

A Major Trauma Network for South and West Wales and South Powys

Consultation Document

9.00 a.m. 13th November 2017 –
9.00 a.m. 5th February 2018

Overview

We would like your views on the proposed development of a major trauma network for South and West Wales and South Powys. Throughout the document this will be referred to as South Wales.

Through this consultation, we aim to share with you the work we have done to develop a major trauma network for South Wales, including the recommendations for a single major trauma centre supported by a number of trauma units across the region.

We also aim to explain how the new major trauma network will work and how the changes will benefit the people of South Wales.

The work to support the contents of this report began in 2014 and has been developed with the following organisations.

- Health boards across South Wales: Abertawe Bro Morgannwg University Health Board, Aneurin Bevan University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board, Hywel Dda University Health Board, and Powys Teaching Health Board
- Welsh Ambulance Service NHS Trust
- Emergency Medical Retrieval and Transfer Service
- Collaborative Commissioning Team
- Welsh Health Specialised Services Committee and Emergency Ambulance Service Commission
- Regular briefings with Community Health Council chief officers
- The third sector (charity and voluntary organisations), particularly in relation to rehabilitation
- Independent clinical specialists.

We would like you to consider the three questions below when responding to the consultation. (These questions are also included on the response form on page 27 of this document.)

1. Do you agree or disagree that a major trauma network should be established for South and West Wales and South Powys?
2. Do you agree or disagree that the development of the major trauma network for South and West Wales and South Powys should be based on the recommendations from the independent panel?
3. If we develop a major trauma network for South and West Wales and South Powys is there anything else we should consider?

Following the consultation, a report will be produced which will include details of the response to the consultation and the final proposal for a major trauma network for South Wales. This report will be considered in public by health boards in March 2018.

Foreword

There is a significant amount of evidence to show that patients who suffer a major trauma have a greater chance of survival and recover better if they are treated within a major trauma network. Examples of the benefits of a major trauma network have been demonstrated recently in the terror attacks in London and Manchester, where patients were treated across several major trauma centres and trauma units. Knowledge of the network and co-ordination between centres and units allowed ambulance teams to triage patients (decide where and in which order they should be treated) appropriately and so keep to a minimum the number of patients needing to be transferred to a major trauma centre. In the major trauma centres and trauma units, clinical teams had the expertise and resources to manage critical injuries. For the London attacks, the London major trauma network turned a mass casualty event into several smaller incidents that the hospitals receiving the patients were able deal with (kingsfund, 2017).

People living in North Wales benefit from Betsi Cadwaladr UHB being part of the West Midlands major trauma network that supports the major trauma centre in North Staffordshire. Patients in North Powys also benefit from being part of the West Midlands major trauma network. South Wales is the only region in England and Wales that is not part of a major trauma network, which means that patients do not have access to a designated major trauma centre. The development of a major trauma network for the region will be a significant step forward in providing emergency care in Wales and will build on the current service, providing greater expertise to meet the needs of individuals and cope with mass casualty events. The network will lead to additional roles for a number of hospitals across the region but particularly for the University Hospital of Wales, Cardiff and Morriston Hospital, Swansea.

The Consultation

A Major Trauma Network for South and West Wales and South Powys

This consultation document sets out the proposals for developing a major trauma network for South and West Wales and South Powys. Throughout the document this will be referred to as South Wales.

It will explain:

- What we mean by major trauma and a major trauma network
- Why we are recommending a major trauma network be developed
- What a major trauma network would look like in South Wales
- How the development of a major trauma network may affect you.

The consultation affects South Wales. South Wales is the only region across England and Wales that is not part of a major trauma network and does not have access to a major trauma centre.

North Wales and North Powys are not part of this consultation, they are already part of the West Midlands major trauma network, and the major trauma centre for the region is in Stoke, North Staffordshire.

Less than 0.2% of people (two out of 1,000) attending their local emergency department will have suffered a major trauma. Each individual emergency department will see only one or two major trauma cases a week. This makes it a challenge for hospital staff to maintain the highly specialist skills needed for these patients. In 2016/2017 in South Wales, approximately 1,234 people attended a local emergency department with a major trauma, compared with 617,000 people attending emergency departments in total (www.statswales.gov.wales).

