should oversee two trauma networks. One based to the north of the region comprising a Major Trauma Centre at the Royal Victoria Infirmary in Newcastle and acting as a hub for a number of Trauma Units. The second Major Trauma Centre was based at the James Cook University Hospital and acting as a hub for Trauma Units in Stockton and Darlington. It was noted that both trauma networks would be mainly serviced by a single land ambulance service North East Ambulance Service and the North West Ambulance and Yorkshire Ambulance Services on an occasional basis.

The report stated that from April 2011 income related to Major Trauma activity was allocated based on a sliding scale of diagnoses and procedures which would mean that every individual injury and surgical procedure would attract the associated income.

The key areas for the case for James Cook University Hospital as a Major Trauma Centre were identified as follows:-

- (i) improved clinical care and outcome for major trauma patients;
- (ii) provision of training and assistance with staff retention and recruitment;
- (iii) prestige and morale of gaining the status of the designation;
- (iv) given the specialists on site JCUH had already been regarded as a regional centre;
- (v) recognition of the current military partnership.

An organisational checklist was provided which indicated that JCUH had all the required specialities with the exception of transplants.

In terms of the involvement of more than one service such as the Ambulance Service it was noted that whilst no guarantee could be given as to providing an identical model an assurance was given that appropriate triage protocols would be determined.

An indication was given of the good progress which was being made toward the establishment of a Northern Trauma System although it was acknowledged that there was still work to do to model in detail the likely patient flows into the two centres. Such work was being taken forward collaboratively by Commissioners, Foundation Trusts, NEAS and the SHA.

The next steps involved the formalisation of the designation of JCUH as a Major Trauma Centre with a proposed implementation date of April 2012. It was noted that the development in terms of children's services would be the subject of separate discussions upon which the Panel would be advised and also of current examinations regarding the A and E Department at JCUH.

In conclusion, the Panel congratulated all concerned in James Cook University Hospital designated as a Major Trauma Centre and acknowledged the work still to be undertaken and the decisions to be taken with regard to the required pump priming resources.

AGREED as follows:-

1. That the representatives from James Cook University Hospital be thanked for attending the meeting and the information provided.
2. That a report be compiled on the information and evidence received incorporating the Panel's conclusions to be presented to the Overview and Scrutiny Board and the Executive prior to submission to the South Tees Hospitals NHS Foundation Trust.