

SOUTH WALES TRAUMA NETWORK
ODN ANNUAL REPORT 2025/26





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DIRECTOR'S FOREWORD

The past 12 months have once again posed significant challenges within the ODN and the network. The pressures we all experience appear to have never gone away or eased at all, and we face even more uncertain times. In spite of the ODN routinely being understaffed, due to a myriad of reasons, the team have worked above and beyond to try and deliver for everyone that relies on us to do so. We have pushed innovation, diversified budgets and flown the network flag at every meeting and in any direction that we thought would help in making a difference. The level of frustration is felt at every level with the clinical leads and me being clinicians and working within the systems we try and improve. This means we understand this process from multiple angles and want to drive change and improvement throughout our network. The lack of investment funding has had the opportunity to halt development and growth. However, due to the tenacity of every person involved in major trauma within the network, innovation, development, review and hard work are clearly prevailing. We are not where we would like to be as a network and as the Clinical Director I openly acknowledge that when the investment window eventually re-open, there will be a huge number of priorities to utilise that money. I want to reassure everyone that these tough times won't last. There will be money to go around again in the future, we just don't know when.

As the clinical director of the network I have been unable to get around to everyone as much as I would have hoped. This has been as a result of clinical workload and managerial responsibilities.

Data and NMTR has once again been problematic. Although Sue, Angharad and the team have been advocating for our network, most of the issues are outside of our control and dependent on the NMTR team who have developed and control the database. Hopefully with the new changes a more robust data return will be possible and ending the near 3 year void that has been created. We are very lucky to have Angharad who has developed an excellent resource that all Health Boards can now review their own data and guide quality improvement without waiting for formal reports.

The trauma desk has had a difficult year with short term absence meaning there have been more hours than ever before where the trauma desk was not operational. As a result of this we have worked tirelessly to try and develop a watertight and robust process that can compensate for these times, often at very short notice. This will involve using consultant connect and the TTL for limited input. The plan looks similar to when we were supporting the industrial action by Ambulance Personnel. Please look out for updates and disseminate as required. We know this is a sticking plaster over a very complex problem but assure everyone this is the best solution we as collaborative could find given the financial landscape and inability to increase trauma desk staffing.



The year hasn't been all doom and gloom. We as a network and an ODN have had many successes. We launched a successful social media campaign that made it to the national news and Good Morning Britain. We were able to stamp our mark on a significant problem felt by pre-hospital teams with publishing images from scenes on social media and disregarding the feelings of those involved both directly as well as family and friends. We have created an in-reach programme where I have delivered the implications of knife crime engagement. Dispelling the myth of it's live or die and demonstrating the life-long morbidity often experienced by those who have been stabbed. Although difficult to assess the true impact these talks have on reducing knife crime, the initiative, in conjunction with South Wales Police, has been well received. The long-term goal will be to create a package to send to schools for them to deliver themselves. The hope is that this will reach more children over a wider geography and make the whole project sustainable and deliverable in the long term.

The annual conference hosted last year by Cwm Taf Morgannwg UHB saw the launch of the first ever South Wales Trauma Network awards. It was a wonderful opportunity to offer recognition to individuals and teams who deliver excellent practice on a daily basis. There were only 6 awards but I acknowledge we could have had hundreds and still not express the recognition and gratitude I would want to everyone. We will aim to keep the awards as an annual event.

The priorities for the next 12 months will be to look at strengthening our injury prevention portfolio; Finding a solution to the troubles within the trauma desk to deliver a strong, reliable and capable trauma desk 24 hours a day; Examine

the data as it is delivered to identify key areas for improvement; Deliver on a peer review in quarter 4 of 2026-2027 which also means examining the KPI's for all of us all; improving engagement with our partners, including health boards, and developing strategies for network longevity and efficiency.

Finally, I want to take this opportunity to thank each and everyone of you for your hard work in what remain trying time. The Welsh Political landscape is uncertain given the change of party running the Senedd but being a minority government, we don't know what this will look like for health and especially major trauma. There will be new ideas, possibly new focus and revised ways of doing business. We are the professionals that advocate for our patients and the service they get. A big responsibility that we all burden, but burden with pride, honour and a strong moral compass. We must always question for answers but also question the answers to fulfil our moral contract with the patients we serve.

Finally, I want to take the opportunity to thank each and every one of you for your hard work in what continue to be trying times. Thank you again for having to endure increasing pressures from all angles and for always striving for better.

Diolch o galon I chi gyd/A heartfelt thank you to you all.

Dr Jonathan Lambley
Clinical Director
South Wales Trauma Network

OUR VISION & MISSION

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

The vision for the network 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.



GOVERNANCE STRUCTURE

The organisational governance structure ensures clear lines of accountability and responsibility across the pathway in order to achieve the best possible outcomes and experience for patients. The arrangements create an environment in which all components of governance are delivered openly and transparently. In addition, all providers contribute equally and positively to the governance activities of the network. The Network is hosted by Swansea Bay University Health Board (SBUHB) and was commissioned by the Welsh Health Specialised Services Committee (WHSSC). From April 2024 it has been superseded by the NHS Wales Joint Commissioning Committee (NWJCC).

- The network clinical governance structure consists of the following boards/groups.
- Delivery Assurance Group (DAG)** sits as a sub-committee of the Joint Committee. It provides the mechanism for clear lines of accountability and responsibility across the pathway. As with other sub-committees the DAG is subject to established and robust governance framework. The DAG assures the Joint Committee on issues regarding the development of Major Trauma services for the region and suitability of commissioning arrangements. The purpose of the DAG is to review the direction, delivery, and performance of the SWTN and to ensure that the benefits of working collaboratively are realised. The DAG regularly reports to Health Boards through the Joint Committee following quarterly meetings with the SWTN. The DAG is chaired by a NWJCC Executive Director and is accountable as a subgroup of the Joint Committee.
 - Clinical & Operations Board (COB)** - is responsible for operational delivery, and ensuring timely escalation, management, and resolution of operational issues. The Board meets quarterly and is chaired by the ODN Clinical Director. It has a clinical and operational performance management function. To ensure a streamlined reporting and governance structure, the COB reports on network performance, variation, and corrective action, additionally

it provides assurance on implementation of commissioning arrangements to the DAG. The COB reports to the DAG performance of all components of the network for example, against KPI's, standards, quality indicators, clinical governance, quality and patient safety and financial matters.