In recent years, organisations such as the National Confidential Enquiry into Patient Outcome and Death, National Institute for Health and Care Excellence, the Department of Health Clinical Advisory Group and the National Audit Office have produced a number of reports looking at how trauma care is provided across England, Northern Ireland and Wales. The reports consistently show that better care and outcomes are achieved when a formal major trauma network is in place.

Across South Wales, major trauma cases are currently managed through informal arrangements across the health boards, with some more complicated cases either admitted directly or transferred to the bigger regional centres – mostly University Hospital of Wales or Morriston Hospital. While this clearly benefits patients, it does not have the proven advantages of an established major trauma network.

What is major trauma?

'Major trauma' can be defined as multiple and serious injuries that could result in disability or death. These may include serious head injuries, multiple injuries cause by road traffic accidents, industrial accidents, falls, mass casualty events, attempted suicide, knife and gunshot wounds. Major trauma is the leading cause of death in people under the age of 45 and is a significant cause of short and long-term illness or poor health. Evidence from across England and Wales also shows a significant increase in the number of patients aged over 60 who suffer severe injuries as a result of falling from a standing height (Tarn, 2017).

What is a major trauma network?

A major trauma network is a group of hospitals, emergency services and rehabilitation services that work together to make sure a patient receives the best care for life-threatening or life-changing injuries. There are 26 major trauma networks across England, serving (on average) more than 2 million people. (South Wales has a population of approximately 2.3

million.) A major trauma network will normally have one major trauma centre and a number of trauma units spread across the region. Networks like these are important in managing patients who are further away from the major trauma centre.

You are more likely to survive and make a full recovery if you have a major trauma in a region where there is a major trauma network, regardless of how far away you are from the major trauma centre.

Why are you recommending a major trauma network for South Wales?

There are a number of reasons why we want to develop a major trauma network in South Wales:

- More people survive. Evidence shows that if you are severely injured, you are 15% to 20% more likely to survive if you are admitted to a major trauma centre
- You would receive the best possible care from specialised teams providing emergency access to consultant care 24 hours a day, seven days a week
- You are less likely to have a long-term disability
- You will need less long-term NHS care
- You will be more able to return to work and do other activities
- The NHS is able to better plan for and respond to major incidents, improving the care you would receive
- Hospitals specialising in major trauma need to have specialist doctors and clinical support staff available at all times. The major trauma network will help deliver this, making the best use of resources

- Local emergency departments are less likely to be disrupted by inappropriate major cases being admitted that can affect the ability of the department to manage its routine work.

Establishing a major trauma network also has significant benefits for the individual organisations who are part of the network:

- It provides an opportunity to develop the skills and expertise of existing staff at the trauma units and local hospital sites through closer working with the highly specialist clinicians and other staff at the major trauma centre
- A network with a clearly identified major trauma centre and trauma units is likely to have a positive impact on recruitment across the network
- A major trauma network is likely to receive support from the Deanery, making it more likely that trainee doctors will be allocated to hospitals across the network to do their training
- Services are delivered within a clinical network which allows improvements to be made through an integrated, 'whole system' approach, resulting in standardised services and improved patient outcomes and experience
- Clinical services in South Wales for major trauma will be in line with the rest of the UK and will allow the Welsh NHS to be more effective as part of the national response to major emergencies.

What will the major trauma network look like in South Wales?

Good trauma care involves:

- Getting you to the right place at the right time for the right care
- Identifying how serious your injury is as soon as possible, ideally at the scene of the incident
- Detailed investigation as soon as you arrive at hospital. If you suffer a lot of complicated and serious major trauma injuries you should be taken directly to (or transferred to) a major trauma centre.

Major trauma centre

A major trauma network normally has one major trauma centre. As major trauma is uncommon and complex to manage, the services provided in the major trauma centre are highly specialised. They are available 24 hours a day, seven days a week and are normally needed quickly when managing a patient with acute major trauma. These highly specialised services will not be available at the trauma units.

Trauma units

The major trauma centre will be supported by a number of trauma units. These hospitals have a higher level of specialist services and care available than a local emergency department. Trauma units will be important in providing immediate life-saving services to patients who are further than 60 minutes from a major trauma centre. Trauma units will need to be able to recognise if they cannot treat certain patients and be able to transfer them quickly to the major trauma centre.

As soon as a patient is well enough to be discharged from the major trauma centre, they may be moved to a trauma unit in their local region to continue their treatment and care.

