

SOUTH WALES TRAUMA NETWORK  
**ODN ANNUAL REPORT**



2023/2024





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## DIRECTOR'S FOREWORD

The past year has been extremely eventful for the network with ongoing and unique challenges. We are delighted to welcome Dr Michelle Jardine into the role as substantive Paediatric lead. Michelle has already made her mark by increasing interaction with health boards and providing sound training and guidance for all involved in paediatric trauma. Dr Kosta Morley has once again been appointed as education lead and has worked tirelessly in developing education opportunities for courses developed from within the network and externally sources. As a result of the redevelopment of the clinical governance into a deputy clinical directors post Dr Stuart Gill successfully interviewed for the post and will start his new role in the coming months. We thank Mr Leigh Davies for his efforts in the clinical governance role since go live and wish him the best of luck in future endeavours.

The research and quality improvement lead post remains empty after Mr David O'Reilly stood down. Again we thank him for his efforts and wish him the best of luck. The ODN are currently trying to diversify the role and open it up to both consultants and suitably qualified allied health care professionals. This also applies to the rehabilitation lead. Sadly there were no applicants for this position and so Dr Jenni Thomas has

kindly remained in post until a successor is found. We are extremely grateful for this. This post is also aimed to be opened to suitably qualified allied health care professionals including consultant doctors.



Finally in relation to appointments I am delighted to accept the Clinical Directors role for the network and look forward to engaging with everyone over the next 3 years to ensure our network goes from strength to strength.

Since June of 2023 we have been without the data proved from TARN. This has been due to a cyber-attack on the University of Manchester who originally hosted the database. Since then a huge amount of work has been undertaken in the background to not only create a new database rebranded as the National major Trauma Registry (NMTR) but to move the whole infrastructure over to NHS England. This has created a number of issues nationally with absent data for the period of June 2023 to date and subsequently

the lack of benchmarking. We are currently in a position of adjusting our information governance agreements between Wales and NHS England and hope that we will go live with the new NMTR in a matter of weeks. This lack of data has led to a delay in the planned internal peer review for 2023-2024 until such a time that we can demonstrate our performance and benchmarking.

The network never stands still and in March of this year we undertook a Gateway 5, benefits realisation review. This is a review of our service against the original business case by Welsh Government. It is described a short, sharp snapshot of where we are now we are at a "business as usual" state. I am thrilled to announce that we had an "all green" outcome. This is vanishingly rare and something that all of us should be incredibly proud of. It is representative of all of the hard work, both seen and unseen, that occurs in health boards and the ODN every day. I sincerely thank you for all of your hard work and hope to build on this success.

The financial landscape remains difficult and there has never been more of a time when innovation with existing resources has been essential. The ODN and network as a whole, support all innovation and would like to parade success stories to the wider network so please

utilise the GREATEX system to highlight areas of good practice and innovation and get in touch to source advice and support for ongoing projects.

Priorities over the next 12 months include looking at the Trauma in Older People and how we can deliver the best possible care to this group of patients that provide the majority of our workload; Looking at the database and our data management including integration into the NMTR; improving engagement with our partners, including health boards, and developing strategies for network longevity and efficiency.

Finally, I once again want to thank everyone for the exceptional effort and work that happens every day. For the sleepless nights and the daily grind to do the very best for the patients we serve. For striving towards true equity of access to our world class service. We are not perfect, but we strive towards improvement constantly and we thank you for your support, encouragement and patience in this. Please remember in the face of frustration and desire to do the very best that we are all one team. We fight the common enemy of trauma and pull together in the same direction. We are a trauma family and must be united and proud.

**Dr Jonathan Lambley**  
**Clinical Director**  
**South Wales Trauma Network**

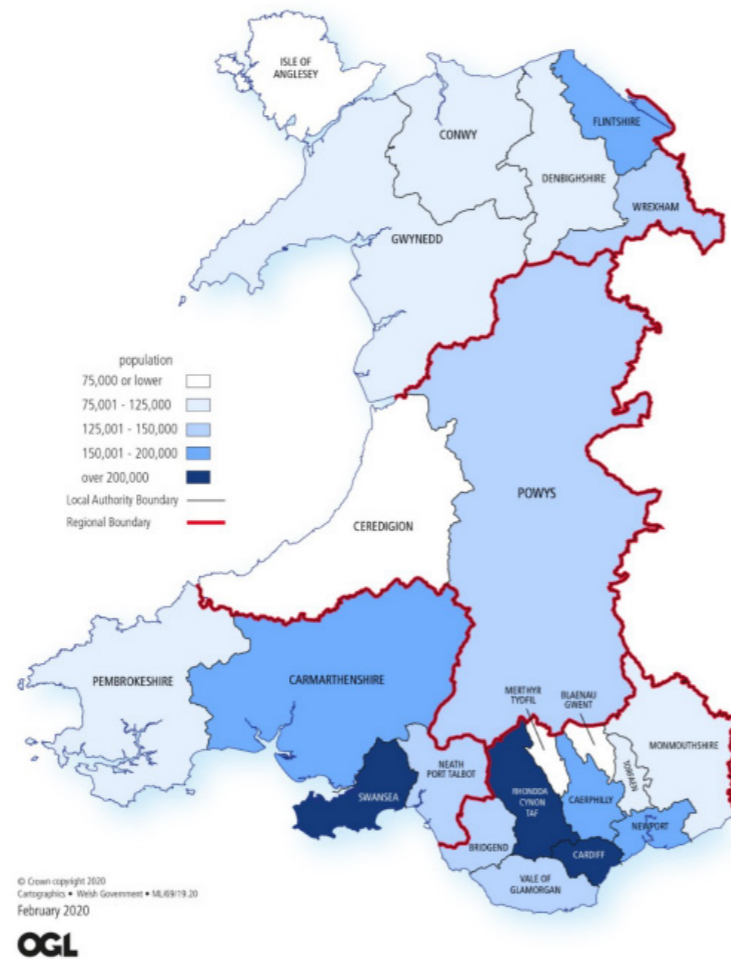


# SERVICE OVERVIEW



## OUR VISION

The vision for the South Wales Trauma Network (SWTN) is to enhance patient outcomes and experience, across the entire patient pathway from the point of wounding to recovery and also including injury prevention. The network will improve patient outcomes by saving lives and preventing avoidable disability, returning patients to their families, work and education. The network will be a partnership between participating organisations, working collaboratively to achieve this common goal and purpose. The aim is for an inclusive, collaborative, world leading trauma network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.



Source: Mid-year population estimates, Office for National Statistics

*Saving Lives, Improving Outcomes,  
Making a Difference.*

## OUR SERVICE

In 2020, the total population of Wales was approximately three million people, excluding transient populations. The population of South Wales, West Wales and South Powys was 2.5 million people. The map shows population density and breakdown per health board. The graphic illustrates that the population of South Wales is concentrated in the densely populated urban areas of Cardiff, Newport and Swansea, with a spread across more sparsely populated rural areas. It was forecast that major trauma would follow this distribution, being concentrated in more urban areas of higher population density. This has been proven to be true although the South East has yielded more major trauma than the South West during the first 2 years.

The figure below demonstrates that Wales has a similar population structure to the rest of the UK, but with slightly more elder people and fewer younger working age adults aged 30-50

years. Moreover, in the last 10 years, the population of Wales has become older with a 54% increase predicted in the over 65s by 2036.