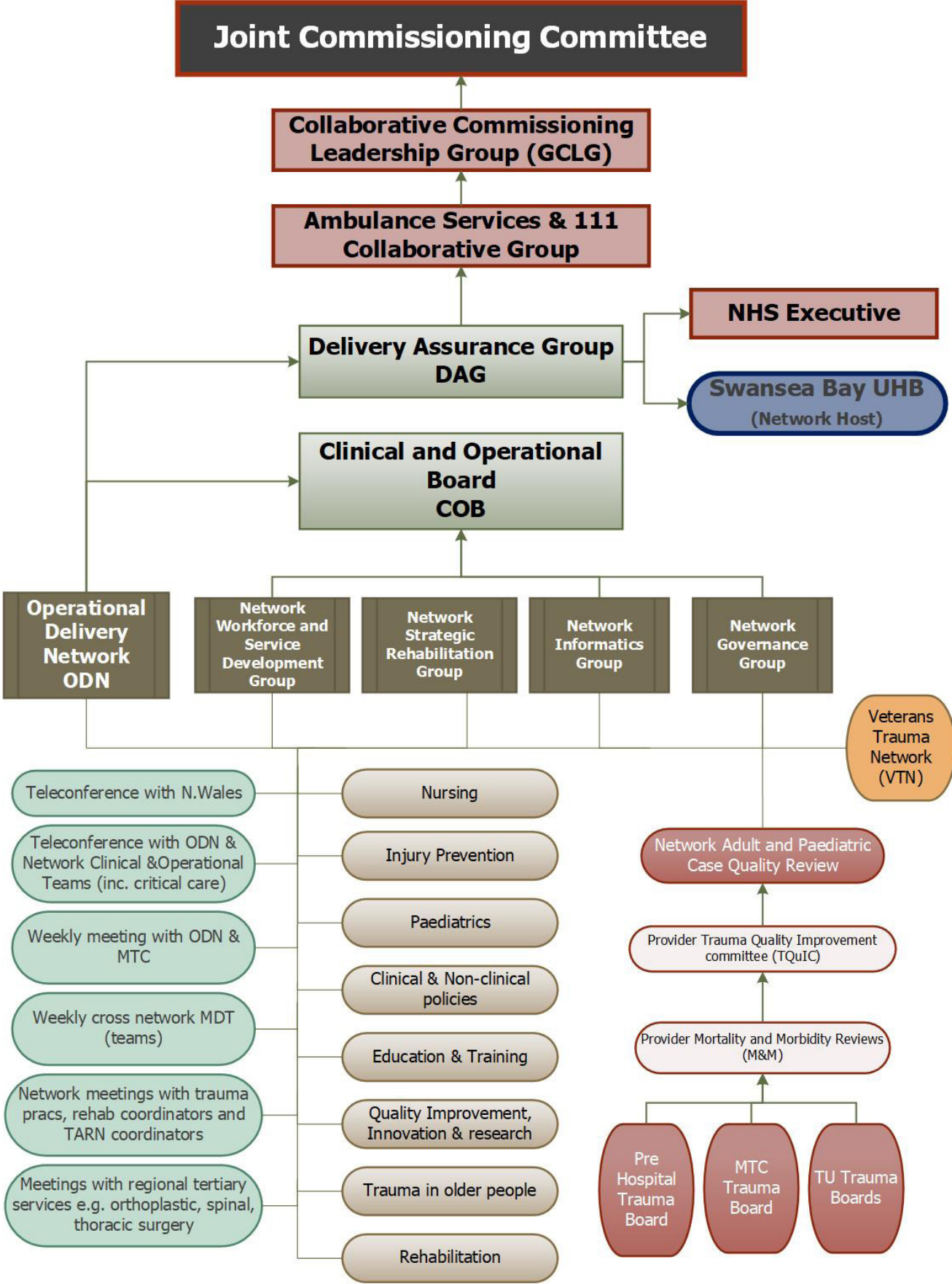
These two key groups ensure delivery against the commissioning framework, the escalation of issues, learning and achievements into the senior leadership structure of the NHS. These groups are supported by the following core groups, through which the COB and DAG can discharge and commission their responsibilities:

- SWTN Governance Group
- SWTN Workforce & Service Development Group
- SWTN Informatics Group
- SWTN Rehabilitation Group

The SWTN Governance Group meets quarterly and facilitates the execution of the SWTN clinical governance structure. The Governance Group is immediately preceded by the SWTN Case Quality Review (CQR) group and is provided with a summary of the CQR meeting outcomes as part of the regular agenda. The purpose of the CQR is to provide assurance that there are reliable mechanisms within the Network to respond and treat patients presenting with serious injuries and to ensure lessons learnt from regional Morbidity & Mortality (M&M) case review meetings are identified and shared across the network.

The network governance group has an important role to play in ensuring the South Wales Trauma Network (SWTN) delivers a high quality, safe and effective service for the population at risk. It does this by assuring the quality of its clinical pathways and policies and monitoring the performance of clinical services from the point of injury through acute admission, rehabilitation to the return of the patient to the highest achievable levels of functional ability. Should any issues arise between meetings, additional lessons learnt bulletins are distributed to ensure learning is shared in a timely manner. The above Groups oversee, support, and receive outputs from a number of working groups - see diagram below.

SWTN Governance Structure



CLINICAL AND OPERATIONAL GOVERNANCE

Engagement in the network's clinical governance fora of CQR meetings and Clinical governance meetings from Major Trauma Service and Emergency Medicine colleagues remains strong.

A revision to the Network Clinical Governance policy is now live, and some changes to the way in which M&M cases are reported into the network has been made – increasing the number submitted but with health board triage of cases as to the merits of discussing each case in CQR. This has allowed for better case selection but also allows a broader understanding of the issues across the network and we hope will help inform quality improvement work through tracking of trends.

Feedback to health boards following CQR and governance has been streamlined and now includes the opportunity for colleagues to respond for the subsequent round of governance meetings. Through this we are hoping to better understand challenges, support TQUIC function and close the loop on governance activity and discussions.

Progress with NMTR outputs remains slow but reporting has started, currently primarily limited to activity data. Indicators of outcomes in the form of VLAD (Variable Life Adjusted Display) charts and verified ISS scores have been made available for Q2 of 24-25. We hope for more data, including Ps/Qs in Q3 of this year.

Areas of ongoing concern are:

1. Major Trauma Desk function. There are considerable ongoing concerns regarding the fragility of the trauma desk staffing model and rota. The trauma desk function remains pivotal to the smooth running of the network and safety of our patients. The ODN remains dedicated to working with colleagues in order to find a robust and resilient long term solution to 24 hour cover
2. Access to Network Policies and Guidelines. A theme within cases highlighted through governance reporting in the previous year was

a lack of ready access to network documents, which are held on Sharepoint, to which access has to be requested. This can hinder front line clinicians in accessing important information. The network is undertaking work to publish guidance and policies on a public facing website in order to improve access.

Activity

1. Responsiveness of the Network to submitted TRIDs has significantly improved. Incidents that have had a recent response from providers are being closed within 1-2 months of receipt of response. There remains a small backlog of older cases that is being actively reduced. There are relatively limited trends of significance in the past year. However areas for consideration are timeliness of radiology reporting and the balance of local provision of Damage Control Surgery vs prompt transfer to the MTC.
2. Progress has been made with Clinical guideline and Policy reviews; 60% of guidelines have undergone review and 4 more in the final stages of completion. New guidance on the sharing of clinical images to aid transfer decisions has been produced based on a theme of lack of adherence to BOAST guidance on open fracture assessment identified through CQR and TRID submissions.
3. A review of potential missed direct to MTC transfers for patients presenting outside the one-hour isochrone has been undertaken. This revealed a small number of patients who could have potentially been transferred direct from scene by WAST. The wider logistics however remain a challenge and potential changes to the guidance on disposition remains under consideration. As an additional finding recorded trauma triage tool stage applied appeared, on retrospective review to be inaccurate in a high proportion of cases. A piece of work to explore this further is planned.
4. Information flow remains an issue. Attempts to develop a dedicated Major Trauma discharge document had stalled through

concerns over duplication of effort and technical issues with Welsh Clinical portal. It does however remain a piece of work that colleagues in the MTC are exploring.