Local emergency department

A local emergency department does not routinely receive patients who suffer a major trauma. You will continue to go to the local emergency department if you are seriously ill or have an injury which does not need the highly specialist services only available at the major trauma centre or the specialist services only available at the trauma units.

As a local emergency department does not have specialist services available to treat major trauma patients, it will have processes in place to make sure that if you arrive at the local emergency department with a major trauma, you are transferred to the major trauma centre or trauma unit.

Rehabilitation

Rehabilitation is a key part of the major trauma network and essential to good trauma care and good recovery. Patients' rehabilitation needs will be assessed shortly after they are admitted to the major trauma centre. Their rehabilitation will take place in the major trauma centre and continue in a trauma unit or in the local community. Highly specialist rehabilitation services will continue to be provided across South Wales from Rookwood Hospital in Cardiff and Neath Port Talbot Hospital.

Pre-hospital care

A major trauma network will also need to be supported by effective pre-hospital care, which may include assessing the patient and transferring them to the most appropriate place for treatment.

How are patients currently managed?

The individual circumstances of every patient are considered at the scene. However, if you have a suspected major trauma, the ambulance service will take you to the nearest hospital with an emergency department. You may then need a secondary transfer by ambulance to receive specialist

services only available in particular parts of Wales – for example neurological services at University Hospital of Wales and burns and/or plastic surgery at Morriston Hospital. The clinicians at the emergency department where you will first be taken will decide whether you need to be transferred for specialist services to another hospital.

Some patients need higher levels of support, either at the scene of the incident or during their transfer to specialist services. The consultant-led Emergency Medical Retrieval and Transfer Service has supported the Welsh Ambulance Service Trust since 2015 via the Wales Air Ambulance helicopters and response cars. The service currently operates 12 hours a day, seven days a week across Wales, and hopes to become a 24-hour service.

How would a major trauma network in South Wales affect me?

A trauma network is important in managing patients who are further away from the major trauma centre. The major trauma network will help hospitals across the region work together to make sure you get to the best place to be treated.

If you suffer a major trauma, the ambulance crew that attends the call will assess you and, where possible, take you straight to the major trauma centre for urgent treatment. This could be by helicopter or by road. This may mean they drive past another local hospital to get to the major trauma centre. This is so you can immediately receive access to highly specialist services, equipment and appropriately trained staff.

If you are a long way from a major trauma centre or you need to be treated urgently and cannot be managed by the ambulance, you may be taken to a local trauma unit first, where you will be stabilised and your immediate injuries will be managed before you are taken to the major trauma centre.

What have you already done to develop a major trauma network for South Wales?

We have done a lot of work to look at how we can develop a major trauma network for South Wales. In 2014 we set up a project board and clinical reference group to look at developing the major trauma network. A service model for major trauma services for adults and children was developed and agreed by the project board and health boards.

The service model is based on national standards, which say what services should be in a major trauma centre and trauma units and how the network should work. The standards are based on expert opinion and latest medical research and include guidelines from organisations such as the National Institute for Health and Care Excellence, the Royal Colleges, Brain Trauma Foundation, and the British Orthopaedic Association.

In 2015, a workshop led by clinicians looked at the options available to develop a major trauma network in South Wales. The workshop included health boards and the Welsh Ambulance Service Trust. We invited patient representatives from voluntary and charity support groups from across the region. We also invited community health councils to observe. The workshop considered the following options:

- Do nothing
- No major trauma centre in South Wales, but patients would access services in England (Bristol)
- One major trauma centre for South Wales based at Morriston Hospital
- One major trauma centre for South Wales based at University Hospital of Wales
- Two sites, based at Morriston Hospital and University Hospital of Wales.

It was agreed that the option to do nothing and continue with the South Wales area as the only region without a major trauma network should be removed. It was also agreed that, to support a population of approximately 2 million, the network would need to be supported by a major trauma centre based within the region. This ruled out the Bristol option. The workshop considered the option of having two sites but disregarded this as the size of the region would make a major trauma centre on two sites impossible to sustain.

So, the option the people attending the workshop preferred was a major trauma centre on a single site, supported by a number of trauma units. Local emergency hospitals would continue to see people with serious illness and injuries.