**3,169,586** people in 2020

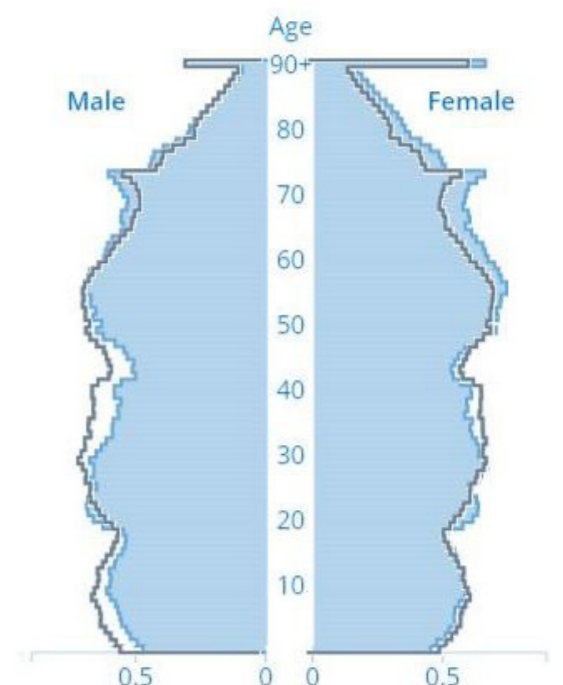
All ages

1,563,524 males

49.3%

1,606,062 females

50.7%



■ Wales  
■ United Kingdom





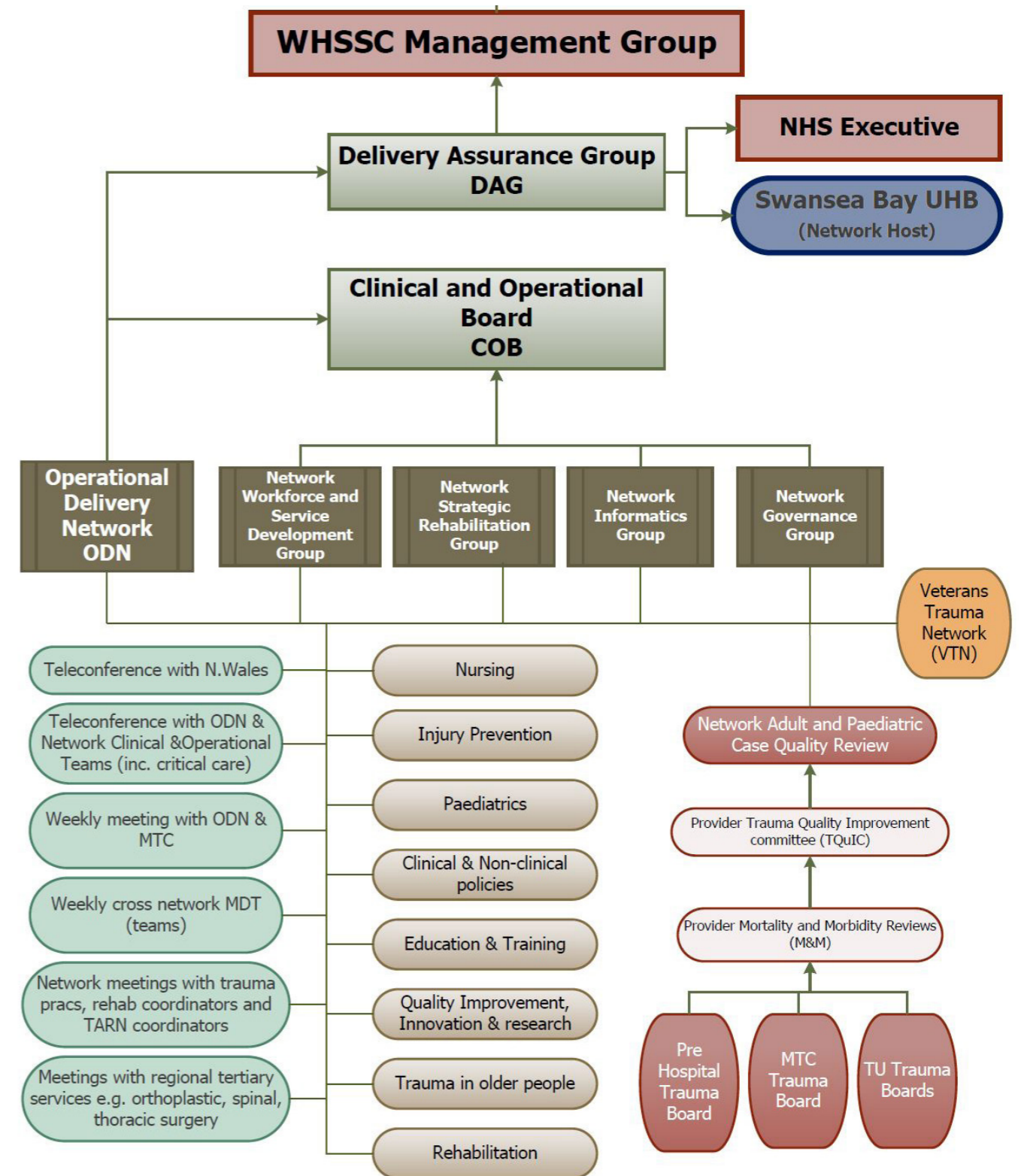
## GOVERNANCE STRUCTURE

The SWTN Operational Delivery Network (ODN) has developed a robust system of organisational and clinical governance. This is exemplified by a report of significant assurance by an early audit of the ODN by NHS Wales Shared Services.

The Service is hosted by Swansea Bay University Health Board (SBUHB) and is commissioned by the Welsh Health Specialist Services Committee (WHSSC). The organisational governance structure consists of a strategic Delivery Assurance Group (DAG). The DAG is responsible for the delivery, direction and performance of the Network. The ODN is accountable to the DAG for the

delivery and performance of the Service and to the SBUHB Chief Executive for organisational and clinical governance.

Internal governance is led by the SWTN Clinical and Operational Board (COB) which is attended by all members of the ODN, clinical and operational colleagues from all stakeholder organisations, and manages clinical and operational issues relating to delivery of the network. The COB meets on a quarterly basis and is supported by the work of several specialist sub-groups, as illustrated in the flowchart.





## CLINICAL AND OPERATIONAL GOVERNANCE

Clinical and operational governance within the SWTN remains an important aspect of the Network function and is continuous and ongoing. Functional and active governance of clinical and operational activities ensures that best practice is supported, maintained and distributed to all parts of the network.

The Network continues to engage with all stakeholder organisations to ensure the mechanisms in place provide assurance of the quality and delivery of clinical policies & pathways and monitors the performance of clinical services from the point of injury through acute admission and rehabilitation to the return of a patient to the highest achievable levels of functional ability.

Achievements:

1. Continued support of the established M&M and TQuIC processes across the network

2. Ongoing delivery of quarterly network adult and paediatric Case Quality Reviews (CQRs) and clinical governance meetings.
3. Rapid and effective reactions to disruption to the national TARN database failure to maintain some effective feedback to the health boards and stakeholders despite loss of TARN data.
4. Ongoing regular lessons learnt bulletin issued across the network provides an easy snapshot summary of the outcomes from quarterly CQR and TQuIC reviews and Governance meetings.
5. Ongoing continuous review and update of the SWTN clinical guidelines and operational policies based on CQR/Clinical Governance meeting feedback and clinical outcomes.

## DIGITAL

Digital services are integral to delivery of clinical services. Despite a challenging resource envelope, the network has engaged with partners to ensure digital services are considered in every step of the trauma patients pathway, from initial injury through to recovery. This involves working with health boards, trusts, Digital Health and Care Wales (DHCW) and national programmes to leverage existing and future opportunities. The key digital services that enable the network to function include;

1. Major trauma network database (MTD), hosted and developed by CAV UHB
2. Induction app to provide a repository of information to clinical staff
3. Microsoft Office 365 services including bespoke TRiD system to encourage reporting of incidents.
4. Multi-source data analytics
5. Support of digital educational and training platforms

In conjunction with the Value in Health programme there is also an ongoing workstream to enable digital collection of PROMS/ PREMS. The MTD is heavily relied upon, but remains a risk whilst investment in infrastructure, and resource to develop it are awaited, and a comprehensive review made some key recommendations on this to future proof it which fed into the gateway review.

Looking forward we hope to review current use of digital systems and review areas where they can enhance clinical delivery and support improvement of patient outcomes. In particular this includes the standardisation, interoperability and adoption of electronic referral systems across the component specialities of the network. We are pleased to have also started work around novel application of Natural Language Processing (NLP) to support clinical audit, and hope to see the results of this in the next year.







## EDUCATION

The training and education group of the South Wales Trauma Network has continued to support the educational needs of the South Wales Trauma community from before its inauguration.

Peer review in spring 2022 highlighted the requirement of Level 2 training for nursing colleagues across the network, with access to courses causing challenges following the pandemic. The SWTN are working in collaboration with Cardiff University to deliver a regional Level 2 nursing course, the Major Trauma Life Support course (MTLS). To date there have been four iterations of the course, all fully subscribed by nursing colleagues from across the SWTN and wider MDT specialities. Local peer review of learning materials as per NMTNG guidelines was undertaken in Autumn 2023 and confirmed the course as meeting the requirement for Level 2 competency attainment. Once the course is further established, and SWTN Level 2 attainment meet the quality indicator standard, a National Peer Review will be considered for recognition and widening candidate pool.

### Achievements

#### Overarching

- SWTN Annual Conference hosted by Hywel Dda held in October 2023 with great engagement and success. 2024 Conference in planning for October hosted by Swansea Bay.
- Development of Breaking Bad News model

and training for all colleagues working across major trauma in development.