5. Attempts to develop a dedicated pathway for

patients self-presenting to MIUs have been challenging. Streamlining prompt ambulance response and specialist support from the trauma desk and MTC is still being explored.

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. Keeping me well resources (hosted by CAV UHB)
3. Microsoft Office 365 services including bespoke TRiD system to encourage reporting of incidents.
4. Multi-source data analytics
5. NMTR

The introduction of NMTR consumed significant time and effort for the network team, with

information governance challenges that were overcome through close working with DHCW. Now it is live it will lay the foundation for other work streams. In addition the MTD is heavily relied upon, but remains a risk whilst investment in infrastructure, and resource to develop it are awaited. This position is unchanged for a number of years and will remain so until investment is made in appropriately resourcing improvement work required.

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 hope to also revisit and progress the novel application of Natural Language Processing (NLP) to support clinical audit, a project that was put on hold whilst governance issues were explored.





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 for Level 2 training for nursing colleagues across the network. Existing courses for example, the 'Advanced Trauma Life Support' course and the 'Trauma Nurse Core Course', were found to have significant constraints. The SWTN worked in collaboration with Cardiff University to deliver a regional Level 2 nursing course, the Major Trauma Life Support course (MTLS). The course has been peer reviewed by the SWTN and is now well established. With the current SWTN nursing Level 2 establishment, surpassing the national quality indicator standard, we are considering a National Peer Review for recognition and widening candidate pool.

Achievements

SWTN Annual Conference hosted by Cwm Taf Morgannwg held in October 2025 with great engagement and success. The 2026 Conference is in planning for November and will be hosted by Aneurin Bevan University Health Board.

Development of a Breaking Bad News training model for all colleagues working across major trauma continues.

Agreement to assist funding for MSc/further education for colleagues across the SWTN to support wider development and broaden publication opportunities occurred in the summer 2025 with the successful candidate pursuing

further academic endeavours.

Rehabilitation

- There is Continued funding for rehabilitation colleagues to attend external courses.

Definitive care

- Damage control surgery course continues to be supported, with funding now allocated to national courses for consultants, and a local course sponsored by the SWTN for surgical attending doctors.
- Funding of Spinal Injury Association courses has been made available for, ward nursing/ rehabilitation colleagues across the SWTN.
- In response to feedback from SWTN colleagues, support for Headway courses with bespoke syllabus surrounding brain injury for, ward nursing/rehabilitation colleagues across the SWTN has been made available.

Reception

- Collaboration with Cardiff University to deliver the MTLS course continues, with the courses delivered in June and October 2025, and April 2026 with a further course planned for Autumn 2026.
- Level 1 ED nursing portfolio being developed into e-learning to link with staff myESR records – in progress with national NMTNG group
- The Welsh ETC course is continued to be supported by SWTN, with the next iterations in June and September 2026.
- TTL training courses for adults and children continue to be hosted by C&VUHB, with further dates towards end of 2026.

QUALITY IMPROVEMENT & RESEARCH

The SWTN Quality Improvement and Research portfolio focusses on multiple streams of work, all of which aim to improve the delivery of care and outcomes of the patients managed across the SWTN. The streams of work are summarised here:

Lessons learnt: This is a recently started network wide QI project that aims to improve the synthesis and dissemination of the learning points raised in the governance meetings. Following the initial data collection and analysis, an updated format for the lessons learnt summary document using AI has been developed and will be evaluated shortly in the final stage of the project. We are hoping to see an improved engagement with the lessons learnt summary across the entire network.

Breaking Bad News in Trauma Care: Angharad Griffiths consolidated all her ongoing Breaking Bad News work to date, developing a proposal for a grant application for research funding. The application was submitted to Health and Care Research Wales in December 2025, but was sadly unfortunately unsuccessful on this occasion. We wish Angharad well if she pursues this important work in her new role.

Chronic opioid use in trauma survivors:

This study completed using the SAIL Databank investigated the incidence and risk factors for chronic opioid use in Welsh survivors of trauma over a ten year period. A paper has been submitted for publication and is currently in the review process, with the Injury Journal. We look forward to sharing this work with you once it is published. Headline finding from this work: 7% of patients surviving trauma in Wales were prescribed opioids continuously for a two year period from hospital discharge.

Pre-hospital management of chest injuries:

A new research collaboration has been set up between SWTN and WAST that will look at how patients with blunt chest injuries are managed in the pre-hospital setting. The first study will use the SAIL databank to investigate mechanism of injury and long term outcomes in those patients conveyed to hospital. The overall of this work will be to ensure patients are managed in the appropriate setting (either kept home or conveyed to hospital) according to risk of delayed complications.

Rib fracture fixation project: The first period of data collection has been recently completed, evaluating the numbers of patients managed across the network in 2025, the numbers requiring transfer to a TU with cardiothoracic cover or the MTC, the numbers of patients undergoing surgical fixation. A deeper dive into the data was completed of patients presenting in January 2026, in which we were able to assess whether our rib fracture fixation pathway needs to be revised to ensure all patients receive equitable care across the network. This work will continue over the next year.

New chest injury patient education resources:

New patient education resources have been developed as part of a research fellowship that can support a patient's recovery from chest injuries. A paper (or online) resource and supporting animation are now available for use across the network and can be found on the Major Trauma pages on Keeping Me Well website. Contact Ceri Battle for more information on these resources. They have recently been endorsed by the British Trauma Society and Ceri will also be presenting them at the European Trauma Conference in Stockholm in April 2026.





PAEDIATRICS

Multidisciplinary, multi-speciality teaching continues; this is currently hosted by the Major Trauma Centre in the form of a 1-day course offered quarterly with high-risk areas focussed on. This includes walk-in trauma, human factors, cross-network transfer as well as lessons learnt by the network in the form of governance outcomes. We aim to improve access to this paediatric specific cause that has received excellent feedback. Moving forwards, we would like to run a paediatric stakeholder engagement day providing updates and featuring shared learning between the centres.

Work continues on achieving level 1 and level 2 nursing competencies throughout the Network. It is a pleasure to share that there has been recent traction on improved access for paediatric level 2 nurses after South Wales Trauma Network involvement with level 2 sign-off for Trauma Support Practitioners on the European Trauma

Course earlier this year. 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 work closely with JCC to develop a sustainable model for paediatric rehabilitation at the MTC and beyond. Paediatric psychology support remains a challenge throughout the MTC and Network which is a priority moving forwards.

We remain committed to our injury prevention aims which includes collaboration of the South Wales Trauma Network, South Wales Police, South Wales Fire, Safeguarding, Welsh Government and patients with their families in delivering a bespoke public health campaign on e-vehicles and their associated risk of severe injury. There will be more on this in next year's annual report.

TRAUMA IN OLDER PEOPLE

The Clinical Lead in Trauma in Older People (TOP) has now been in post for over a year and has been focussing on driving education across the network. There have been educational sessions in each health board for senior Emergency Department staff and in Grand Rounds, in addition to lectures at the ACCS training day and the All Wales School of Emergency Medicine (AWSEM) conference.

The inaugural Welsh HECTOR course, a two day SIM training course aimed at managing the complexities of trauma in older people, will be held this year in Cardiff and Vale University Health Board (CAVUHB). This will continue as a twice annual event, alternating between CAVUHB and Swansea Bay University Health Board (SBUHB), aimed at senior nursing, medical and therapy staff across the network who encounter older people

who have suffered trauma in their clinical roles.

