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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>31 January 2019</b>	<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	Trauma Network Progress Report		
<b>Report Author</b>	Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships		
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Presented by</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This report provides an update on progress with the preparatory work for the implementation of the South Wales Major Trauma Network, following the agreement by the six Health Boards in the region in March 2018 to the development of the Network.		
<b>Key Issues</b>	Attached as <b>Appendix A</b> is a report prepared by the NHS Wales Health Collaborative to update all six involved Health Boards of progress in the development of the Network. This cover paper outlines the progress specifically within ABMU Health Board and the South West Region for Board members' information.		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			√
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update from the NHS Wales Health Collaborative;</li> <li>• <b>NOTE</b> the actions being taken forward within ABMU Health Board and in conjunction with Hywel Dda University Health Board to prepare for the Trauma network implementation in the Region.</li> </ul>		

## **MAJOR TRAUMA NETWORK PROGRESS REPORT**

### **1. INTRODUCTION**

This report provides an update on progress with the preparatory work for the implementation of the South Wales Major Trauma Network, following the agreement by the six Health Boards in the region in March 2018 to the development of the Network.

### **2. BACKGROUND**

In March 2018 each of the six health boards in the region formally considered and agreed to recommendations for the development of a Major Trauma Network for South and West Wales and South Powys.

Since that time work has been progressed across the six Health Boards to prepare for the implementation of the Network which is intended to “go live” by April 2020. The report prepared by the NHS Wales Health Collaborative attached as **Appendix A** outlines progress across South Wales in this regard.

### **3. ASSESSMENT**

In addition to the actions taken forward on a South Wales basis, ABMU Health Board has been working with Hywel Dda University Health Board and with the NHS Wales Collaborative to prepare for the implementation within the Region, this has included:

- Assessment of Morriston Hospital against National Trauma standards and submission of the assessment to the NHS Wales Health Collaborative;
- Assessment of Princess of Wales Hospital against National Trauma standards and submission of the assessment to the NHS Wales Health Collaborative;
- As a result Morriston and Princess of Wales Hospitals have been confirmed as candidate Trauma units – Princess of Wales for paediatrics and adults and Morriston for paediatrics, adults and specialised services;
- Agreement by WHSSC of funding for a Band 8b Planning support and Band 4 admin support for the South West Region (covering ABMU and Hywel Dda University Health Boards) which will be recruited to as part of the ARCH team and be based across the Region;
- Agreement by WHSSC of funding of 0.1WTE clinical lead for the four South Wales Health Boards (ABMU, Hywel Dda, Cwm Taf and Aneurin Bevan); Funding for these posts (and the planning and admin posts) are available until April 2020);
- Funding implications for the Major Trauma Centre will be included in WHSSC's IMTP / commissioning intentions (the costs of which will then be shared out between Health Boards), whereas any costs arising from candidate Trauma Units needing to meet national standards for trauma will be included in individual Health Board IMTPs.
- A Regional Trauma Network Board for Hywel Dda and ABMU Health Boards will be established to oversee the implementation of the trauma units at West Wales General Hospital and Morriston Hospital. It has been agreed that the planning for the trauma unit at Princess of Wales Hospital will be taken forward by Cwm Taf University Health Board.
- Work is underway with the Collaborative and other Health Boards, in conjunction with the Community Health Councils, to complete a

communications and engagement plan to facilitate ongoing engagement, communication and dialogue over coming months.

- A project group has been established to plan and implement the Morriston Trauma Unit with specialised services, and this will feed into the Regional Trauma Network Board for ABMU and Hywel Dda.

#### **4. CONCLUSION**

Work is underway to ensure that the planning and implementation of the South Wales Regional Major Trauma Network can take place effectively ready for the “go live” date of April 2020.

#### **5. RECOMMENDATIONS**

Members are asked to:

- **NOTE** the update from the NHS Wales Health Collaborative;
- **NOTE** the actions being taken forward within ABMU Health Board and in conjunction with Hywel Dda University Health Board to prepare for the Trauma network implementation in the Region.

Governance and Assurance										
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
			✓		✓		✓		✓	
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care		Dignified Care	Timely Care	Individual Care	Staff and Resources		
		✓	✓			✓		✓		
Quality, Safety and Patient Experience										
Implementation of the South Wales Major Trauma Network is being planned on the basis of clinical standards set for Trauma networks across the UK. Patient experience workshops are being held to ensure that these influence the way services are developed.										
Financial Implications										
Financial implications of the Major Trauma Centre will be included in the WHSSC IMTP / Commissioning Intentions. Financial implications for the implementation of other aspects of the network, such as trauma units and trauma rehabilitation will need to be included in Health Board IMTPs.										
Legal Implications (including equality and diversity assessment)										
As part of the consultation on the future pattern of Major Trauma services across Wales, an equality impact assessment was produced and used as part of the consultation process to ensure any adverse implications for the protected characteristics under the Equality Act 2010 were identified and mitigating actions agreed.										
Staffing Implications										
Workforce planning implications of the development and implementation of the Major Trauma network are incorporated into the detailed planning underway.										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)										
There should be a positive implication once the Network is established due to the long term impacts of better outcomes for trauma patients.										
Report History		-								
Appendices		A. Progress report from NHS Wales Health Collaborative								



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# Trauma Network Progress Report

**Author:** Rosemary Fletcher, Director / Dr Dinendra Gill, Clinical Lead

**Date:** 21 December 2018

**Version:** 3

**Purpose and Summary of Document:**

In March 2018, each of the six health boards in the region formally considered and agreed to recommendations for the development of a Major Trauma Network for South and West Wales and South Powys.