#### Rehabilitation

- Insight Development Days booked to further support individuals and team working.
- Funding for rehabilitation colleagues to attend external courses.
- Places for MTLS shared with rehab colleagues.

#### Definitive care

- Damage control surgery course continues to be supported.
- Funding of TCAR/PCAR courses for ward nurses across SWTN
- Funding of Spinal Injury Association courses for ward nursing across SWTN

#### Reception

- Collaboration with Cardiff University to deliver MTLS course, next iterations June 2024.
- Level 1 ED nursing portfolio being developed into e-learning to link with staff myESR records – in progress.
- Welsh ETC course continued support by SWTN, next iteration June 2024.
- TTL training course hosted by C&VUHB planned for June 2024.

#### Pre-hospital

- 360 pre-hospital scenarios in editing phase.
- Feedback model for WAST colleagues CPD reflections in development.

## QUALITY IMPROVEMENT & RESEARCH

The SWTN Quality Improvement & Research portfolio focusses on multiple elements. The following achievements and focused work streams were developed and progressed over the last year and will continue to progress throughout 2024. Wg Cdr David O'Reilly stood down as the SWTN Research and Quality Improvement Lead during the spring of 2023. The role will be re-advertised during the summer of 2024.

### Data Quality

#### NDR Big Data Fund

The SWTN ODN were successful in their application to the NDR Big Data Fund. Given NHS financial and staffing pressures it is important to develop technology enhanced efficient methods of service delivery that produce better outcomes at lower cost. Improving trauma outcomes is an important component of this. Through use of routinely collected radiology data, we hope

to identify suspected major trauma cases from the free text using natural language processing (NLP) techniques. Completing a TARN submission is a laborious task; there are over 600 fields that can be completed in the core dataset and further fields should be completed for complex trauma cases in the extended dataset. It is therefore a challenging task to identify all relevant patients and submit the data required by the target deadline. Due to the nature of the work, there have been challenges with retaining TARN Coordinators across the network.

Using NLP techniques to identify major trauma patients will support the TARN Coordinators with their TARN submissions. This will reverse the current laborious process that takes place through interrogation of Emergency department admission reports, switchboard records, and other clinical systems. It will not only create





significant efficiencies in the way our TARN coordinators undertake their data collection for national audit, but also can be used by the SWTN Operational Delivery Network (ODN) to manage the caseload near real time and improve flow through the system. The team have been awarded £28,116 and we will collaborate with experts in data science, NLP and trauma outcomes at Swansea University. At the end of 2023/24, the project was being reviewed by NDR Information Governance Team. Once the project has been approved, analysis will commence in 2024/25. This project is aligned with the following benefits from the benefits realisation plan:

- 007/Improved data collection
- 015/Improved staff retention (potentially).

### **TARN Support Manager**

The current commissioned workforce funded within the ODN does not include a TARN support manager post. This has been identified since the establishment of the ODN as a gap in provision. As per the SWTN programme business case and relevant quality indicator, it is the responsibility of the Operational Delivery Network (ODN) to ensure TARN data collection is optimised. WHSSC approved the reallocation of some non-recurring funding to appoint into a TARN support manager post for nine months as a proof of concept. The role has demonstrated value far beyond the gap identified and has proven the requirement for this post to become a permanent role within the ODN. The ODN were not successful in their CIAG bid to fund a full time TARN Support Manager therefore at the end of the secondment in October 2023 the post was reduced to 0.4 FTE and funded for one year using ODN slippage.

It was outlined in the first year evaluation that the network was required to improve case ascertainment, data accreditation, timeliness of submissions, survivor-death ratio, and reduce unmatched transfers. Following consistently poor data quality assurance reports, fall in submission rates from several sites across the SWTN, vacant TARN Coordinator posts, and lack of specified training, the SWTN TARN Support Manager undertook a comprehensive Data Quality Evaluation across the Network. The report documented the progress, accomplishments,

risks, conclusions, and recommendations of the TARN Support Manager.

The requirement for a TARN support manager role has been considered against the SWTN Programme Business Case and the Benefits Realisation Plan to ensure the network anticipated trajectory of travel is being supported. It is important to note that the TARN Support Manager is the only role within the ODN that can carry out this type of work. The role requires extensive experience and specialist knowledge within this field. The role is aligned to the following benefits (due to the requirement for TARN data) and will support current gaps in meeting quality indicators and standards in relation to data:

- 001/Improving survival
- 003/Improving timeliness and quality of clinical care
- 007/Improved data collection
- 008/Equity of access to specialist care
- 009/More appropriate patient flow
- 010/Equity of care for trauma in older people
- 012/Improved multi-professional training and education
- 013/Enhanced engagement of MTC with the wider network
- 015/Improved staff retention
- 020/Benefits to other part of the healthcare system

### **Termination of TARN**

The Trauma Audit Research Network (TARN) was hosted by the University of Manchester. On 9th June 2023, the University of Manchester confirmed it had been the subject of a cyber-attack. As a precaution, the TARN National Major Trauma Database was taken offline. While all Networks wait for the new National Major Trauma Registry (NMTR) platform to launch, a very large backlog of cases has accumulated. Due to insufficient resource, the TARN backlog will not be completed; additionally, there is no capacity in the TARN team to code any backlog cases as they will need to focus on prospective cases.

In response to TARN being taken offline, the ODN developed a digital template to mitigate data loss. The ODN requested that the TARN Coordinators

use this template to record arrivals from 1st August, 2023. The ODN have collaborated with the Centre for Excellence (COE) at Digital Health Care Wales (DHCW) to create a new system to make data entry more sustainable. The COE team have developed a solution using Power Apps and Dataverse in the MS Teams area. The data collected from August 2023 will be used for audits such as time to CT, however, the data will not include injury severity scores and probability of survival. This work is aligned with the following benefits:

- 007/Improved data collection

### **Quality Improvement**

#### **VLAD Charts**

Prior to TARN being taken offline the Network had begun to demonstrate at Health Board meetings how to use Variable Life Adjusted Display (VLAD) charts to investigate patients who had a high probability of survival but died and patients who had a low probability of survival but survived in order to learn, share best practice and assess data quality. We will resume this exercise once the NMTR are able to provide this functionality. This work is aligned with the following benefits:

- 001/Improving survival
- 007/Improved data collection

#### **Trauma Team Activation**

Analysis on trauma team activation using SWTN TARN data highlighted the inequity between patients treated at the MTC and those treated in hospitals across the rest of the network; UHW activate a trauma call for a far greater proportion of ISS>15 cases in comparison to the TUs. The results from the trauma team activation audit will support drive quality improvement efforts to improve compliance against the P04 Trauma Team Activation Policy. Analysis showed significant decreases in time to CT and time to consultant for cases that were trauma called. We expect to see improvements in these measures with greater compliance with the trauma team activation policy. The audit is aligned with the following benefits:

- 003/Improving timeliness and quality of clinical care

### **Time to CT**

Prior to TARN being taken offline, automated reports on time to CT were re-developed to include run charts, Shewhart charts and funnel plots. The aim of the report is to provide more detail around the 'TU09 - Proportion of directly admitted patients receiving CT scan within 60 minutes of arrival at TU' and 'MTC 07 - Proportion of Patients with ISS > 8 with trauma scan < 30 mins' TARN dashboard measures. The reports can be used by clinical teams to monitor patterns and to assist with quality improvement work. This work will be re-developed using NMTR data once available in 2024. This work is aligned with the following benefits:

- 003/Improving timeliness and quality of clinical care

### **Not Further Specified (NFS) injuries**

At the SWTN Governance Group meeting held in June 2023, the ODN presented a family of measures on data quality for each site using runcharts. This included the proportion of TARN submissions within the Performance Review Indicators (PRI) report with Not Further Specified (NFS) injuries and average number of NFS injuries per submission along with the proportion of TARN submissions with NFS injuries that could potentially be affecting the Injury Severity Score (ISS). The omitted injury descriptors are partly due to insufficient information submitted by TARN co-ordinators and insufficient injury descriptions in radiology reports. If cases are not updated with specific injury descriptors within three months, TARN approve the cases using lower severity injury codes. This effects ISS (the score may be too low), Probability of Survival (Ps – the probability may be too high) and the case mix standardised excess rate of survival (Ws – used to benchmark against other sites/networks). This work will re-commence once NMTR data is available and is aligned with the following benefits:

- 007/Improved data collection

### **Research**

Continued long term collaboration with the Trauma Mortality Prediction Model group (USA, Australia, Denmark).