The standards of care for older people who have suffered trauma has been updated and work is underway to audit adherence to these standards. A post trauma checklist for management of trauma in older people is being submitted through the governance system to hopefully be introduced across the network later this year. In addition, each health board has identified Frailty Champions who will work with the Clinical Lead to be able to focus on identifying frail patients in order to ensure their needs are addressed.

It is increasingly recognised that TOP represents the majority of the network's workload and we are working with the JCC to build an effective and sustainable TOP workforce and service model.



REHABILITATION

Over the last year the rehabilitation teams across the network have continued to thrive. We continue to deliver an integrated model of care to ensure that patients receive holistic, individualised rehabilitation during their recovery. Teams have continued to develop links with other regional networks and stakeholders to ensure rehabilitation is seamless and person-centred addressing physical and psychological needs.

Developments

Clinical

Rehabilitation teams across the network have mapped the course of our most complex patients. This has enabled us to understand local rehabilitation and community services. Allowing us to influence rehabilitation within a realm of settings, this has been shown in several cases where complex patients have thrived in local health boards, at home and in school. The established links between the MTC and TUs has made this possible.

Within the MTC we have worked with the local therapies directorate to map our patients against their rehabilitation model. We have also developed the rehabilitation prescription both of which help to empower patients to self-manage their on-going rehabilitation beyond their hospital stay.

We are also continuing to look at psychology provision across the network with the aim of developing services to provide timely and appropriate support and intervention. Teams continually look for ways to maximise outcomes with a finite resource, this has led to

a number of innovative solutions and models of care. This has been supported by Rehabilitation Medicine cover across the Network.

Research

The rehabilitation teams across the network have been in a number of national/international research studies. This research activity has contributed to changes in practise, establishment of patient treatment/management protocols, the development of patient information booklets and working to develop national research priorities for MT. We are also waiting for patient reported outcomes measure data to be available from the National Major Trauma Registry and for results from research done within an English network to map our outpatient services and follow up.

Education

Our teams are active in developing and delivering the education programme to the network and within specialism weeks across the network. We are working with the National Major Trauma Group to develop the competency framework into an education package. We are also developing a patient facing web-based resource providing education and information.

A number of our teams will be teaching on and attending the National Major Trauma Research Group conference.

I would like to thank all the teams across the network for their continued hard work and endeavour to always place the patient in the centre of our services.



VETERAN TRAUMA NETWORK WALES

VTN Wales continued to operate throughout 2025/2026 under the governance of the South Wales Trauma Network (SWTN), maintaining the established partnership between Swansea Bay (SB) and Cardiff & Vale (CAV) University Health Boards (UHB). Despite ongoing challenges around a defined and sustainable funding stream, the service has demonstrated resilience and gradual growth over the reporting period.

Collaboration with the Defence Medical Welfare Service (DMWS) remained integral to the delivery of holistic patient care, with the combined work of the case coordinator continuing to provide a structured forum for multidisciplinary discussion, care planning, and coordinated support for veterans with complex needs.

A key development during this year has been a notable increase in referral activity, with referrals rising to 18 cases, the highest annual number recorded to date. This reflects both increased awareness of the service and the growing demand for specialist veteran-focused support within physical health pathways. Cases continued to vary significantly in complexity, requiring tailored, multidisciplinary input.

Significant progress has been made in raising the profile of the service across primary care. VTN Wales contributed to the Veterans

Health & Wellbeing module within the Health Education and Improvement Wales (HEIW) Veteran Accreditation Scheme for Primary Care, supporting wider system awareness and earlier identification of appropriate referrals.

Work has also progressed in collaboration with 160 Brigade (160 Bde) to strengthen transition pathways for service personnel moving into civilian care, helping to ensure continuity of support and improved outcomes.

Engagement with Welsh Government has continued in relation to the future direction and sustainability of the service, alongside ongoing collaboration with Op RESTORE in England to support alignment and shared learning.

With continued stability in leadership through the Armed Forces Lead role within CAVUHB, the service is well-positioned to build on this year's progress, further increase referral reach, and strengthen integrated pathways in the coming year. However, the long-term sustainability of the service remains dependent on securing a permanent funding solution. It is hoped that future funding arrangements will enable the service to continue to develop and meet the needs of veterans across Wales; without this, there is a risk that the service may not be able to continue in its current form.



CAMPAIGNS

The *It's not your story to tell* campaign won the gold award for Best Use of Media Relations at the Chartered Institute of Public Relations (CIPR) Cymru awards in November 2025. The campaign had wide coverage and was featured on [Good Morning Britain](#), and the [BBC](#).

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NEWS

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Wales | Wales Politics | Wales Business | North West | North East | Mid | South West | South East | Cymru

As medics worked to save my dad, people shared photos online



Eve Thomas developed PTSD following her dad's road accident and says the actions of those around her contributed to that

Jenny Rees

Health Correspondent, BBC Wales News

2 July 2025

Updated 3 July 2025

When Eve Thomas found paramedics treating her badly injured father at the scene of a crash, she was surrounded by people taking photos and videos to share on social media.



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IT'S NOT YOUR STORY TO TELL.

This is the last photo of Mike before a road accident left him needing 24-hour care.

A photo of this life-changing moment shared on social media by strangers was how his family found out.

Mike's accident and the private details of his story had been shared and commented on by hundreds of people within hours.

If you're at the scene of an incident don't take a photo to share online. Call for help instead.



ODN KEY CHALLENGES AND LEARNING

Challenges

The past year has presented several significant challenges for the Major Trauma Network, the most substantial of which has been the lack of timely and reliable data. Delays in the production of National Major Trauma Registry (NMTR) data have had a considerable impact on the Network's ability to deliver key objectives. In particular, the absence of validated data through NMTR prevented the team from undertaking planned peer review activity and completing Gateway 5, both of which had been key priorities for the year. This has been a source of considerable frustration for the team and has limited our ability to fully evaluate performance and quality of care across the network.

This ongoing data delay has also caused significant concern in relation to assurance. Despite best efforts, it has been challenging to maintain confidence that data completeness and quality were of a sufficiently high standard to support meaningful analysis of patient pathways and outcomes. Nevertheless, the team has continued to focus on ensuring that governance processes remain robust, with patient safety and quality of care kept firmly at the centre of network activity, despite the constraints posed by data availability.

A further major challenge has been the complexity of internal processes within Swansea Bay University Health Board in accessing and utilising Joint Commissioning Committee (JCC)

funding. These difficulties directly affected the team's ability to fund and progress several core elements of the network's planned development programme. As a result, some key initiatives were delayed or could not be delivered as originally intended, impacting momentum and long-term planning.

The network has also experienced instability at a senior leadership level, with three changes in Senior Responsible Owner (SRO) over a three-year period. This lack of continuity has created additional challenges in maintaining strategic direction and pace. In addition, the network team has remained small throughout the year, with ongoing vacancies and periods of staff absence. This has placed significant pressure on the remaining team members and further constrained capacity to deliver on the full scope of planned work.

Learning

Despite these challenges, several important learning points have emerged over the last year. Chief among these has been the importance of maintaining focus and momentum even when full datasets are unavailable. The team has continued to make use of the data that was accessible, working collaboratively with the wider network to identify opportunities for patient care improvement wherever possible.

