

Operating Procedure outlining the principles underpinning paediatric pathways between University Hospital Sussex (UHSx) and University Hospital Southampton (UHS).

Trust reference		Version number	1.0
Description	University Hospital Southampton (UHS) is the Paediatric MTC for patients <16yrs for West Sussex and Wessex. This document seeks to clarify how children who present at University Hospital Sussex (UHSx) with major trauma should be treated and transferred to University Hospital Southampton (UHS) if they require Major Trauma Centre (MTC) care.		
Level and type of document	Level 1: applicable across the Trust Operating procedure – controlled document		
Target audience	Paediatric and adult Major Trauma sub specialities and Paediatric Emergency Medicine consultants within UHS and UHSx		
List related documents / policies (do not include those listed as appendices)	Paediatric Major Trauma Secondary transfer tool Wessex children’s major trauma guidelines		
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1 Version control

Date	Author(s)	Version created	Approval committee	Date of approval	Date next review due	Key changes made to document

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3 Introduction

This document is to clarify the pathway for paediatric major trauma from Sussex.

4 Scope

Wessex Paediatric Trauma Network (WPTN)

In 2012 the Wessex Trauma Network (WTN) was established. At the same time the Sussex Trauma Network (STN) was set up.

University Hospital Southampton is an Adult and Paediatric MTC (also known as a “combined MTC”), University Hospital Sussex is an Adults ONLY MTC.

For the purposes of paediatric Trauma the Wessex Paediatric Trauma Network can be thought of extending from Dorchester, in the West, to Brighton in the East, Basingstoke in the north and as far south as, and includes, the Isle of Wight. There are 9 Paediatric Trauma Units within the Network these are as follows:

- Basingstoke and North Hampshire hospital
- Portsmouth Hospital University
- St Mary’s Isle of Wight
- University Hospital Sussex – Brighton
- University Hospital Sussex – Worthing Hospital
- University Hospital Sussex – St Richards Hospital, Chichester
- University Hospital Dorset - Poole
- Dorset County Hospital – Dorchester
- Salisbury District Hospital
- Channel Islands

University Hospital Southampton is the Paediatric Major Trauma Centre for all of the above Trauma Units. Patients from the above Trauma Units should be offered the same care and staff can expect to receive the same support and advice from the MTC.

5 Aim/purpose

To enable swift and appropriate transfer of paediatric major trauma patients from Sussex

6 Paediatric Non major-trauma trauma

Paediatric trauma patients that don't trigger the prehospital trauma triage tool or the Paediatric secondary trauma transfer pathway will be treated in the Trauma Units. The default position here is that these patients should be treated as close to their home as possible. Remote support from the MTC tertiary teams can be accessed via the on-call teams above or via refer-a-patient for spinal and neurosurgery.

Follow up for this group of patients should also take place as close to the patients home. Advice on follow up can be obtained from the MTC tertiary teams, any investigations should be performed in the Trauma Unit, advice regarding ongoing care and treatment can be obtained from MTC teams as appropriate, but an OPA at the MTC is not expected.

7 Diagnostics

The MTC does not have routine access to 24/7 diagnostics only emergency access. The default position for diagnostics in patients who don't trigger the prehospital triage tool or the paediatric automatic acceptance tool should be to obtain all investigations at the Trauma Unit. If it is not clear whether emergency access to diagnostics is required, please contact the paediatric specialty (as below) and they will advise. Once diagnostics have been obtained support and advice can be obtained as below.

8 Orthoplastics

If the TU team determine that a patient has orthoplastics injuries that may require emergency management, including surgical washout, they should be transferred to the MTC as per the Secondary Trauma Transfer Pathway. Non urgent plastics specific advice can be sought from the plastic surgeon at the MTC (Mon – Sun 8am to 6pm) or from Salisbury Plastics team OOH.

Where a patient may require an immediate washout – this should be facilitated urgently at either the TU or following secondary trauma transfer to the MTC. An opinion can be obtained from plastic surgeon on for MTC (Mon – Sun, 8am – 6pm). If it is outside these hours' advice can be obtained from On call Salisbury Plastics via the usual route sending pictures etc. If, following washout, ongoing plastic input is required this should be undertaken as close as possible to the child's home in which case this may require a referral to QVH / East Grinstead for a UHSx patient.

9 Patients 16 – 17yrs.

From the age of 16, patients can be treated by adult teams and therefore these patients should either remain at the TU treated by the adult teams or transfer to their local adult MTC cared for by the adult teams if clinically indicated.

If tertiary paediatric input is required then this should be sought on a case-by-case basis as follows:

- Orthopaedic surgery advice – On call orthopaedic surgical team via bleep 2702 or switchboard
- Paediatric MaxFax advice – On call maxfax surgical team via switchboard
- Paediatric Neurosurgical advice – via refer a patient followed by a call to the on call neurosurgeon
- Paediatric surgical advice – via the paediatric surgical team on call via switchboard
- Paediatric spinal surgery advice – via refer a patient followed by a call to the on call spinal surgical team who can coordinate with the paediatric spinal team

All the above can be contacted via UHS switchboard 02380777222.

10 Implementation

This document is to be:

disseminated to Paediatric surgeons, Paediatric Emergency Medicine consultants and Major Trauma leads at the UHS MTC and UHSx.

Added to the Wessex Trauma Network Website

11 Roles and responsibilities

Adult Major Trauma Leads at UHS to cascade within subspeciality.

Paediatric MT lead UHS – to cascade across paediatric care group.

UHSx Paediatric Major Trauma lead to cascade to UHSx adult and paediatric sub specialities

Sussex Trauma Network CD to cascade to UHSx adult specialities.

12 Document review

All Trust policies will be subject to a specific minimum review period of one year; we do not expect policies to be reviewed more frequently than annually unless changes in legislation occur or new evidence becomes available. The maximum review period for policies is every three years. The author of the policy will decide an appropriate frequency of review between these boundaries.

Where a policy becomes subject to a partial review due to legislative or national guidance, but the majority of the content remains unchanged, the whole document will still need to be taken through the agreed process as described in this policy with highlighted changes.

This operating procedure, outlining the principles underpinning the paediatric pathways between UHSx and UHS will be reviewed one year (December 2025).

13 Process for monitoring compliance

The purpose of monitoring is to provide assurance that the agreed approach is being followed. This ensures that we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Key aspects of this policy will be monitored:

[\(Copy this table and insert below if further tables are required\)](#)

Element to be monitored	Adverse event reports received from within UHS and UHSx
Lead (name/job title)	Emma Bowyer (Wessex Trauma Network Manager and UHS MTC manager)
Tool	Safeguard
Frequency	As required
Reporting arrangements	Via UHS MTC Governance, WTN Governance and NHSE Specialised commissioning oversight board

Where monitoring identifies deficiencies actions plans will be developed to address them.