## TRAUMA IN OLDER PEOPLE

The SWTN continue to advocate the term “Trauma in Older People” (TOP) in place of the less descriptive “Silver Trauma”. Until recently we had an unfunded TOP medical lead within the network offering excellent advice and guidance. The plan from the ODN is to free up existing staff money and fund a two year fixed term (one session a week) position for a geriatrician willing to look at our processes. The ageing population and frailty provide the majority of our work with major trauma. This group of patients present in the most varied way with often extensive co-morbidities and poly-pharmacy to alter physiology and muddy the clinical waters.

In spite of the hard work and dedication from all within the network, a comparison between pre-launch TARN data (01/04/2019 - 13/09/2020) and post launch (14/09/2020 - 30/06/2022) showed

a rise in time to CT, although adherence to trauma team activation improved. This group of patients provides our greatest workload and are notoriously complex. Other, more established, networks within England have seen this previously and combated it with the provision of a TOP clinical lead. We hope this will generate better results and elevate our excellent network further. Sadly due to lack of TARN data we are unable to demonstrate our current position against similar more established networks. However we hope to rectify this for our next annual report.

We would like to thank you all for your hard work over the past year and even longer and remind everyone of the importance of trauma calls in the older person as they do have altered physiology and they don't always react predictably to trauma.

## PAEDIATRICS

Multidisciplinary teaching to the Trauma units continues; rotating around the units providing bespoke teaching on requested topics. Paediatric teaching has been provided on the SWTN Wednesday lunchtime slots. Future plans include providing paediatrics teaching to minor injury units. Work continues on achieving level 1 and level 2 nursing competencies throughout the Network.

Governance continues at the quarterly governance meetings and dissemination of lessons learned follows on from this. Urgent cases are fed back more immediately.

We continue to advocate for injury prevention and on the back of handlebars and magnets; wish to turn our attention to electric scooters next.

Highlights of the year include the SWTN conference which included both paediatrics talks and workshops; and the MTC paediatric celebration day which also included speakers from the Network.

We continue to work closely with WHSSC to develop a sustainable model for paediatric rehabilitation at the MTC. Paediatric psychology support remains a challenge throughout the MTC and Network.





# REHABILITATION

It has been an extremely busy and rewarding year for the rehabilitation teams across the whole network and it has been fantastic to see the development of the team members within the major trauma centre (MTC), the trauma units and beyond. There are many skilled therapists, doctors and nurses working together and communicating effectively often in a virtual setting to ensure that individual patients access appropriate advice, support and therapy. The integrated model is maturing, and it is an extremely rewarding clinical service to work within. The individual holistic approach which integrates physical and psychological needs is something the teams are very proud of.

There have been several significant developments this year.

1. The second rehabilitation consultant post based at the MTC which has been vacant for some months has recently been appointed to and an experienced consultant colleague will be joining the team in September 2024.
2. A new consultant rehabilitation post with a specialist interest in amputee medicine and orthoplastic trauma is agreed and will be advertised shortly. The post will be based at the artificial limb and appliance service (ALAS) in Cardiff and will support the MTC team in the assessment of adults and children with traumatic amputations and provide specialist expertise to the orthoplastic service. It is anticipated that there will be a successful appointment to the post.
3. The spinal network is now 'live' and there is collaborative working to ensure that the major trauma network and the spinal network work cohesively with clear strategies and policies in relation to spinal trauma and spinal injury rehabilitation.
4. The spinal injury in reach team, based at Llandough hospital has been established and the team are visible across the network and their expertise is greatly appreciated.
5. The Neurological conditions network is now 'live' and the MTN will be collaborating to ensure that acquired brain injury services, which include traumatic brain injury are

aligned in terms of strategy and policy with the major trauma network policies.

Future developments:

1. The need for an additional higher training post in rehabilitation medicine has been recognised by HEIW and whilst no additional funding for any higher training post in any field were supported this year, the bid which would increase the number from two to three posts will be reconsidered for the next round of funding bids in 2024/2025.
2. There have been extreme data challenges with the cessation of TARN and there is work to be done to access and utilise the new major trauma national registry which is being developed by NHS-E and will be available for Welsh data.
3. There has been additional allocation of consultant sessions within specialist rehabilitation. This will allow configuration of new consultant posts in rehabilitation medicine which will add to the portfolio of expertise within the major trauma network. Support for spinal injury rehabilitation and assessments of patients in a prolonged disorder of consciousness are priority.
4. Further discussions around the support for paediatric patients

In summary  
The integrated rehabilitation model of care is delivering for patients across the network and further collaborative work in planned with other related networks. I am grateful to all the team members for their dedication and hard work.

Dr Jenny Thomas  
Consultant in rehabilitation medicine



# INJURY PREVENTION

To support the governance arrangements of the South Wales Trauma Network, a quarterly injury prevention bulletin has been developed to provide a summary of the key issues identified from the collation of data from the Major Trauma Database. Patient facing documents have been created to signpost to resources. Themes from the bulletins issued during 2023/24 include road

traffic accidents, falls, alcohol related injuries, button batteries, mini magnets, the countryside code, assault and motorbike safety. This work is aligned with the following benefits:

- 005/Enhancing injury prevention







## VETERAN TRAUMA NETWORK WALES

The year 2023/2024 saw the appointment of the Armed Forces Covenant Lead in Cardiff & Vale University Health Board (CAVUHB) and the on-going partnership with the Defence Medical Welfare Service (DMWS). The lead from CAVUHB has been working within the VTN to update the operational policy and referral form to bring them in line with current requirements and continue collaboration with Op RESTORE (previously VTN England). The new referral form helps to draw the attention to the reason for referral as well as gaining consent for DMWS to be involved with the patient from the offset. Work has been done to communicate the role and function of VTN as a service to; primary care, leads in the UHBs across Wales and military third sector actors. There has been an increase in the number of referrals, however not all are of a complex nature

and further education and work is being done for these patients to be managed within their own health board structures.

The last year has seen a much needed collaboration and joint discussions with Welsh Government to ensure they know the value of the VTN and how it is progressing. The benefits realisation plan has been updated to reflect the role of the VTN from an equity perspective for delivery of the Armed Forces Covenant and parity with England's service Op RESTORE. Looking forward, for VTN to grow as a service in the way Op RESTORE has then it will require a more permanent solution to its resourcing. There is currently no funding stream in place for the service and it is run on 'good will'.

Strategic Benefit	Description	Action necessary to realise benefits	Target date	Responsible for delivering benefits	Accountable
Equity	Equity of care for veterans with physical health needs in relation to service with a level of complexity in line with England's Op RESTORE service	Implement & expand the veterans trauma network in Wales	March 2024	ODN Management & Armed Forces Lead at CAVUHB	WHSSC/ health board commissioners

## NATIONAL CAMPAIGNS

Following a successful placement with the SWTN ODN team, Eve Thomas is leading a multi-organisational campaign looking at the use of social media by the public at incidents.



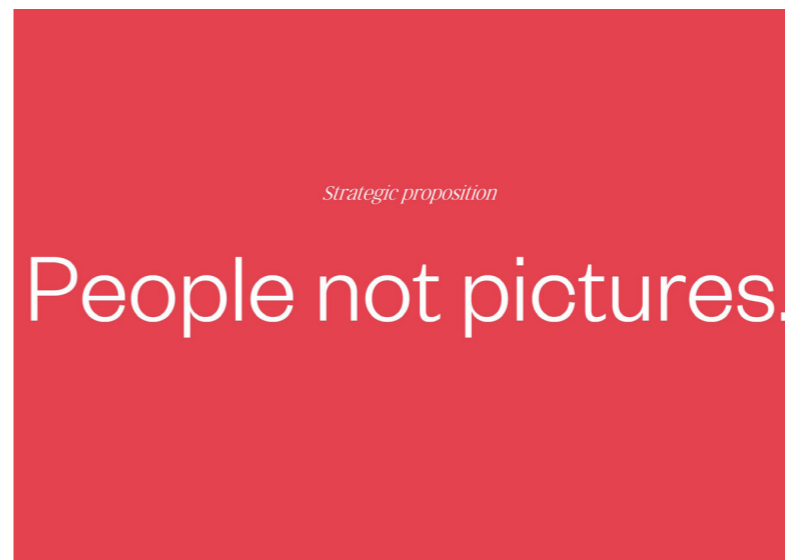
Eve is working with NHS Wales organisations, Welsh Ambulance Services University NHS Trust (WAST), Emergency Medical Retrieval and Transfer Service Cymru (EMRTS), Health Education and Improvement Wales (HEIW), South Wales Police, South, Mid and West Wales Fire and Rescue Service, Royal National Lifeboat Institution (RNLI), Maritime & Coastguard Agency (MCGA), Public Health Wales (PHW) and Mountain Rescue.