A key learning has been the need for patience and resilience, particularly in relation to national

data delays, while still sustaining a strong commitment to patient safety. The Network has continued to rely on established governance structures to provide oversight, ensuring that quality and safety issues are identified, escalated, and addressed appropriately. These structures have proven robust and remain central to the Network's ongoing work.

Looking forward, the learning from this year reinforces the importance of strong governance, stable leadership, and sustained focus on patient improvement. With continued support and leadership stability, there is optimism that the challenges experienced over the last year can be addressed and that the Network can refocus on delivering meaningful improvements in patient outcomes across the network.

Successes Over the Last Year

Despite the challenges encountered over the past year, the Major Trauma Network has also delivered several significant successes, of which the team is rightly proud. A key achievement has been the development of the Network's Injury Prevention Strategy, alongside the successful rollout of the "Not My Story to Tell" campaign. This initiative has had a substantial national impact, gaining significant traction on social media and being picked up by national newspapers. The campaign was also featured on Good Morning Britain, representing a major achievement in raising public awareness of injury prevention and trauma-related harm. This level of exposure has not only amplified key safety messages but has also positioned the Network as a leader in this area of work.

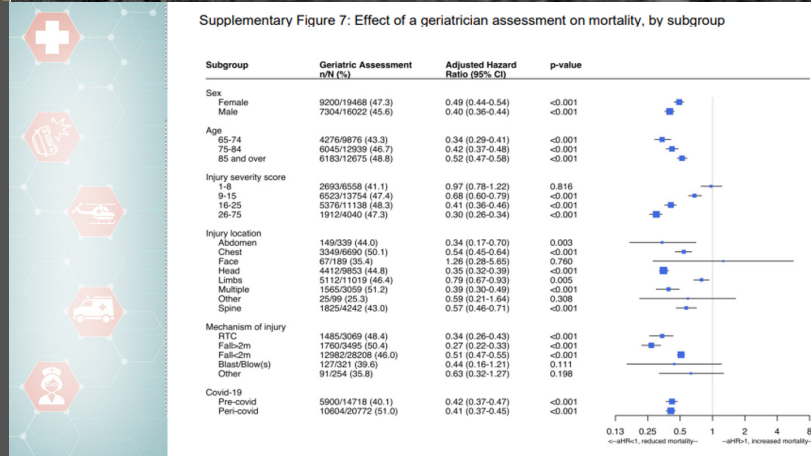
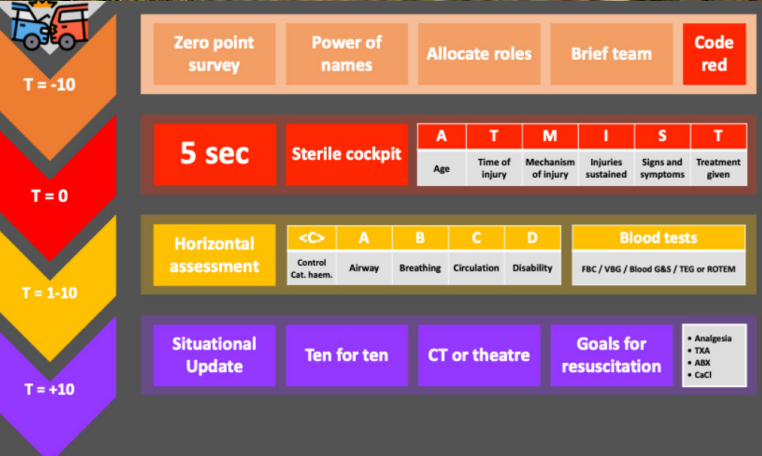
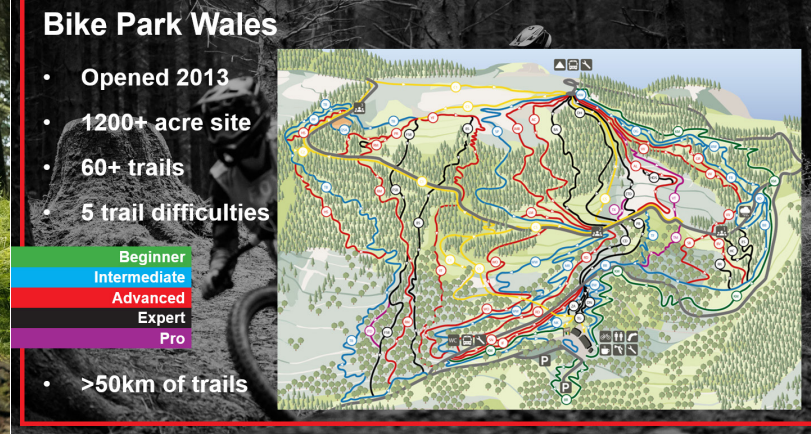
Another important success has been the

establishment of a dedicated Clinical Lead for Trauma in Older People. Patients aged over 65 already represent the largest cohort within the Major Trauma Network, and this role reflects a clear commitment to improving both outcomes and experience for this vulnerable group.

Through this leadership, the Network has been able to focus on age-specific pathways, holistic care, and multidisciplinary working, with the intention of driving continuous improvement in outcomes for older trauma patients.

Linked to this, is the desire and dedication to roll out of the HECTOR course across the Network. This programme supports education and awareness around trauma in older people, ensuring that staff across the system are better equipped to recognise and manage the complex needs of this patient group. The Network is confident that this work is contributing to sustained improvement in the quality of care delivered to older trauma patients.

Finally, the Network has successfully secured continued funding for the NMTR Support Manager post based within the ODN. This role has been trialled over the last few years and has clearly demonstrated its value, supporting coordination, communication, and system oversight across the Network. The post has now been formally established, and the team is delighted to welcome Sue permanently into this role. This appointment represents a significant step forward in strengthening the Network's operational resilience and supporting timely, coordinated trauma care across all organisations.



FINANCIAL STATEMENT

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

2025/26 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	0.679	0.679	0

SWTN CONFERENCE

The SWTN annual conference was successfully held in The Vale Resort on Thursday 9th October 2025. The theme of the conference was 'Maximising Potential'. The first presentation of the day was delivered by Dr Jerome Ling-Soffe who provided an overview of injuries sustained at Bike Park Wales and the impact on Prince Charles Hospital and the wider network. Sue Evans delivered a presentation on updates to the National Major Trauma Network. An overview of the SWTN quality improvement and research plans, initiatives and collaborations was provided by Dr Ceri Battle and an update on the Trauma in Older People work plan was delivered by Dr Abigail Probert. The morning session was closed with a patient story. The afternoon was filled with talks on the patient's pathway. A pre-hospital demonstration and trauma calls was led by Dr Kosta Morley. Dr Ian Pallister, Dr Bartlomiej Bednarz and Dr Sophie Pope-Jones presented on damage control surgery. A presentation on acceptance planning, management and disposition of a trauma patient within the Polytrauma Unit at the Major Trauma Centre was delivered by Dr Matthew Creed and Kate Jones presented on rehabilitation of major trauma patients.