Following the workshop, we carried out an equality impact assessment. (We must carry out these assessments when making any change to services to prevent discrimination against people who are identified as being disadvantaged or vulnerable within society.) The equality impact assessment notes that whilst major trauma affects everyone it is the leading cause of death in people under the age of 45 and is affecting an increasing number of patients aged over 60 who suffer severe injuries as a result of falling from a standing height (www.tarn.ac.uk).

Why did you only consider Morrison Hospital, Swansea and University Hospital of Wales, Cardiff for the Major Trauma Centre?

Morrison Hospital in Swansea and University Hospital of Wales, Cardiff were the only two hospitals in the region that could maybe meet the criteria for a major trauma centre.

This is due to the specialist nature of the service and the need for it to be located with other specialist services.

Where will the major trauma centre be based?

Building on the work of the project board and the outcome of the clinical workshop, we asked an independent panel of expert clinicians working in major trauma to look at the evidence and provide advice on the best hospital site for the major trauma centre. This process was supported by each health board and agreed through individual board meetings held in public. We also briefed community health council chief officers.

The independent panel was chaired by Professor Chris Moran, the National Clinical Director for Trauma to the NHS in England and Professor of Orthopaedic Trauma Surgery at Nottingham University Hospital. The panel members included eight people invited to take part because of their national and international reputations as experts in trauma care and the development of trauma systems.

We also invited representatives from across the health service in the region and other key stakeholders to attend the independent panel event. They included clinical representatives from Aneurin Bevan, Cwm Taf, Hywel Dda and Powys health boards, Public Health Wales, Welsh Government, Community Health Councils, Emergency Medical Retrieval and Transfer Service, Welsh Ambulance Service Trust, Welsh Health Specialised Service Committee and Emergency Ambulance Services Committee.

When considering where the major trauma centre should be based, the panel identified the following three main factors:

- Clinical interdependencies (services that must be located together)
- Major trauma standards set out the services that need to be available at a major trauma centre. Most of the specialist services are already provided in Morriston Hospital and University Hospital of Wales. However, specialist neurosurgery and the Children's Hospital for Wales are provided only from

University Hospital of Wales. Burns and plastic surgery services are provided only from Morriston Hospital.

- Critical mass

Critical mass refers to the minimum number of people needed to make a service, in this case major trauma, sustainable. As the population of Wales is small and services such as neurosurgery, burns and plastic surgery are so specialist, they can only be provided from one hospital site for the whole of South Wales. The same is true for a major trauma centre.

- Travel times

The panel considered the geography of Wales and made it clear that where there is a major trauma centre you are more likely to survive a major trauma, regardless of the time it takes to travel to the major trauma centre. Wherever the major trauma centre is located some people in Hywel Dda and Powys will be a considerable distance from it. This is not an unusual situation and most trauma networks in England also support services which are a considerable distance from the major trauma centre. The panel did not believe that either Morriston Hospital or University Hospital of Wales as a major trauma centre would have any significant advantage over the other in terms of geography.

The wider network, including trauma units, the policies and guidelines to support the transfer of patients to a major trauma centre, the Welsh Ambulance Service NHS Trust and the Emergency Medical Retrieval and Transfer Service, has a key role to play in managing patients who may be further away from the major trauma centre.

However, taking into account these three factors, the panel made the following recommendations:

- A major trauma network for South Wales with a clinical governance infrastructure should be quickly developed. The aim of a clinical governance infrastructure is to make sure a service is high quality, focuses on the patients, and has strong clinical leadership
- The adults' and children's' major trauma centres should be on the same site
- The major trauma centre should be at University Hospital of Wales, Cardiff
- Morriston Hospital, Swansea should become a large trauma unit and should have a lead role for the major trauma network
- A clear and realistic timetable for putting the trauma network in place should be set.

Why did the panel recommend University Hospital of Wales as the major trauma centre?

After looking at the evidence, the panel decided that providing specific highly specialist services such as neurosurgery and paediatric neurosurgery on the same site as the major trauma centre was the main factor in deciding where to base the major trauma centre. This is because it is important to have these specialist services available immediately if you suffer a major trauma. Approximately 60% of trauma cases need support for head injuries and providing this service on-site is a minimum requirement.

The panel recognised the importance of burns and plastic services as part of the network and, while it is not critical that the burns and plastic centre is on the same site as the major trauma centre, it is important that they work together.

What does a large trauma unit for Morriston Hospital mean?