This campaign was inspired by Eve's own previous

experiences with incidents being filmed and photographed and wider discussions with staff from the Emergency Services.

The team are working with the marketing agency Cowshed on a media campaign. At the end of the 2023/24 financial year, Cowshed had collated initial creative options for this campaign. The brief: Families are finding out from pictures and videos posted by strangers online, rather than police officials, that loved ones have been in life-changing or fatal accidents. These moments stay with them forever.

The images below show initial ideas discussed with the team. We aim for the campaign to be released Autumn/Winter 2024 since the content will need to be approved by all organisations involved. The team are looking into pitches for further expansion of the campaign into video, conditional on securing additional funding.



**People not pictures** is a reminder that images and videos taken at emergency scenes aren't suitable for social media.

And if seen by a family member, it will cause distress.

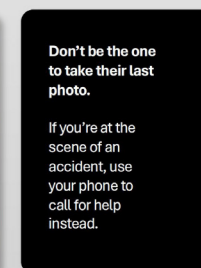
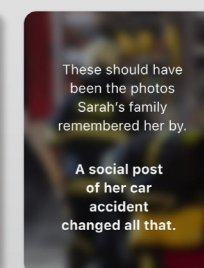
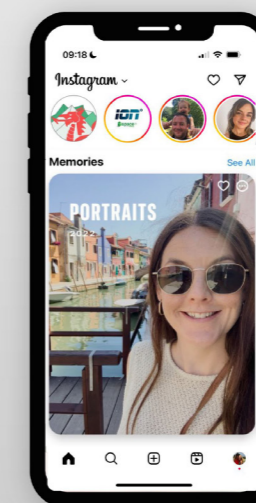
So don't take them at all.

Strategy

Encourage people to break the norm and **think twice before using their phone** to take photo at an emergency scene.

Advise people on **the right thing to do** with their phone if they are witness to an accident.

Source: Cowshed







## SWTN CONFERENCE

The SWTN annual conference was successfully held in Carmarthen, Hywel Dda UHB on Thursday 12th October 2023. The agenda of the conference was aimed at addressing many of our delivery plans with targeted presentations:

- Dr Stuart Gill delivered a presentation on "Outside the Isochrone: Delivering on major trauma in rural West Wales".
- The key note speaker was Dr Dindi Gill, the originator of the South Wales Trauma Network.
- A presentation on Major Trauma in paediatrics was delivered by Dr Claire Dieppe.
- The Network's injury prevention bulletin was formally launched at the conference by Angharad Griffiths and Eve Thomas.
- Karen Jones and Sam Hussell provided information on mass casualty incident arrangements.

- EMRTS major incidents was presented by Dr Graham Mayers.
- The morning of the conference was closed with a patient story.

The afternoon was filled with breakout sessions based on the following themes:

- Rehabilitation
- Training and Education
- Trauma Team Activation
- Pre-hospital

The themes of the conference aligned to the following benefits:

- 012/Improved multi-professional training and education

## GATEWAY 5 REVIEW

A Welsh Government Gateway 5 Review of the SWTN occurred in March 2023. The review team concluded that successful delivery of the project to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery. The Review Team recommended a Delivery Confidence rating of Green.

The review concluded that there was strong evidence of effective delivery, and the programme is in a steady state with much of the original vision for a Major Trauma Network now delivered. Early evidence shows that the network is on track to meet the outcomes expected from the Full Business Case and Benefits Realisation Plan.

The Review Team were impressed by the strong support shown for the ODN and the level of

passion, commitment and focus shown by all to delivering the best outcomes for patients.

It was stated that the programme governance is well established and there is good evidence that risks and issues are being appropriately raised, mitigating actions regularly reviewed and escalation of issues is timely and appropriate.

The only concern that will impact on the future effective delivery of the service and improvements, is the hiatus in data collection through TARN, an issue that is largely out with the control of the programme. The Review Team has recommended further thought should be given to the overall programme informatics strategy and this should be tested in a further gateway 5 review in year 5.

## MASS CASUALTY EXERCISE

The All Wales Mass Casualty Plan is currently being reviewed by the Welsh Government following the Penydarren and Welsh Celtic Consolidation exercises. This is aligned with the

following benefit:

- 006/More coordinated response at incidents or mass casualty events







## ODN KEY CHALLENGES AND LEARNING

### TARN taken offline

Due to TARN being taken offline in June 2023, it has not been possible to demonstrate progress against the following aspects of the benefits realisation plan during this time:

- 001/Improving survival. Requires TARN Ws scores
- 002/Improving functional outcomes. Requires TARN PROMs
- 003/Improving timeliness and quality of clinical care. Requires TARN MTC and TU dashboards/ quarterly and annual reports.
- 004/Improving patients experience. Requires TARN PROMS/PREMS (patient experience component)
- 007/Improved data collection. Network wide improvement of TARN case ascertainment to 80% and accreditation to 95%.
- 008/Equity of access to specialist care. TARN data required to monitor the number and proportion of patients transferred directly to MTC/TU with specialist services, the number and proportion of patients that have a secondary transfer and the number of patients with ISS  $\geq 15$  managed definitively within a TU.
- 010/Equity of care for trauma in older people. Number of patients 65yr and over who have a clinical frailty score documented by a geriatrician within 72 hours of admission.
- 018/Reduced length of stay in critical care.

TARN data is essential for quality improvement projects, audits and bench-marking. The ODN are working with DHCW and NHS England

Information Governance (IG) teams to finalise the IG products required for NHS England to have a legal authority to collect NHS Wales data.

### Industrial action

During the 2023/24 financial year, industrial action became less frequent across all unions and health disciplines. The mitigation put in place previously still stands. Initially, services had been derogated, in line with provision of emergency and urgent care. However, the landscape has changed, as the industrial actions have evolved. The trauma desk is no longer an area of derogation and this has proven challenging to ensure seamless levels of care. Reliance on the Emergency Medicine, Retrieval and Transfer service (EMRTS) air desk has provided respite to support operations. Due to the level of demand increasing, this is not a sustainable solution long term and should industrial action become increasingly frequent again, processes will need to be re-examined. Mitigations include changes to communications necessitated by lack of the Trauma Desk, with a direct to Trauma Team Leader model being delivered at the MTC; pathway awareness confirmation although appreciation that those most sick may not get transferred immediately; sitrep information continuing so that all Health Boards appreciate the strain across the service.

### Trauma Team Activation

We acknowledge the variable compliance of hospitals within the network in Trauma Team Activation. Data presented to Governance gave

evidence of the positive correlation of activation of a full team to a trauma in ED, with reduced times to CT scanning and time reviewed by a consultant. We audited this in all trauma delivery facilities to ask why some patients received a trauma call and others did not. This is part of a programme of work to address the ODN peer review recommendation. The audit was conducted by a graduate trainee manager. The audit has highlighted that practice varies across the whole network in spite of rigid guidelines being in place. Practice needs to be standardised throughout the network. The limitations of the data collection means that practice may vary even further when consultant cover is not resident. The overarching themes leading to variation are time from injury and interpretation of the mechanism of injury. It is a recommendation that this be explored further to ensure that the current guidelines are neither over nor under prescriptive. A cultural shift needs to occur to ensure all emergency departments are following the current guidelines. Since go live the governance structure has highlighted many opportunities for care improvement which could have been mitigated by activating a trauma call at the patients presentation. The current advice from the ODN is activate trauma calls at paediatric, adult and older person's level in accordance to the existing trauma tool activation criteria.

### Orthopaedic Service Evaluation

The South Wales Trauma Network (SWTN) operates a split site service between the Major Trauma Centre (MTC) in Cardiff and the Trauma Unit with Specialist Services (TUss) in Morriston Hospital Swansea. The majority of major trauma (defined as an Injury Severity Score  $>15$ ) are cared

for in the Major Trauma Centre (MTC) situated in the University Hospital of Wales, Cardiff. Orthopaedic cases requiring complex free tissue reconstruction are transferred to the TUss for definitive reconstruction.

The Orthopaedic service started with the opening of the MTC on 14th September 2020 and has developed rapidly over the last 3 ½ years. It was evident within the first few months that the anticipated numbers of patients had been significantly underestimated. There were also several facets of the service, which had not been considered in the original proposal and required analysis.

