NHS
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NHS Foundation Trust

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[redacted]

6April 2021

[redacted]

Gemma Brannigan
Assistant Coroner
Oxfordshire Coroner's Office
The Oxford Register Office
2nd Floor
1 Tidmarsh Lane
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Dear Ms Brannigan

**Regulation 28 Report / Prevention of Future Deaths**
**Inquest into the death of Mrs Anne Patricia Harper**

Thank you for your letter dated 12th February 2021 with the enclosed Prevention of Future Death Report. I am sorry that it was necessary to write to the Trust in this regard. We note that the matter of concern you have raised is:

> "I heard evidence that a Major Trauma Centre is expected to have a major trauma lead consultant, and a trauma co-ordinator (In accordance with NICE Guidelines). I understand that the Trust does not have these posts and that this has been the position since at least 2018."

We have reviewed the points raised by your report and have documented our response below:

Major Trauma Consultant and Co-ordinator posts are part of the provision of major trauma care within a Major Trauma Centre (MTC) and form part of the annual assessment performed by NHS England (NHSE) into Major Trauma Centres. These reviews are self-assessed annually and by visiting committee every 3 years (prior to the Covid-19 pandemic).

Major Trauma Centres are also guided by NICE (Guidelines 39 and 40). NICE guideline 40 relates to service delivery in major trauma and raises the roles of Major Trauma Consultant and trauma coordinator. Heading 1.6.2 in the guidance states that a MTC should have a dedicated trauma ward for patients with multisystem injuries. It also requires a designated consultant that is available to contact 24 hours a day, 7 days a week who has responsibility and authority for

the hospital trauma service and leads the multidisciplinary team care. At the OUH there is a Trauma Orthopaedic Consultant available 24 hours a day. That consultant can lead on the involvement of any other staff required.

In the OUH, the Major Trauma Consultant role has been undertaken by the Orthopaedic Trauma consultants since the inception of MTCs in 2012. The role as defined by NHSE requires a consultant to undertake overall holistic care for all patients admitted to a MTC with traumatic injuries. Although many patients do have orthopaedic injuries (either wholly or as part of multiple injuries), there are other patients whose trauma is exclusively non-orthopaedic. This group is (for each speciality) a small number of patients. These patients have until now been managed by the surgical speciality related to their primary injury.

The requirement for all major trauma patients to be initially managed by a single group of consultants has been difficult to implement because of the established successful model of care as described above. This work has been ongoing since the last 'in person' peer review in 2018. We will redefine the current Orthopaedic Trauma consultants to that of the 'MTC Consultant'.

As the Trust moves to recover from the Covid-19 pandemic, we will relocate trauma services to clinical areas that are physically adjacent. With this in place, patients would be admitted under the overall care of a 'Major Trauma Consultant' who will be an Orthopaedics consultant. If their trauma is exclusively related to a different surgical speciality, referral would be made to that speciality for ongoing lead care. If the patient has orthopaedic/multiple (poly) trauma the patient would remain under the care of the MTC Consultant. Isolated traumatic brain injuries will continue to be admitted under the care of neurosurgery. We would expect to retain some flexibility if a patient-specific factor required variation to this plan in order to ensure best care for the patient.

I wish to reassure you and the Chief Coroner that all patients admitted to the OUH MTC have a lead consultant with the expertise to manage their injuries, and that the ward relocation of the MT service is a priority for us.

In respect of trauma coordinators; this role aims to allocate a named team member (keyworker) for each patient. Two roles are described by NHSE; 1) Trauma Coordinator (TC) and 2) Rehabilitation Coordinator (RC). Each MTC in England has chosen to build their service differently. In Oxford, we currently have 1.4 whole time equivalent (WTE), Band 7 (senior) RCs who act as key workers for Major Trauma patients. Complete staffing of this group would require 6 WTE staff as identified by the Major Trauma management group in collaboration with the incumbent staff.

Since your letter, OUH has approved 2 additional WTE RC posts. This, will increase the number of WTE coordinators to 4 to provide comprehensive 5 days service. This staff group may be able to provide limited weekend cover but it is our expectation that 2 further posts will be added to deliver resilient 7 day working.

As you described in your report, I do not feel that either of the reported concerns could have changed the sad outcome of Mrs Harper's case however we are committed to delivering change for future patients.

Furthermore, I would like to reiterate that changes in the protocols for management of pain in chest injuries have been established since your letter was received.

I hope that this response provides assurance that the OUH is taking measures to address the issues you raised in your letter.

Yours sincerely,

[redacted]

**Chief Executive Officer**