The panel recommended that Morriston Hospital should be a large trauma unit. As a large trauma unit, Morriston Hospital is likely to be able to manage some conditions that other trauma units will not. This means that after a patient has been assessed they may not need to be transferred to the major trauma centre but continue to be managed at Morriston Hospital. This may be different for other trauma units in the region.

Morriston Hospital will also have a lead role in the major trauma network. This follows what happens in England, where the major trauma network is led from a hospital other than the hospital where the major trauma centre is located. A lead hospital is necessary to make sure the major trauma network is co-ordinated and that the patients are the main focus.

How will you decide where the other trauma units will be located?

The location of the trauma units and how the plans for rehabilitation are put in place is important, but we did not include it as a matter for the independent panel to discuss. However, we don't plan for all parts of the major trauma network to be in place immediately. The development of the major trauma network in South Wales will take place over a number of years. Identifying where the major trauma centre should be based first is helpful when deciding where to have the trauma units. Wherever the major trauma centre is based, both Morriston Hospital in Swansea and University Hospital of Wales in Cardiff will need to have a trauma unit.

The remaining trauma units (if any) will need to be identified by individual health boards for their local area. The Wales Critical Care and Trauma Network will help them decide this by looking at how they meet the criteria for a trauma unit, contained in the national standards and guidelines for major trauma. If a hospital is not a trauma unit, it will continue as a local emergency hospital, treating people with injuries and

illnesses that do not need the facilities of a trauma unit or major trauma centre.

What will a major trauma network cost?

We recognise that we will need to invest more money in the buildings and the staff to meet the standards of a major trauma network. In England the development of major trauma networks happened over time, with some money being made available to support the immediate developments needed. This was approximately £2million per network. Also, in England major trauma is commissioned as a specialist service. This means money is paid to individual hospitals and services to cover the cost of the cases it sees. The system is designed to improve services and patient outcomes, meet major trauma standards and support patients to return to their local hospital as soon as possible.

Recent research carried out by Sheffield University for NHS England shows that, in England, investment in major trauma networks has been highly cost-effective when judged against the National Institute for Health and Care Excellence guidelines on the cost of achieving improved outcomes for patients (SchARR report, 2015).

Following the consultation period, we will need to do further work to develop more detailed costs and to consider how the network should be funded. Health boards will need to look at the agreed costs of the network through the formal planning process.

What happens next?

The public consultation will run for 12 weeks from 9.00 a.m. 13th November 2017 until 9.00 a.m. 5th February 2018. We would like your views on the following.

1. Do you agree or disagree that a major trauma network should be established for South and West Wales and South Powys?
2. Do you agree or disagree that the development of the major trauma network for South and West Wales and South Powys should be based on the recommendations from the independent panel?
3. If we develop a major trauma network for South and West Wales and South Powys, is there anything else we should consider?

During the public consultation we will hold a wide range of discussions with the public to make sure that they clearly understand the developments we are proposing, including how the trauma system will work to benefit patients and help the NHS in Wales to meet patients' needs. These discussions will give people the opportunity to share their views.

Following the consultation a report will be produced which will include details of the response to the consultation and the final proposal for a major trauma network for South Wales. This will be considered in public by health boards in March 2018.

How can I get involved?

If you would like to know more about proposals for a major trauma network in South & West Wales and South Powys or wish to respond to the consultation you can visit the website www.publichealthwales.org/majortraumaconsultation or contact us by the following:

Email: NHSWHC.strategicplanning@wales.nhs.uk

Post: Freepost MAJOR TRAUMA CONSULTATION
(This address must be written exactly as above including capital letters).

Phone: 02920 502674

Or you can contact your local Community Health Council for more information:

Abertawe Bro Morgannwg CHC	First Floor Cimla Hospital Neath SA11 3SU Phone: 01639 683490 Email: office.abm@waleschc.org.uk
Aneurin Bevan CHC	Raglan House 6-8 William Brown Close Llantarnam Business Park Cwmbran NP44 3AB Phone: 01633 838516 Email: enquiries.aneurinbevanchc@waleschc.org.uk
Cardiff and Vale CHC	Pro-Copy Business Centre (Rear) Parc Tŷ Glas Llanishen Cardiff CF14 5DU Phone: 02920 750112 Email: Cavog.chiefofficer@waleschc.org.uk
Cwm Taf CHC	Unit 10, Maritime Offices Woodland Terrace Maesycoed Pontypridd CF37 1DZ Phone: 01443 405830 Email: Enquiries.CwmTafCHC@waleschc.org.uk