This paper provides an update on progress since that time and is intended to be received by health boards, the Welsh Ambulance Service NHS Trust and Community Health Councils.

## 1. Introduction

In March 2018, each of the six health boards in the region formally considered and agreed to recommendations for the development of a Major Trauma Network for South and West Wales and South Powys.

This paper provides an update on progress since that time and is intended to be received by health boards, the Welsh Ambulance Service NHS Trust and Community Health Councils. It will also be sent to members of the Trauma Network Board.

## 2. Background

In March 2018, each of the following six health boards formally considered the report *A Major Trauma Network for South and West Wales and South Powys – Report on Consultation ('the Report')*:

- Abertawe Bro Morgannwg University Health Board
- Aneurin Bevan University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board

Each of the six boards approved the establishment of a major trauma network for South and West Wales and South Powys, in line with the recommendations of the Independent Panel:

1. A major trauma network for South and West Wales and South Powys with a clinical governance infrastructure should be quickly developed.
2. The adults' and children's major trauma centres should be on the same site.
3. The major trauma centre should be at University Hospital of Wales, Cardiff.
4. Morriston Hospital should become a large trauma unit and should have a lead role for the major trauma network.
5. A clear and realistic timetable for putting the trauma network in place should be set.

In taking their decisions, health boards took account of the views of their respective Community Health Councils who, in general, were unable to agree or disagree with the recommendation to boards contained in the Report. Issues and questions identified by CHCs as raised by their populations were:

- Concerns that proposals lacked detail in relation to the different elements of the network which they felt would be necessary to ensure improvements in outcome were equitable across the region and throughout the patient pathway. Specific concerns were about the location of the trauma units, improvements in rehabilitation pathways, IT infrastructure and the adequacy of transfer service including ambulance and the Emergency Retrieval and Transfer Service (EMRTS Cymru)

- People raised concerns or questions about the cost and affordability of the network and the impact of the cost on wider health board budgets and their ability to delivery other vital services
- Concerns about space and capacity within the University Hospital of Wales to accommodate the major trauma centre

It was agreed by health boards that areas of concern raised through the consultation process, and any caveats within their individual responses to CHCs, would be addressed through and informed by planning for implementation.

## Key actions and progress

Since the decisions taken by health boards in March 2018, a number of key actions have been undertaken or are underway to progress implementation of the Trauma Network:

### **Trauma Network Board**

The Wales Trauma Network Board was established in May 2018 and will oversee the establishment of the trauma network to serve South and West Wales and South Powys, ensuring the provision of a high quality, safe and effective services for the population. The Network Board is chaired jointly by Tracy Myhill (CEO, ABMU) and Dr Mark Ramsey (Unit Medical Director, Morriston Service Delivery Unit) and its membership is drawn from senior clinical and managerial representative from all participating organisations. During the implementation phase, the network is being managed by the NHS Wales Health Collaborative, through the Wales Critical Care and Trauma Network, and this will transfer to a health board once the network becomes operational.

### **Commissioning and Performance Management**

WHSSC has the responsibility for commissioning and performance management of the trauma network and major trauma centre, and any specialised services pertaining to major trauma. WHSSC will work closely with the Emergency Ambulance Service Committee (EASC), who commission WAST and the EMRTS. Health boards are responsible for any non-specialised commissioning. A governance structure has been agreed between all organisations.

### **Clinical Leadership**

Dr Dindi Gill has been appointed as Clinical Lead for the Wales Trauma Network. Dr Gill is a Consultant in Emergency Medicine and Pre-hospital Emergency Medicine. Dr Gill has significant experience of national service developments, was the co-founder of EMRTS Cymru and its National Director from 2015-2017. Dr Gill commenced his post in early August 2018.

Dr Gill will be supported by the appointment of clinical leads for a number of specialised working groups looking at governance, paediatrics, education and training, rehabilitation, quality improvement and research and patient experience/flow.

### **Network Structure**

### ***Pre-hospital care***

The Trauma Network Board and WHSSC will work closely with EASC, which commissions WAST and EMRTS Cymru, in order to develop proposals for extending the operational hours of the EMRTS and the air ambulance service.

### ***Trauma units***

With clarity on the location of the major trauma centre (MTC) at University Hospital of Wales, Cardiff, a decision was made by the Network Board to commence the process for trauma unit designation, in order to inform overall programme-planning, preparation for delivery and timely implementation.