The conference was brought to a close with an awards ceremony. The winners of each category were as follows:

- Excellence in trauma care & delivery - Dr Melissa Rossiter
- Innovation & improvement in trauma services - Sue Evans
- Leadership in Trauma Care - Bryony Roberts
- Outstanding Collaborative Working - Claire Kelly
- Outstanding Collaborative Working - Kate Laats
- Outstanding Collaborative Working - Sandra Hopkins
- Patient Safety & Quality Champion - Shanti Gregory
- Trauma Support & Wellbeing - Phillip Brawn

The poster award winners were:

1. Danny Lewis - Level 1 Trauma Training for ED Nurses- Morriston Emergency Department
2. Dr Daniel Brzozowski, Charles Kimberley, Victoria Western, Ian Pallister - Acute Pulmonary Thrombus on Admission Major Trauma CT Scan
3. Kate Laats, Claire Kelly, Sandra Hopkins, Ann-Marie Davies, Catrin Jones, Vicki Lewis-Brown- Child and Family Centered Care and Rehabilitation across a Trauma Network



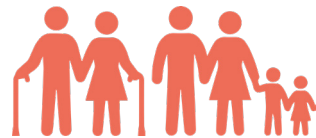
ACTIVITY DATA MAJOR TRAUMA DATABASE

5677 patients treated across the network with an incident date between 1st April 2025 to 31st March 2026

Who is being injured?



55% male



58% trauma in older people (age 65+), 37% adults (age 16-64), 5% paediatric (age 0-15)

What were the mechanisms of injury?

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



61% fall less than 2 meters



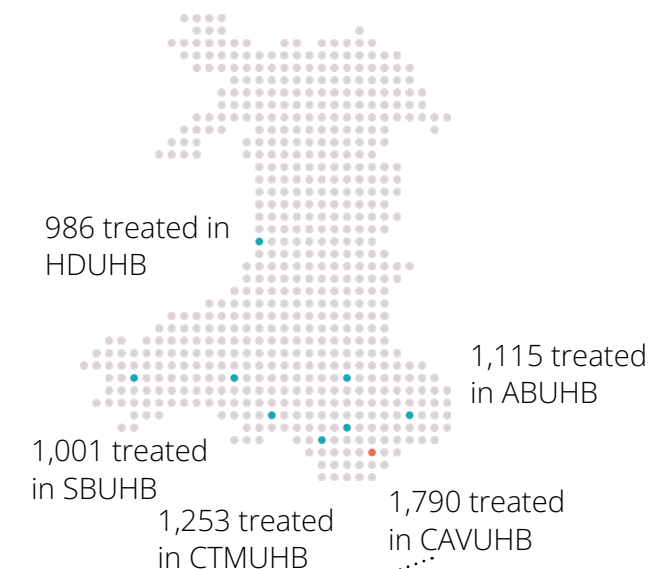
14% fall more than 2 meters



16% vehicle incident

Where were patients treated?

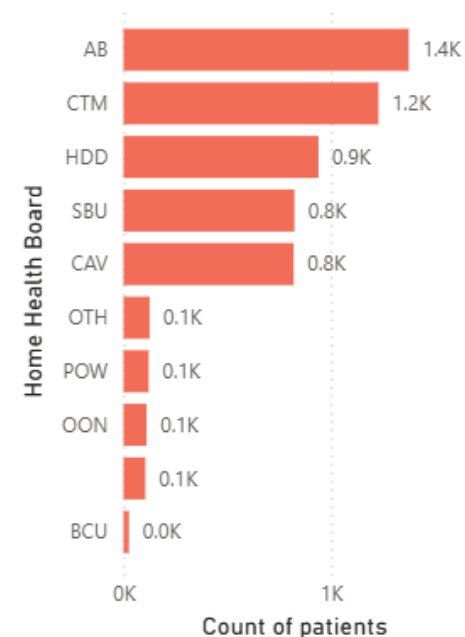
Note that Health Board totals do not sum to the above total since patients can be treated in multiple Health Boards



Including:
756 CAVUHB patients
319 ABUHB patients
254 CTMUHB patients
130 HDUHB patients
112 SBUHB patients
29 PTHB patients

What were their home Health Boards?

Note OON=Outside of Network



What were the discharge destinations from CAVUHB?

57% were discharged home
14% were repatriated to their local Health Board
8% were not major trauma
7% died
14% other

NATIONAL MAJOR TRAUMA REGISTRY

Following significant disruption caused by a cyber-attack on the University of Manchester in June 2023 and the subsequent loss of access to the TARN system, a new National Major Trauma Registry (NMTR) platform was developed and launched in April 2024. This transition, alongside reduced staffing and the absence of access to the legacy system, has resulted in notable operational challenges.

The NMTR differs from TARN in design and functionality. Feedback from users highlighted increased data entry burden due to system structure and ongoing technical issues. Data processing was also significantly impacted. The delayed launch of the injury coding module and limitations in handling patient transfers created substantial backlogs, limiting the ability to produce timely analyses, outcome measures, and outlier reporting. Workforce reductions, loss of experienced coders, and retraining requirements further slowed processing rates.

A gap analysis and options appraisal initiated in 2025 focused on reducing data collection burden, improving timeliness of data submission and processing, and improving reporting capabilities. As a result, the proposal to refocus data collection and processing on more contemporaneous data with effect from 1st April 2026 was formally approved by the National Major Trauma System and the NMTR inclusion criteria changed for admissions from 1st January 2026 to the following:

Patients with at least one AIS3+ injury who meet current NMTR LOS criteria*, which is:

- admitted for ≥ 3 overnight stays or
- admitted to critical care (for any length of time) or
- transfers who total $\text{LOS} \geq 3$ overnight stays or are admitted to critical care or
- died

*with the exception, of children (under 16 years old) who can be included with an AIS3+ injury and any LOS (must be admitted to your hospital) from 01/01/2026.

To reduce duplication:

Exclude: Patients aged 60+ with femur fracture (any part of femur) captured by the National Hip Fracture Database (NHFD) i.e. where the femur fracture is the primary injury and drives the care. These patients will be captured by NHFD from January 2026.

Dispatch and processing deadlines have been established for 2026/27, as outlined below.

Quarter	Admission dates	Provider dispatch deadline	NMTR processing deadline
Q4 25-26	Jan-Mar 2026	31/07/2026	30/09/2026
Q1 26-27	Apr-Jun 2026	31/10/2026	31/12/2026
Q2 26-27	Jul-Sep 2026	31/01/2027	31/03/2027
Q3 26-27	Oct-Dec 2026	30/04/2027	30/06/2027

PATIENT STORY

Mrs N returned from church and was getting ready for her daughter to arrive for lunch. Mrs N was rushing and fell backwards from the top to the bottom of the stairs.

Luckily Mrs N found that she had her phone in her hand following her fall and her daughter rang shortly afterwards enabling Elizabeth to ask for the help that she required.

Mrs N was lying in her 1 metre squared hallway until an ambulance arrived and transferred her to ED. On arrival Mrs N had CT scans which showed the extent of her injuries: two broken bones in her upper back, a nasty fragmented fracture of her right hip socket, two broken bones just above her tail-bone and multiple bilateral rib fractures left with a flail segment and on the right ribs 4 -10.

The team discussed Mrs N's case and injuries with the trauma desk and it was agreed that Mrs N should be transferred over to the major trauma centre to ensure the appropriate management for all of her injuries.

On arrival to UHW had a Mrs N had four day stay on ITU. With extra oxygen support and an anaesthetic block for the rib pain.

Mrs N recalls waiting for the ambulance at home, she recalls that as soon as her daughter arrived she was happy and much less worried, she was in pain and remembers this being very severe. Mrs N discussed that her pain management was a problem and she reported that this was difficult to control in the early phases but got easier day by day. Mrs N was frightened to move to start with but worked with the team on ITU to move as much as possible to prevent other complications. This wasn't easy but Mrs N was determined to get better as quickly as possible.