Hywel Dda CHC

Carmarthenshire Local Committee

Suite 5, First Floor,
Ty Myrddin,
Old Station Road,
Carmarthen.
SA31 1BT

Phone: 01646 697610

Ceredigion Local Committee

Welsh Government Building,
Rhodfa Padarn,
Llanbadarn Fawr,
Aberystwyth
SY23 3UR

Phone: 01646 697610

Pembrokeshire Local Committee

Suite 18, Cedar Court,
Haven's Head,
Milford Haven,
Pembrokeshire
SA73 3LS

Phone: 01646 697610

Email: hyweldda@waleschc.org.uk

Powys CHC

Brecon Office

1st Floor
Neuadd Brycheiniog
Cambrian Way
Brecon
LD3 7HR

Phone: 01874 624206

Email: Katie.blackburn@waleschc.org.uk

Newtown Office

Room 204 Ladywell House
Newtown
SY16 1JB

Phone: 01686 627632

E-mail: Jayne.thornhill@waleschc.org.uk

Glossary

<p>Burns and plastic surgery</p>	<p>Morrison Hospital is the Adult Burn Centre for the South West UK Burns Network. It treats patients with complex burn injuries, congenital deformity, infections, cancer, and so on. (www.wales.nhs.uk/sitesplus/863/page/39301)</p>
<p>Care pathway</p>	<p>Care pathways, also known as clinical pathways, critical pathways, care paths, integrated care pathways, case management plans, clinical care pathways or care maps, are used to plan and follow up a patient's care programme. (www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/CPA-Effectiveness_of_care_pathways.pdf?dtrk=true) Care pathways set out the best practice to follow when treating a patient with a particular condition or particular needs. They are intended to be a guide to treatment and an aid to recording a patient's or client's progress. They are based on evidence and include input from different areas of work and specialist services.</p>
<p>Clinical reference group</p>	<p>A groups of clinicians, commissioners, public-health experts, patients and carers who use their knowledge and expertise to advise on the best ways to provide specialist services.</p>
<p>Clinical specialist</p>	<p>A person with expertise in certain types of diseases or particular areas of medicine.</p>
<p>Community health councils</p>	<p>Independent bodies, set up by law, who listen to what people across Wales have to say about their NHS and make sure that those responsible for providing health services listen – and act.</p>

	(www.wales.nhs.uk/sitesplus/899/page/71598).
Consultation	A process where the public are asked for their input on matters affecting them. The main goal of consultation is to improve efficiency, transparency and public involvement in large-scale projects or laws and policies.
National Clinical Advisory Group - major trauma	Provides recommendations on how trauma care is regionalised, setting out service standards for providing and delivering major trauma care. (www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/Majortraumaservices.aspx)
Emergency Ambulance Services Committee	Acts on behalf of health boards and holds Welsh Ambulance Service Trust (WAST) to account as the provider of emergency ambulance services.
Emergency care	Providing life-saving measures in life-threatening situations.
Emergency Medical Retrieval and Transfer Service	Provides advanced decision-making and critical care for life- or limb-threatening emergencies that need to be transferred to an appropriate centre quickly for immediate specialist treatment.
Equality impact assessment	A tool for identifying the effect of policies, services and functions on patients and staff. It helps health boards provide and deliver excellent services by making sure that all services reflect the needs of their patients and stakeholders.
Freedom of Information Act	Provides public access to information held by public authorities in England, Wales and Northern Ireland, and by UK-wide public authorities based in Scotland.
Health board or trust	NHS organisations providing health and wellbeing services to their local population.

Local emergency department	The department of a hospital responsible for providing medical and surgical care to patients who need immediate care. Also known as Casualty or Accident and Emergency.
Major incident	A significant event which demands a response beyond the routine. A major incident can affect large numbers of people.
Major trauma	Major trauma describes serious injuries, including head injuries, severe wounds and multiple fractures, that are life-changing and could result in death or serious disability. (www.england.nhs.uk/wp-content/uploads/2014/04/d15-major-trauma-0414.pdf)
Major trauma centre	A multi-specialty hospital, on a single site, providing trauma care. It is the focus of the trauma network and manages all types of injuries, providing consultant-level care.
Major trauma network	A major trauma network is a group of hospitals, emergency services and rehabilitation services that work together to make sure a patient receives the best care for life-threatening or life-changing injuries.
Mass casualty	Any large number of casualties produced in a relatively short period, usually as the result of a single incident such as an aircraft accident, extreme weather or armed attack, and which needs more than local support.
National Institute for Health and Care Excellence	Provides guidance, advice and information services for health, public-health and social-care professionals.