As a result, there have been a number of changes in the service and adaptations to the 5-year strategic plan for South Wales Orthopaedic Service (SWOPS). The service as a whole has brought marked changes and improvements in the care of orthopaedic patients across South Wales. However, it is important to recognise the need to continually audit, evaluate and develop the service. A successful quality improvement cycle requires recognition of challenges and barriers, and a motivated and receptive workforce able and willing to implement change. This will ensure we continue to hit targets but also to improve outcomes and patient experience.

### Thoracic Service Reconfiguration and Chest Wall Trauma

The regional Thoracic Service Reconfiguration is a priority at national level, and this will include the management of chest wall trauma with surgical intervention. Following network meetings looking to optimise the rib fixation pathway, two task and finish groups are being created to address the



short term goals of equity for those requiring rib fixation. Secondly, to examine a workable model of practice to support the new centre located in SBUHB and supporting the MTC. Stakeholders from all aspects of the service are included. The management of fractured ribs including pain relief interventions, as well as formal surgical fixation, sustainably and equitably across South and West Wales, is the primary goal.

### Rehabilitation

It has been a challenge to address the need in rehabilitation medicine across the network. We are still committed to providing a network solution for the 4 funded sessions at ABUHB, and there continues to be engagement, with mitigation in place for rehabilitation of AB patients provided by the MTC consultants. This model is also provided currently for CTMUHB. Recruitment for specified rehabilitation sub specialties such as trauma is difficult, because of the lack of trainees in the specialty. There is a national shortage of consultants specialising in rehabilitation medicine. The second rehabilitation consultant post based at the MTC which has been vacant for some months has recently been appointed to.

### Digital platform providing information for patients

Since the launch of the SWTN in September 2020, the ODN have encountered difficulties with a novel approach to a digital solution providing information for patients post discharge from hospitals across the network. The ODN have identified a platform which is established, governed and regulated by CAVUHB. 'Keeping me Well' has been developed and evaluated over the last five years with extensive public and patient involvement. The site provides a wealth of information which is easily accessible and can be tailored to individual patient populations. The resources are varied and are readily available on a smartphone or computer. Materials from the website can be printed or alternatively, leaflets and videos can be hyperlinked via a QR code. The ODN will link with the 'Keeping me Well' supplier to discuss the potential use of the platform by the SWTN and to ensure that this platform suits the needs of the SWTN service user.

### Delayed Repatriation

At the outset of the network, all Health Boards committed to the principles of automatic

repatriation and we are keen that this message is not lost. There has been an increasing trend in delayed repatriations since the launch of the SWTN. The ODN maintains the position that all repatriations should occur within 24hrs as per agreed policy, to ensure we do not disadvantage patients flowing into the MTC and that we adhere to the principles of Care with Treatment Closer to Home, where specialist care at the MTC is complete. At the SWTN Governance meeting, March 2024, it was agreed that letters would be sent to all organisations from the SWTN SRO highlighting this increasing trend. Whilst recognising the operational pressures within the Health Boards, which are continuing, it is essential that the ODN highlight these concerns.

### Provision for Clinical Lead for Trauma in Older People (TOP)

Increasing equity of care for older people suffering trauma is listed in the benefits realisation plan of the programme business case; the region has an ageing population and the group suffering the most major trauma are those aged over 65. The network has a Paediatric lead, however, there is currently no funding for a Trauma in Older People Lead, leaving an inequitable system.

### Delays in Information Governance approvals

Delays in information governance (IG) approvals are delaying the delivery of SWTN projects. Examples include the NDR funded project to identify suspected major trauma cases from the free text in radiology reports using natural language processing (NLP) and going live on the NMTR system. The NLP project had a deadline to complete the work in February 2024. At the end of the 2023/24 financial year, the team have not had IG approval to commence the project. The ODN maintained the position that NHS Wales should go live on the new NMTR platform on the same date as NHS England, however, due to delays in IG approvals this was not possible. Provision of an IG specialist for SWTN and the South Wales Spinal Network would support timely approvals of projects. Due to the complex nature of cross Health Board/Trust working, the ODN will explore how this can be improved in future.

## FINANCIAL STATEMENT

Details of the ODN budget are included in the table below. The SWTN met its financial target in

2023/24 by delivering a service against its revenue funding allocation as detailed below.

Major Trauma Provider:	Allocation £M	Forecast Spend £M	Variance £M
Swansea Bay ODN	0.708	0.708	0





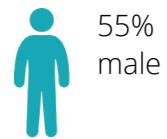
## ACTIVITY DATA

### MAJOR TRAUMA DATABASE

# 5031

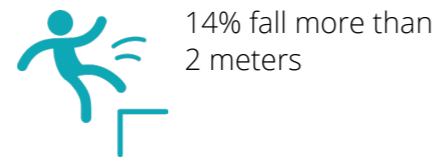
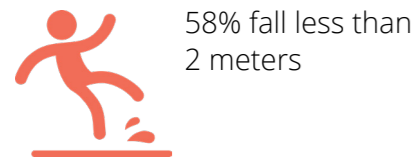
patients treated across the network with an incident date between 1st April 2023 to 31st March 2024

#### Who is being injured?



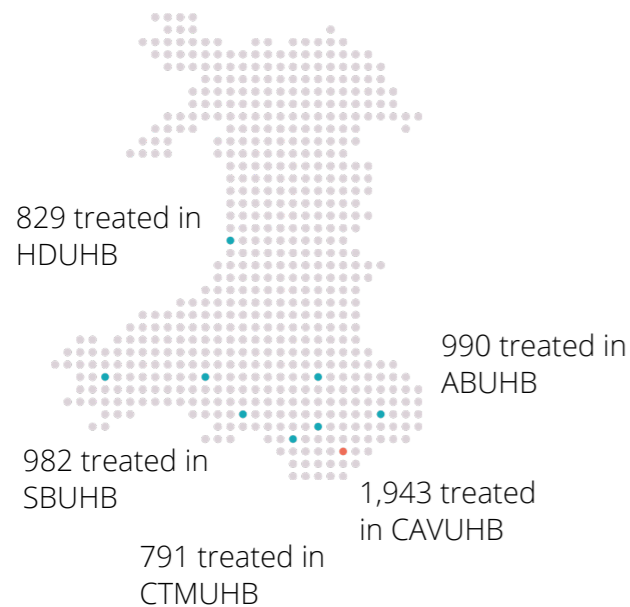
#### What were the mechanisms of injury?

Most of the injuries were caused by the following three mechanisms:



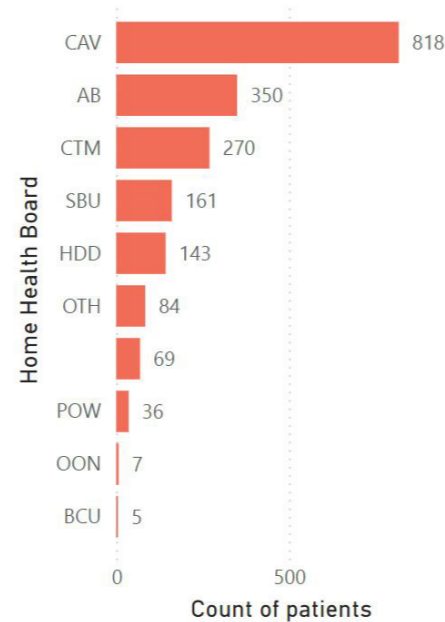
#### Where were patients treated?

Note that Health Board totals do not sum to the above total since patients can be treated in multiple Health Boards



#### Of those treated at CAVUHB, what were their home Health Boards?

Note OON=Outside of Network



#### What were the discharge destinations from CAVUHB?

- 49% were discharged home
- 17% were repatriated to their local Health Board
- 17% were not major trauma
- 8% died
- 9% other

### TRAUMA DESK

# 566

trauma tool positive incidents

# 441

trauma in older people trauma tool positive incidents



24 pathway 1 (hyperacute) transfers to MTC



61 pathway 2 (emergency) transfers to MTC

### TRIDS

# 246

TRIDs, of which 137 were regarding delayed repatriations



Increasing trend in delayed repatriation TRIDs since the launch of the network

### GREATIX

# 20

GREATIX nominations for teamwork, support, leadership and communication



## PATIENT STORY

Patient R was climbing in West Wales in spring of 2024, his safety rope failed and he fell approximately 60-80 ft down a cliff face. EMRTS attended the call and conveyed patient R to the Major Trauma Centre in Cardiff. A head to toe trauma scan was completed and the following injuries were found:  
Bruising to lungs, rib fractures, spinal fractures that required surgical stabilisation and a brace, pelvic fractures, wrist fractures that required stabilisation, right foot and ankle fractures that required repair to the soft tissues and an external fixator to help the bones repair, right knee fracture which required internal fixation and complicated left foot fractures that required surgical fixation.