Whilst in UHW Mrs N sat up on the edge of the bed very early in her journey, she had a brace fitted to stabilise the spinal fractures, an operation was done to fix the hip and pelvis, then Mrs N was able to sit out in a supportive wheelchair. This she feels was the turning point and things got better

slowly but surely.

Mrs N felt that she was told a lot about her injuries and what was going to happen next she didn't always understand the information and didn't always know what questions to ask. There were always lots of different people relaying information and this didn't help the clarity of the message. Mrs N felt that if one person was giving her the information, they could have developed a relationship and she would have felt happier to ask questions. Mrs N was really shocked at how quickly she was urged to move in bed, but felt the physiotherapy team managed this really well, they were a consistent team which made this easier.

Mrs N was moved from the MTC to a rehabilitation ward in her local trauma unit, this part of the journey was the most difficult. Mrs N was transported late in the afternoon and was left in a corridor at the receiving hospital and felt that they didn't know what was wrong with her, she felt frightened, anxious and that she was a burden to them. This experience really took its toll on Mrs N and increased her anxiety regarding her rehabilitation and her discharge. Mrs N was very clear that the Major Trauma Team was vital to her continued recovery and rehabilitation. She felt

they were a consistent point of contact and they understood her injuries and her course so far.

Mrs N returned home with some care and a full rehabilitation team. She was very nervous about completing the stairs so the major trauma team met her at home on the day of discharge and practised her own stairs which she found very reassuring. Being at home was frightening at the start but she feels she settled back into her own routine very quickly and six weeks post discharge she was doing most of the things she enjoys. Her family and friends have been a huge support encouraging her to get back to everyday life. She was discharged from the rehabilitation team.

Mrs N. feels that the key points that require highlighting are those around continuity of care and communication. Sometimes she felt lost in the system and not acknowledged as an individual.

Mrs N is however extremely grateful that she is back home and living independently.



BENEFITS REALISATION PLAN

Strategic Benefit	Benefits Number/Description	Actions Necessary to Realise Benefits	Measurements	Target date for demonstrating benefit	Responsible for delivering benefits	Accountable	SWTN Position March 2026
Health gain	001/Improving survival	Introduction of inclusive trauma network. Improve NMTR data collection to ensure accurate survival scoring. Ensure at least 1 year of baseline data collection before ODN operational	NMTR probability of survival (quarterly/annual reports for network wide and all providers) Additional survival rate NMTR case ascertainment and accreditation	Sep-24	ODN Providers	JCC/health board commissioning	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. TARN WS scores were based on 2 years of data. VLAD charts for Quarter 2 of 2024/25 have now been received. This represents the only fully coded quarter processed by NMTR to date. The submission deadline for admissions between January and March 2026 is 30 September 2026, and the corresponding VLAD charts for this period are anticipated to be available shortly thereafter. We are currently not able to demonstrate improvement in survival due to lack of coded data from NMTR. As an ODN we will propose a new time schedule to demonstrate outcomes which we will submit through our governance structure to be presented to the JCC.
	002/Improving functional outcomes	Develop an inclusive trauma network with a focus on all aspects of the rehabilitation pathway Improve NMTR PROMS data collection to ensure baseline data available	NMTR PROMS (quarterly/annual reports network wide and all providers) PROMS baseline data (1 years) before rehabilitation model operational	Sep-25	ODN providers (specifically rehabilitation providers)	JCC/health board commissioning	Collection of PROMs across SWTN launched in January 2023 via TARN however this has ceased due to unavailability of TARN. Establishing Major Trauma PROMs under the new NMTR system will commence in 2026/27.
	003/Improving timeliness and quality of clinical care.	Establish network policies and pathways (incl. automatic acceptance policy to MTC)	NMTR MTC and TU dashboards/ quarterly and annual reports. Quarterly and annual network NMTR reports Focused NMTR quarterly and annual reports (e.g. orthoplastics, paediatrics) Benchmarking against national average	Sep-21	ODN Provider	JCC/health board commissioning	Ongoing reviews of all Network Clinical Guidelines, Operational Policies and pathways, ratified through SWTN governance structure. All documents shared with organisations and available via the SWTN sharepoint. Since the collapse of induction, we are still looking for a solution to ensure that all clinicians in the SWTN can access policies and guidelines. The ODN's NMTR dashboards have been utilised in the interim period while formal NMTR reporting is being developed.

Strategic Benefit	Benefits Number/ Description	Actions Necessary to Realise Benefits	Measurements	Target date for demonstrating benefit	Responsible for delivering benefits	Accountable	SWTN Position March 2026
	004/Improving patients experience	Multiple levels of intervention through introducing the inclusive trauma network (based on learning from patient experience workshop) NMTR PROMS/PREMS (patient experience component) Frequency on usage of patient centred communication tool (e.g. application)	NMTR PROMS/PREMS (patient experience component) Frequency on usage of patient centred communication tool (e.g. application) Patient surveys (themed annually)	Sep-23	ODN Providers	JCC/health board commissioning	PROMS across SWTN launched in Jan 23, however has ceased during the outage of TARN. Recording of patient experience addressed in recommendations from 2022 peer review. ODN and MTC led on the delivery of training for the capture of patient experience and patient stories throughout 2022/23 as part of formal work plans, all HBs encouraged to collect patient stories. As mitigation, patient stories were explored but this was not practical due to data protection issues. Promptly has been explored as an alternative platform while we wait for NMTR PROMS.
	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	Injury prevention strategy developed. In-reach programme developed on the implications of knife crime. Although difficult to assess the true impact these talks have on reducing knife crime, the initiative, in conjunction with South Wales Police, has been well received. The long-term goal will be to create a package to send to schools for them to deliver themselves. The hope is that this will reach more children over a wider geography and make the whole project sustainable and deliverable in the long term.
	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	JCC/health board commissioning	Provided consultation on the national plan and working closely with EPRR colleagues. As an ODN we tested the distribution plan.
	007/Improved data collection	Implement NMTR working plan	Network wide improvement of NMTR case ascertainment to 80% and accreditation to 95% (incl. all providers) Contribution of all providers to NMTR PROMS/PREMS	Sep-21	ODN Providers	JCC/health board commissioning	Monitoring of NMTR case ascertainment & accreditation will be undertaken by ODN. Permanent appointment of a central SWTN NMTR Support Manager to work directly with HB NMTR Coordinators, improving and standardising capture and methods across the SWTN & troubleshooting/resolving local problems as they occur. In June 2026 NMTR launched a data quality report focussing on data accreditation.