A trauma unit is a hospital within a trauma network that provides care for both moderate and major trauma patients. Its roles include: reception and resuscitation; imaging and acute surgery; definitive care; rapid transfer of the severely injured to a hospital that can manage their injuries (e.g. to the MTC); act as a 'landing pad' for patients returning from specialised care to manage the transition to ongoing rehabilitation and the community.

Each health board completed self-assessments against the agreed trauma standards, in order for 'candidate' trauma units to be identified. An appraisal of these self-assessments has led to recommendations for the overall initial structure of the network. These recommendations have been endorsed via the WHSSC Joint Committee and, following local discussion by health boards with respective CHCs, will be reported to health boards by the end of January 2019. The proposed trauma unit locations are consistent with the outcome of the South Wales Programme in 2014, and decisions taken at that time for the location of consultant-led emergency departments, and the outcome of the clinical services strategy for Hywel Dda UHB.

Within this process, consideration has been given to the role of Morriston Hospital, which will be described as a trauma unit with specialised services, consistent with the terminology adopted in NHS England.

The 'candidate' trauma units are:

- University Hospital of Wales - Adult and Paediatric
- Morriston Hospital – Adult and Paediatric
- Princess of Wales Hospital – Adult and Paediatric
- Royal Gwent Hospital – Adult and Paediatric (only until the Grange University Hospital is fully operational)
- Nevill Hall Hospital – Adult and Paediatric (only until the Grange University Hospital is fully operational)
- Grange University Hospital – Adult and Paediatric
- Prince Charles Hospital – Adult and Paediatric
- Glangwilli General Hospital – Adult and Paediatric

### ***Major Trauma Centre and Patient Repatriation***

The Trauma Network Board and WHSSC will work closely with University Hospital of Wales (UHW) in order to ensure that there is an appropriate level of capacity within the hospital to accommodate major trauma patients. This could be achieved in a variety of ways. It is also important that in order to maintain capacity at UHW, timely repatriation of trauma patients for 'care closer to home' will be important, once



specialist care is completed. There will be a similar requirement for repatriation of patients requiring specialist care at Morriston Hospital.

The current provision of the EMRTS and Wales Air Ambulance is from 8am to 8pm, 7 days a week. The Trauma Network Board and commissioning bodies are working closely with colleagues from the EMRTS, given the material link between these developments, and to consider arrangements for patient transfer outside the operational hours of EMRTS and the air ambulance.

### ***Rehabilitation***

The need for a specific focus on improving access to specialist, level 2 and level 3 rehabilitation is one of the key lessons learned from the introduction of trauma networks in England. It is essential that the rehabilitation service model and framework are developed and the resource and service reconfiguration required to support both the trauma unit and the major trauma centre is identified. In order to progress this, a workshop was held in December to review:

- Trauma unit rehabilitation requirements and flow of patients
- MTC rehabilitation requirements and flow of patients
- Network agreement of the rehabilitation prescription
- Access to specialist rehabilitation

Significant work has already been undertaken in terms of an overarching model focused on the whole rehabilitation pathway. This is being led by Dr Jenny Thomas, interim network rehabilitation lead, and will be further informed by the work in progress.

### **Programme Business Case**

A programme business case will be developed incorporating key components of the trauma pathway. Financial implications will be addressed through this process including an assessment of value for money and affordability. It is acknowledged that an impact assessment will be required, although it is likely that investment in the network will have a largely positive impact on other services within unscheduled care.

This will include the consideration of workforce requirements through assessing any 'gaps' against agreed standards and how these 'gaps' could be closed. This presents an opportunity for enhanced recruitment and retention, by making posts across the network more attractive.

### **Programme Timeline**

An indicative timeline has been developed for the implementation and operational delivery of the network. This timeline is ambitious but would see the trauma network 'going live' by April 2020.

The development of the programme business case and adherence to the timeline is dependent upon the availability of sufficient resources to support programme development, commissioning and service, workforce and financial planning. In

December, Welsh Government confirmed approval for programme costs to March 2020 and arrangements are in hand to recruit.

It is also anticipated that additional resource will be required for the network to run effectively, and this will be included in the programme business case.

### **Patient Experience**

Throughout the work to implement the trauma network, a focus will be maintained on the experience of patients and family members. The Trauma Network Board welcomes the engagement of the Community Health Councils in this regard and will extend this to patient, family and carer representatives, and relevant third sector organisations. Work is underway to complete a communication and engagement plan, in order to facilitate more regular communication and dialogue in the coming months.

### **Lessons Learned**

A lessons learned exercise took place on 18<sup>th</sup> September to provide the opportunity to reflect on the work leading up to and through consultation, and the decision making that followed. Community Health Council Chief Officers participated in this exercise. The lessons learned report was received by Collaborative Leadership Forum in December and next steps are for actions to be added in response to the report's recommendations.

### **Recommendations**

This is a complex national transformational programme, with multiple dependencies and lesson to be learned from both national and international experiences. It also opens up the opportunity to develop an innovative, 'whole' system approach, leading to world-class care of critically injured trauma patients across Wales. It is recommended that progress is noted and further reports will be provided as the work progresses.