Patient R was transferred to intensive care to allow his body to rest prior to the multiple orthopaedic surgeries listed above. Patient R went for spinal stabilisation a day later and further imaging was undertaken so that orthopaedic procedures could be planned. Patient R left intensive care after 48 hours and was transferred to the Polytrauma unit where specialist teams can manage all injuries and pain can be well controlled.

Patient R continued to need multiple procedures mentioned above to ensure that all his injuries were optimally managed, numerous surgeries meant that his pain was occasionally difficult to manage. The acute pain team reviewed patient R

often several times a day to ensure his pain was minimised, this meant that he was able to stay mobile in bed and take deep breaths and cough to mitigate the risks of a chest infection.

Due to the complex lower limb injuries patient R had to be non-weight bearing apart from his left heel, this made getting in and out of bed very difficult the rehabilitation team worked with patient R to achieve an assisted stand which helped with your blood pressure and dizziness but was impractical for when his return home. Therefore they worked with Mr T to transfer with a slide board in and out of bed to a wheelchair. As patient R recovered from his initial trauma and injuries he was able to sit out of bed for prolonged periods which allowed him to become more independent with washing and dressing and eating and drinking.

Once all his acute orthopaedic procedures were completed patient R was transferred back to WWGH where his recovery continued, he was followed up back in the complex trauma clinic in Cardiff for his upper and lower limb injuries, he was able to weight bear through his lower limbs and to move his wrist as pain allows. His rehabilitation was started immediately by the therapy staff in the clinic and followed up by his local major trauma team in Hywel Dda. Patient R has returned home and his rehabilitation is ongoing. Patient R is slowly increasing the distance he is able to mobilise and is gradually increasing his function.

He will continue to be followed up locally and in Cardiff to ensure his long term function is maximised and he is able to achieve his aims and ambitions.





## BENEFITS REALISATION PLAN

Strategic Benefit	Benefits Number/ Description	Actions Necessary to Realise Benefits	Measurements	Target date for demonstrating benefit	Responsbile for delivering benefits	Accountable	SWTN Position March 2024
Health gain	001/Improving survival	<p>Introduction of inclusive trauma network.</p> <p>Improve TARN data collection to ensure accurate survival scoring.</p> <p>Ensure at least 1 year of baseline data collection before ODN operational</p>	<p>TARN probability of survival (quarterly/annual reports for network wide and all providers)</p> <p>Additional survival rate</p> <p>TARN case ascertainment and accreditation</p>	Sep-24	ODN Providers	WHSSC/EASC/health board commissioning	<p>Current UK wide TARN unavailability issue (from June 2023). ODN working with National Group regarding implementation of new system and developing local mitigations.</p> <p>The last TARN Network clinical report received before the cyber-attack reported that the excess rate of survival was worse than expected for the time period 1st October 2020 to 30 September 2022; Ws is -1.05. 95% confidence intervals are -1.63 to -0.47.</p>
	002/Improving functional outcomes	<p>Develop an inclusive trauma network with a focus on all aspects of the rehabilitation pathway</p> <p>Improve TARN PROMS data collection to ensure baseline data available</p>	<p>TARN PROMS (quarterly/ annual reports network wide and all providers)</p> <p>PROMS baseline data (1 years) before rehabilitation model operational</p>	Sep-25	ODN providers (specifically rehabilitation providers)	WHSSC/health board commissioning	<p>Collection of PROMs across SWTN launched in January 2023. As part of the transition from TARN to NMTR, the University of Manchester contacted their PROMS supplier, IQVIA, to inform them that services will no longer be required for 2024-25. NMTR will re-establish the PROMs Programme in due course. However, during the re-establishment of PROMs by NMTR, the ODN have requested organisations to pause their PROMS collection.</p>
	003/Improving timeliness and quality of clinical care.	<p>Establish network policies and pathways (incl. automatic acceptance policy to MTC)</p>	<p>TARN MTC and TU dashboards/ quarterly and annual reports.</p> <p>Quarterly and annual network TARN reports</p> <p>Focused TARN quarterly and annual reports (e.g. orthoplastics, paediatrics)</p> <p>Benchmarking against national average</p>	Sep-21	ODN Provider	WHSSC/EASC/health board commissioning	<p>All Network Clinical Guidelines and Operational Policies and pathways reviewed in Jan/Feb 2022 and ratified through SWTN governance structure. All documents shared with organisations and available via the Induction App.</p> <p>All data currently provided throughout the network via</p> <ul style="list-style-type: none"> <li>• Network Governance Meetings from ODN</li> <li>• Clinical reports &amp; dashboards provided via TARN and circulated to ODN and appropriate organisations when published (pre cyber-attack)</li> </ul> <p>Adherence to all Clinical Guidelines and Operational Policies to be audited as per peer review recommendation- Process initiated in January 2023 Governance Meeting</p>



Strategic Benefit	Benefits Number/ Description	Actions Necessary to Realise Benefits	Measurements	Target date for demonstrating benefit	Responsbile for delivering benefits	Accountable	SWTN Position March 2024
	004/Improving patients experience	Multiple levels of intervention through introducing the inclusive trauma network (based on learning from patient experience workshop)  TARN PROMS/PREMS (patient experience component)  Frequency on usage of patient centred communication tool (e.g. application)	TARN PROMS/PREMS (patient experience component)  Frequency on usage of patient centred communication tool (e.g. application)  Patient surveys (themed annually)	Sep-23	ODN Providers	WHSSC/EASC/health board commissioning	PROMS across SWTN launched in Jan 23. However, due to the cyber attack at University of Manchester, PROMs collection was paused at then end of the 2023/24 financial year.  Recording of patient experience addressed in recommendations from 2022 peer review. Delivery of training for the capture of patient experience and patient stories were included in 2022/23 workplans.
	005/Enhancing injury prevention	Development of injury prevention strategy in conjunction with Public Health Wales	Number of injury prevention schemes undertaken  Quantify prevention of injury, death and disability	Sep-23	ODN Providers	Welsh Government	Initiation of professional and public facing quarterly injury prevention bulletin in August 2023 formally launched at SWTN conference in October 2023 and distributed to both clinicians and public thereafter.
	006/More coordinated response at incidents or mass casualty events	Integration of mass casualty plans in to network operational structure	Record of debriefs and learning from table top/live exercises undertaken with network	Sep-22	ODN Providers	WHSSC/EASC/health board commissioning	ODN formally working with National Mass Casualty Group to ensure integration of Network and SWTN patient pathways in National plans. Mass Casualty was addressed at SWTN conference October 2023 and SWTN CD presented at National Mass Casualty conference November 2023 for further exposure.  The All Wales Mass Casualty Plan is currently being reviewed by the Welsh Government following the Penydarren and Welsh Celtic Consolidation exercises.
	007/Improved data collection	Implement TARN working plan	Network wide improvement of TARN case ascertainment to 80% and accreditation to 95% (incl. all providers)  Contribution of all providers to TARN PROMS/PREMS	Sep-21	ODN Providers	WHSSC/EASC/health board commissioning	Monitoring of TARN case ascertainment & accreditation undertaken by ODN prior to cessation of TARN service.  Appointment of a central SWTN TARN Support Manager to work directly with HB TARN Coordinators, improving and standardising TARN coordinator capture and methods across the SWTN & troubleshooting/resolving local problems as they occur. Current request to extend fixed term of central TARN support manager in order to support introduction and roll out of newly developed NMTR platform.