National Audit Office	An independent parliamentary body in the UK which is responsible for auditing central government departments, government agencies and non-departmental public bodies. (https://en.wikipedia.org/wiki/National_Audit_Office_%28United_Kingdom%29)
NHS Wales Health Collaborative	A team commissioned by the health boards and trusts in Wales to take on work which affects more than one region of Wales. Recommendations from the Health Collaborative are advisory and need to be approved by all the health boards involved.
National Confidential Enquiry into Patient Outcome and Death	Helps to maintain and improve standards of care for adults and children for the benefit of the public by: <ul style="list-style-type: none"> • reviewing how patients are managed; • carrying out confidential surveys and research to help maintain and improve the quality of patient care; and • publishing and making available the results of these activities.
Neurosurgery	The surgical specialisation that treats diseases and disorders of the brain and spinal cord.
Pathway	The patient pathway is the route that a patient will take from their first contact with an NHS member of staff. This starts with prevention and includes primary care, diagnosis and rehabilitation.
Policy	A set of principles, rules and guidelines put together or adopted by an organisation to reach its long-term goals.
Project board	The project board is responsible for the success of the project and draws up the guidelines the Project

	<p>Manager will follow. The project board is intended to represent all stakeholders in the project.</p> <p>(http://prince2.wikidot.com/project-board)</p>
Pre-hospital care	<p>Where the ambulance service and the helicopter emergency medical service work closely with the major trauma network to make sure the most urgent patients are sent to the most appropriate place. Ambulance crews will use triage to assess patients at the scene to make sure that those with major trauma are taken directly to a major trauma centre for urgent treatment.</p> <p>(www.england.nhs.uk/commissioning/spec-services/)</p>
Rehabilitation	<p>Treatment designed to help a person recover from injury, illness or disease and to return to as normal a condition as possible.</p>
Service model	<p>A detailed design for a particular type of healthcare service that is shaped by theory and based on evidence and defined standards which broadly define the way health services are delivered.</p>
Specialist services	<p>Specialist services support people with a range of rare and complex conditions. Specialist services are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience. Unlike most healthcare, which is planned and arranged locally, specialist services are planned nationally and regionally.</p> <p>(www.healthknowledge.org.uk/public-health-textbook/organisation-management/5b-</p>

	understanding-ofs/managing-internal-external-stakeholders)
Stakeholder	A stakeholder is a person who has something to gain or lose through the outcome of a planning process, programme or project. (www.england.nhs.uk/commissioning/spec-services/)
TARN	The trauma audit and research network.
Third sector	Charitable or voluntary organisations.
Trauma unit	A hospital that is part of the major trauma network and which provides care for all except the most severe major trauma patients.
Triage	The process of assessing victims to decide which are a medical priority, to increase the number of survivors.
Welsh Ambulance Service Trust	Provides high-quality, pre-hospital emergency care and treatment throughout Wales.
Welsh Health Specialised Services Committee	Responsible for the joint planning of specialist and services on behalf of health boards in Wales.

References and supporting documents

All Wales Injury Surveillance System: Swansea University, Public Health Wales -

www.awiss.org.uk/category/injuries

National Audit Office Major Trauma in England February 2010 – (NAO 2010) www.nao.org.uk/wp-content/uploads/2010/02/0910213.pdf

National Institute of Clinical Excellence (NICE)

www.nice.org.uk/guidance/ng39

Regional networks for Major Trauma: Clinical Advisory Group Report September 2010 (CAG 2010)

www.uhs.nhs.uk/Media/SUHTInternet/Services/Emergencymedicine/Regionalnetworksformajortrauma.pdf

SAIL Emergency Department Data Set (EDDS): Swansea University 2016

[www.saildatabank.com/data-dictionary/sail-datasets/emergency-department-data-set-\(edds\).aspx](http://www.saildatabank.com/data-dictionary/sail-datasets/emergency-department-data-set-(edds).aspx)

SCHARR report, 2015

Specialist major trauma networks and terrorist events: to care for many, care for one.

