**Sussex Trauma Network**

**Clinical Advisory Group**

**Terms of Reference**

**1. Context:**

The Sussex Trauma Network was established as an operational delivery network in February 2014. The objectives of the network are to ensure delivery of the national service specification for major trauma through development of equitable, safe and high quality pathways of care.

**Network members**

* Brighton and Sussex University Hospitals NHS Trust (BSUH)
* East Sussex Healthcare NHS Trust (ESHT)
* Western Sussex Hospitals NHS Foundation Trust (WSHFT)
* South East Coast Ambulance Service Foundation Trust (SECAmb)
* Kent Surrey & Sussex Air Ambulance Trust
* Sussex Community NHS Trust
* Surrey & Sussex Commissioners

The ODN will be hosted by BSUH as the Sussex Major Trauma Centre is located at Royal Sussex County Hospital. The current Trauma Units are:-

The governance structure of the network can be seen at figure 1

**2. Purpose**

The CAG is made up of representation from provider organisations from Sussex, alongside patient representation and third sector. The purpose of the group will be to influence and advise the Network Board on clinical issues pertaining to major trauma and to ensure the provision of high quality clinical care, and best outcomes, for major trauma patients. To provide the highest quality clinical advice on major trauma relating to the population of Sussex

**2 Core Activities**

* Provide a source of expert clinical advice for commissioners of trauma services across the whole patient pathway
* Ensure that the needs of trauma patients are met consistently through commissioning
* Review network clinical governance issues to ensure issues raised are being addressed constructively and equitably across the system and appropriate mechanisms are put in place to reduce and prevent network governance incidents.
* Develop and implement agreed clinical and managerial standards and patient pathways that are based on best evidence and/or national recommendations when available. By audit, quality assurance and peer review ensure that the standards are met.
* Review guidelines, clinical pathways and models of care and advise/make recommendations on best practice
* Promote equality of access to and high quality care of services for trauma services across the whole patient pathway
* Review relevant data and highlight variations in practice and patient outcomes in order to promote reduction in variation
* Provide an effective interface between clinicians across the patient pathway to ensure a collaborative approach and support the move towards commissioning for outcomes
* Initiate and design specific events to bring together all relevant stakeholders for the benefit of improved pathways
* Develop, and maintain, a workforce strategy which is compliant with national guidance, and addresses the specific needs for trauma patients within Sussex, for presentation to the Sussex Trauma Network board
* Share best practice in the management of patients with trauma and improve communications between primary, secondary and tertiary care
* Coordinate and oversee the work of any specific trauma network task and finish groups.
* Horizon scanning and translation of national guidelines for local use
* Review of any national direction of travel or programme of work from National Clinical Director for trauma and agreement on local application

**4 Membership**

The group shall comprise membership from, but is not exclusive to the following,

* Network clinical lead (chair)
* Network manager
* Network Chair
* Trauma clinical leads MTC, TU, LEH
* Trauma clinicians from across the specialties MTC, TU, LEH
* Trauma service managers MTC, TU, LEH
* Rehab specialists MTC, TU, LEH
* Paediatricians involved in trauma
* Trauma co-ordinators MTC, TU, LEH
* TARN coordinators MTC, TU, LEH
* SECamb
* KSSAAT

Additional representatives will be invited to meetings on an ad hoc basis as appropriate e.g. accident prevention

Participation is to be encouraged from all areas of the multidisciplinary team providing these services and ensure public and patient engagement and involvement within the network.

Health communities outside Sussex must be involved to take account of their needs and strategies in planning future services.

Establish and maintain links with other services involved in trauma prevention, response and education.

**5 Meetings frequency**

The Clinical Advisory Group will meet 3-4 times per annum, but additional meetings may be called by exception if necessary.

**6 Accountability and Governance**

See figure 1 for the governance structure of the network

* Commissioners remain accountable for the commissioning of services
* Providers are accountable for the quality of service delivery
* Members will be responsible for taking forward and completing any actions agreed
* The CAG will be accountable to the Sussex Trauma Network Board which in turn is accountable to the Operational Delivery Network Oversight Group, NHS England

**7 Quoracy**

Meetings will be quorate when the Chair or agreed alternative Chair is present and there is clinical representation from each acute provider trust within the network. Where necessary, full CAG concensus will be achieved through virtual means.

**8 Agendas and Minutes**

* The agenda and supporting papers will be circulated by email in advance of the meeting. Papers may not be tabled without the agreement of the Chair.
* Minutes will be taken and routinely circulated to members.

**9. Communication**

Ensure good communication lines with all network members and the wider stake holder community involved in major trauma services.

**10. Patient and carer engagement**

Involve patients through patient representation on Network meetings and encourage the development of a patient forum to advise and input thorough patient representatives.

**11. Accountability**

The Chair of the Sussex CAG for Major Trauma Services will be accountable to the Chair of the Sussex Trauma Network

The Network will establish other project groups to review and make recommendations on specific areas of work or developments, ensuring representation and engagement from across the Network.

It may be necessary to delegate attendance to appropriate senior deputies. Should this arise the deputy must have a key role in major trauma services and bring the full authority of the person/organisation they are deputising for.

1. **Terms of Business**

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| Version  | Author | Date |
| 0.1 | SM | April 2014 |
| 0.2 | BR – for agreement at 23.5.14 meeting | May 2014 |
| 0.3 | BR – amendments from HW | May 2014 |
| 0.4 | BR – amendments following board meeting 23.5.14 | May 2014 |