Strategic Benefit	Benefits Number/ Description	Actions Necessary to Realise Benefits	Measurements	Target date for demonstrating benefit	Responsbile for delivering benefits	Accountable	SWTN Position March 2024
Equity	008/Equity of access to specialist care	Implementation of pre-hospital triage tool and automatic acceptance policy to MTC (incl. rapid secondary transfer)	TARN data:The number and proportion of patients transferred directly to MTC/ TU with specialist services.  The number and proportion of patients that have an acute secondary transfer (within 12 hour) from a TU to MTC/TU with specialist services.  The proportion of urgent transfers that occur within two calendar days definitively within a TU.  The number of patients with ISS ≥15 managed locally outside of MTC & outcome	Sep-21	ODN Providers	WHSSC/EASC/health board commissioning	Prior to cessation of TARN service, this data was presented at Network Governance meetings. Patients with ISS >15 that remained in TU reviewed by each HB clinical lead quarterly and the Governance clinical lead thereafter to ensure equity of access to major trauma services for patients or explore reasons and implement changes where appropriate.  Trauma tool, Trauma in Older people trauma tool and Secondary transfer dashboards using Trauma Desk data have been developed. Awaiting development to the Major Trauma Database to include pre-hospital and secondary transfer data.  Isolated lower limb fracture pathway is yet to be accepted by WAST. Once this pathway has been accepted by all agencies, the advice from the trauma desk will be that all isolated lower limb fracture patients are directed to Morriston Hospital, SBUHB.
	009/More appropriate patient flow	Care with treatment closer to home' policy  Landing pad configuration in health boards	All wales repatriation database:Number of repatriations exceeding 48hrs from when ready by origin health board.	Sep-21	ODN Providers	WHSSC/EASC/health board commissioning	Monitored by the ODN via the Trauma Related Incident Database (TRID) and reported through the network governance mechanism. TRID dashboard available.
	010/Equity of care for trauma in older people	Trauma in older people pathways developed and early geriatric assessment	Number of patients 65yr and over who have a clinical frailty score documented by a geriatrician within 72 hours of admission.	Sep-23	ODN Providers	WHSSC/health board commissioning	Formal Orthogertiatrician service commenced in MTC in June 2021.SWTN TOP group commenced it's inaugural meeting April 2021 and is ongoing quarterly with a clear workplan discussed to progress. Independant TOP clinical lead identified in Sept 2022, currently on a voluntary basis however ODN progressing formal funding as appropriate.
	011/Equity of care for veterans returning to Wales in line with England	Implement the veterans trauma network in Wales	Number of veterans referred and reviewed by the network	Sep-21	ODN Management	WHSSC/health board commissioners	Management of the veteran trauma network transferred to the ODN. SWTN operational policy for VTN authored. Data capture of demand & outcomes ongoing. Successful application for funding of veteran HCP from the Covenant Fund based at the VTC however will outreach across the SWTN as required. Post in place and supporting with the development of VTN Wales service. Additional holistic support from DMWS in VTC. Individual will also outreach across the SWTN as required.



Strategic Benefit	Benefits Number/ Description	Actions Necessary to Realise Benefits	Measurements	Target date for demonstrating benefit	Responsbile for delivering benefits	Accountable	SWTN Position March 2024
	012/Improved multiprofessional training and education	Implementation of network training and education programme	<p>Number of training and education events held split by type</p> <p>Number of online modules completed by providers</p> <p>Number of users of triage tool and trauma APP</p> <p>Number of calls made to trauma desk (where decision making supported)</p>	Sep-21	ODN Providers	WHSSC/EASC/health board commissioners	<p>Suitable training &amp; education plan developed with T&amp;E clinical Lead in response to Covid related restrictions.</p> <p>Network Senior nurse Educator post created to lead on creation, maintenance and further development of network training package and provide any focused T&amp;E throughout the network as required.</p> <p>Development of Breaking Bad News model and training in development; funding for rehabilitation colleagues to attend external courses; places for MTLs shared with rehab colleagues; damage control surgery course continues to be supported; funding of TCAR/PCAR courses for ward nurses across SWTN; funding of Spinal Injury Association courses for ward nursing across SWTN; collaboration with Cardiff University to deliver MTLs course; level 1 ED nursing portfolio being developed into e-learning; Welsh ETC course continued support by SWTN; TTL training course hosted by C&amp;VUHB planned for June 2024; 360 pre-hospital scenarios in editing phase; feedback model for WAST colleagues CPD reflections in development.</p>
	013/Enhanced engagement of the MTC with the wider network	Strategy for supporting wider network	Number of engagement sessions led by MTC	Sep-21	MTC	WHSSC	Virtual meetings with LHB's and MTC clinical director taking place. Regular virtual meetings taking place for, MTP & RC's, TARN Coordinators. Weekly virtual MDT hosted by the MTC & attended by all LHB's. MTC Senior Nurse & SWTN Senior Matron progressing cross working at a MTP/RC level across the network.
	014/Enhance new recruitment across the region	Implementation of an inclusive network workforce strategy	<p>Identified staffing recruited</p> <p>Number of joint appointments made</p> <p>Number of rotational appointments made</p> <p>Publication of strategy</p>	September 2020 onwards	ODN providers ODN management	WHSSC/EASC/health board commissioners	<p>Consultant AHP post recruited to within C&amp;V but to have a central role across the SWTN</p> <p>Lead nurse educator for the network made substantive in March 2022.</p> <p>Workforce and service development group meeting taking place quarterly focussing on progression of rotational roles within the network and network wide honorary contracts in response to operational challenges experienced. Workforce strategy to be developed, formally monitored and scrutinised through the above group.</p>




Strategic Benefit	Benefits Number/ Description	Actions Necessary to Realise Benefits	Measurements	Target date for demonstrating benefit	Responsible for delivering benefits	Accountable	SWTN Position March 2024
	015/Improved staff retention	Workforce strategy	Turnover rates	Sep-21	ODN Providers	WHSSC/EASC/health board commissioners	Workforce and service development group meeting taking place quarterly. Workforce strategy to be developed, formally monitored and scrutinised through this group.
Value for money	016/Economic benefits of enhanced survival, functional outcome and return to work	Develop an inclusive trauma network with a focus on all aspects of the rehabilitation pathway	TARN PROMS (quarterly/ annual reports network wide and all providers)  Economic output (e.g. quality adjusted life years – using the secure online data linkage bank)	Sep-25	ODN Providers	WHSSC/EASC/health board commissioners	Monitored via PROMS returns.
	017/Reduced secondary transfers (observed over time, but not initially)	Implementation of pre-hospital triage tool and automatic acceptance policy to MTC	Secondary transfer ambulance conveyance rates  Number of secondary trauma transfers undertaken by EMRTS/hospital transfer team  Cost savings from above	Sep-23	WAST/EMRTS/health boards	EASC/health board commissioners	The first year evaluation showed that the programme business case modelled activity underestimated the effect of the trauma desk with larger numbers of patients taken directly to the MTC from neighbouring Health Boards. The TARN data underestimates the activity due to known unmatched transfers. The modelling predicted increased numbers of secondary transfers in to the MTC across the board. However, in reality, secondary transfers only significantly increased from hospitals in HDUHB. This would largely be due to the role played by the trauma desk and the introduction of the trauma tool; more patients from Health Boards close to C&VUHB were directly transferred to UHW.
	018/Reduced length of stay in critical care	Implementation of MTC	Reduced length of stay (TARN/ICNARC datasets)	Sep-23	ODN	WHSSC/EASC/health board commissioners	Monitored through TARN Clinical reports prior to cessation of TARN service,
	019/Flexible working across health boards boundaries	Agree HR protocols to enable cross-health boards working	Number of new posts created working across organisations and joint policies	Sep-21	ODN Providers	WHSSC/EASC/health board commissioners	Orthopaedic consultants working across both C&VUHB (MTC) and SBUHB (TUSS) to provide orthopaedic services. Rehabilitation consultants formally working across healthboards to provide outreach rehabilitation services throughout the network. SWTN SM & MTC SN working through plans for a 2 year rotational post programme within the SWTN for newly qualified nursing staff. MTC senior nurse developing work plan to facilitate cross working at MTP/RC level across network. To form part of formal workforce strategy.
	020/Benefits to other part of the healthcare system	Development of an inclusive network overlapping with other areas of strategic development	Number of other services directly benefitting from investment in major trauma services	Sep-21	ODN Providers	WHSSC/EASC/health board commissioners	The ODN has supported the development of the programme for a Spinal Services Network (SSN). The SSN to be managed by the ODN with an uplift in ODN staff. The ODN is supporting the development of the National Thoracic service, the SBUHB/HDUHB Pathology Network and other clinical networks as they become operational within the NHS Executive.



## NEXT STEPS/THE FUTURE

The ODN are diversifying the lead roles by opening up the positions to both consultants and suitably qualified allied health care professionals. Following a green Welsh Government Gateway 5 rating, the ODN will continue to work towards the recommendations outlined in the report in preparation for the next review in year 5.

The ODN looks forward to going live on the new NMTR system in the 2024/25 financial year following the hiatus in data collection through TARN. This will allow the Network to monitor trauma activity, measure quality of care and support trauma care system development.



what's  
next ?