TheKing'sFund <https://www.kingsfund.org.uk/blog/2017/07/specialist-major-trauma-networks-and-terrorist-events-care-many-care-one>

Urgent and emergency care services in England

www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/Majortraumaservices.aspx

The Trauma Audit & Research Network www.tarn.ac.uk

A Major Trauma Network for South and West Wales and South Powys

Consultation response

How to respond

The closing date for responses is 9.00 a.m. Monday 5th February 2018.

Please fill in the following forms and send your responses to:

Email: NHSWHC.strategicplanning@wales.nhs.uk

Post: Freepost MAJOR TRAUMA CONSULTATION
(This address must be written exactly as above including capital letters).

You can download a copy of the response form from the website
www.publichealthwales.org/majortraumaconsultation

For more information, please visit the website above or contact the NHS Wales Health Collaborative at the above email or postal address or phone them on 02920 502674.

Data protection

How we will use the views and information you give us.

Any response you send us will be seen in full by NHS Wales staff dealing with the issues which this consultation is about. It may also be seen by other NHS Wales staff to help them plan future consultations.

Sections of responses or complete response forms may be published as part of the report on the response to the consultation for consideration at public board meetings in March 2018. We will always identify organisations.

Your response

Your postcode:

Are you replying on behalf of an organisation?

Please tick

Yes

No

If yes, what is the name of the organisation?

What is your age range? Please tick

Under 16

16 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 or over

Prefer not to say

Interests to be declared

(For example, do you work for the NHS or a health board? If so, please provide the name of the organisation.)

Answer the questions over the page. Please add extra pages as necessary.

- Please underline and highlight any confidential information or other material that you do not want to be made public
- Do not include medical information about yourself or another person that could identify you or that person
- Spell out any abbreviations you use
- For copyright reasons, comment forms must not include attachments such as research articles, letters or leaflets.

We are interested in your views on the following.

There is a significant amount of evidence to show that patients who suffer a major trauma have a greater chance of survival and recover better if they are treated within a major trauma network.

The independent panel has looked at the evidence for developing a major trauma network in South and West Wales and South Powys and made the following recommendations:

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

1. Do you agree or disagree that a major trauma network should be established for South and West Wales and South Powys? (Tick the appropriate box)

Agree

Neither agree nor disagree

Disagree

Please give us reasons for your choice.

2. Do you agree or disagree that the development of the major trauma network for South and West Wales and South Powys should be based on the recommendations from the independent panel? (Tick the appropriate box)

Agree

Neither agree nor disagree

Disagree

Please give us reasons for your choice.

3. If we develop a major trauma network for South and West Wales and South Powys, is there anything else we should consider?

4. Do you have any other comments?

Equality monitoring

We are committed to making sure that we treat the people who use our services fairly and with dignity and respect. We can achieve this if we know more about you. Please support our aim by providing the information below. We will keep this information anonymous and use it only to analyse people's responses. We will keep it confidential and not share your identity with anyone.

Please tick only one box for each question.

What was your age on your last birthday?

- | | |
|-------------------|--------------------------|
| Under 16 | <input type="checkbox"/> |
| 16 to 24 | <input type="checkbox"/> |
| 25 to 34 | <input type="checkbox"/> |
| 35 to 44 | <input type="checkbox"/> |
| 45 to 54 | <input type="checkbox"/> |
| 55 to 64 | <input type="checkbox"/> |
| 65 to 74 | <input type="checkbox"/> |
| 75 or over | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

What sex are you?

- | | |
|-------------------|--------------------------|
| Female | <input type="checkbox"/> |
| Male | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Do you identify as the sex you were assigned at birth?

- | | |
|-------------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

What is your ethnic group?

- White
- Mixed or multiple ethnic groups
- Asian or Asian British
- Black, African, Caribbean or Black British
- Any other ethnic group
- Prefer not to say

Disability

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No
- Prefer not to say

What is your sexuality?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other
- Prefer not to say

Religion

What is your religion?

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please describe).....
-

Are you a Welsh speaker?

Yes

No

Prefer not to say

Are you a carer?

Yes

No

Prefer not to say

Are you employed by the NHS?

Yes

No

Prefer not to say