Strategic Benefit	Benefits Number/ Description	Actions Necessary to Realise Benefits	Measurements	Target date for demonstrating benefit	Responsible for delivering benefits	Accountable	SWTN Position March 2026
Equity	008/Equity of access to specialist care	Implementation of pre-hospital triage tool and automatic acceptance policy to MTC (incl. rapid secondary transfer)	NMTR 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	JCC/health board commissioning	Patients with ISS >15 that remained in TU have previously been reviewed quarterly by each HB clinical lead and the SWTN Governance lead thereafter to ensure equity of access to major trauma services. This process was carried out for 2024/25 Q2 cases - the only coded quarter to date. This process will be re-established once the January-March 2026 admissions are coded by NMTR (deadline 30 September 2026). Primary and secondary transfer metrics are available in the SWTN ODN's NMTR dashboards. The ODN monitor TRIDs to ensure incidents are investigated. Due to issues with manning of the trauma desk, we will monitor the secondary transfers when the desk is temporarily suspended.
	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	JCC/health board commissioning	Monitored by the ODN via the Trauma Related Incident Database (TRID) and reported through the network governance mechanism. TRID dashboard available. New daily all Wales repatriation meeting has improved patient flow between the MTC and the TUs.
	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	JCC/health board commissioning	Formal Orthogeriatrician service commenced in MTC in June 2021. SWTN TOP group commenced it's inaugural meeting April 2021 and is ongoing quarterly with a clear work plan discussed to progress. Independent TOP clinical lead identified in Sept 2022. Role fulfilled on a voluntary basis until January 2024. Role temporarily funded by the ODN for 2 years- appointment made in February 2025. The first HECTOR course will run on the 4th and 5th of November 2026. This programme supports education and awareness around trauma in older people, ensuring that staff across the system are better equipped to recognise and manage the complex needs of this patient group.
	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	JCC/health board commissioners	Please see VTN update (page 17)

Strategic Benefit	Benefits Number/ Description	Actions Necessary to Realise Benefits	Measurements	Target date for demonstrating benefit	Responsible for delivering benefits	Accountable	SWTN Position March 2026
Clinical skills & sustainability	012/Improved multiprofessional training and education	Implementation of network training and education programme	Number of training and education events held split by type Number of online modules completed by providers Number of users of triage tool and trauma APP Number of calls made to trauma desk (where decision making supported)	Sep-21	ODN Providers	JCC/health board commissioners	Network Senior nurse Educator post created to lead on creation, maintenance and further development of network training package and provide any focused T&E throughout the network as required. Please see training and education update (page 12). Network senior matron post vacant since end of April 2026. Waiting for peer review on Ten 2 which is a level 2 nursing course with a view to expand it to level 1.
	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	JCC	Weekly virtual MDT including training sessions hosted by the MTC & attended by all LHBs. Ongoing development of support for wider network from MTC including Mass Casualty Incidents, specifically during the recovery phase. Themed events ran by MTC and open to entire network.
	014/Enhance new recruitment across the region	Implementation of an inclusive network workforce strategy	Identified staffing recruited Number of joint appointments made Number of rotational appointments made Publication of strategy	September 2020 onwards	ODN providers ODN management	JCC/health board commissioners	SWTN NMTR Support manager appointed March 2026. Due to lack of engagement and increasing pressures on operational staff across the network the workforce group was integrated into Health Board meetings and COB. The withdrawal of HR support from CAV had an impact on the ability to drive this agenda forward. Due to financial constraints it has been difficult to develop any workforce and development opportunities. The ODN will continue to support growth of the network over the next year.
	015/Improved staff retention	Workforce strategy	Turnover rates	Sep-21	ODN Providers	JCC/health board commissioners	The ODN will continue to support all Health Boards in relation to staff retention. We will monitor the maintenance of all critical roles and hold Health Boards to account where these posts remain unfilled.
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	NMTR 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	JCC/health board commissioners	Requires robust data management from the NMTR team for the SWTN to obtain survival data and PROMs data. The network had established PROMs however this ceased to function when TARN was taken offline due to the cyber-attack.

Strategic Benefit	Benefits Number/Description	Actions Necessary to Realise Benefits	Measurements	Target date for demonstrating benefit	Responsible for delivering benefits	Accountable	SWTN Position March 2026
	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	JCC/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. Secondary transfers monitored using ODN NMTR dashboard. Measurement of secondary transfers requires good case ascertainment throughout the network. The MTC have a persistent backlog of cases which has been escalated and support offered from the ODN.
	018/Reduced length of stay in critical care	Implementation of MTC	Reduced length of stay (NMTR/ICNARC datasets)	Sep-23	ODN	JCC/health board commissioners	ODN to contact ICNARC Coordinators to understand LOS in major trauma patients and compare with NMTR data
	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	JCC/health board commissioners	Orthoplastic consultants working across both C&VUHB (MTC) and SBUHB (TUs) to provide orthoplastic services. Rehabilitation consultants formally working across health boards to provide outreach rehabilitation services throughout the network. SWTN SM & MTC SN working through plans to develop a rotational nursing programme. To form part of formal workforce strategy. Due to financial constraints and loss CIAG bid previously agreed by WHSSC (loss due to the transition to JCC) for radiology and a complex trauma clinic, patients may require to attend SBUHB Complex Clinic putting further strain on a single centre.
	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	JCC/health board commissioners	The ODN have continued to support many developments across South Wales, however, due to recent financial constraints, development of further networks have been stood down. Provided advisory role for local resilience forums.

WHAT NEXT

NEXT STEPS/THE FUTURE

Looking ahead, the Network's priorities for the coming year are focused on consolidation, recovery, and progression. A key priority will be the re-establishment of robust, timely access to Major Trauma Registry (NMTR) data. The availability of high quality, validated data will be critical in enabling the Network to complete planned peer review activity, progress Gateway 5 requirements, and provide meaningful assurance around patient outcomes and quality of care. Strengthening data quality and completeness across the system will remain central to this work.

The Network will continue to place strong emphasis on patient safety through its established governance structures. While data delays have posed challenges, the lessons learned over the past year have reinforced the importance of maintaining effective governance oversight regardless of external constraints. In the year ahead, the Network will focus on maximising the use of available intelligence, learning from incidents and themes, and ensuring that governance processes remain responsive, robust, and focused on continual patient improvement.

Another key priority will be progressing improvement work for trauma in older people. With patients aged over 65 continuing to represent the largest trauma cohort, the Network intends to build on the establishment of the Clinical Lead for Trauma in Older People and the rollout of the HECTOR course. The aim will be to further enhance pathways, improve patient experience, and support consistent, high-quality care for older trauma patients across the Network.

With improved senior leadership support and the establishment of the centrally coordinated NMTR Support Manager role, the Network is well placed to improve consistency, coordination, and delivery of data. Addressing workforce challenges, including vacancies and capacity pressures, will

remain a priority to ensure the team is supported to deliver its objectives effectively.

Finally, the Network will seek to capitalise on the success of its injury prevention work. Building on the momentum generated by the Injury Prevention Strategy and the "Not My Story to Tell" campaign, the Network will continue to promote prevention as a core component of trauma care, strengthening partnerships and maintaining a strong public-facing presence to support long-term reductions in preventable injury.

Acknowledgement

We wish to formally acknowledge and record our sincere thanks to Angharad Griffiths for her significant and sustained contribution to the South Wales Trauma Network. In her role as Matron for Education, she has demonstrated exceptional leadership, extensive professional knowledge, and a strong commitment to maintaining and improving educational governance standards across the network. It would be remiss of us not to recognise her outstanding service within this annual report. We extend our gratitude for her years of dedicated service and wish her every success in her future roles.

We would also like to take this opportunity to formally acknowledge and thank Angharad Walters for her exceptional contribution to the South Wales Trauma Network. As she embarks on her secondment to Powys Teaching Health Board, we wish her every success in this exciting new opportunity and hope she finds the experience both rewarding and fulfilling. We extend our sincere gratitude for her outstanding service, dedication, and support, and wish her every success and happiness in her future role and career.