GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

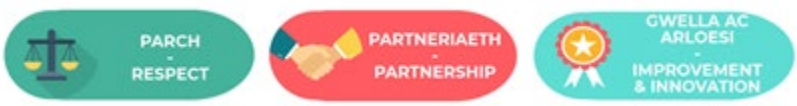
Specialised Services
Service Specification: CP199

Proposal

Trauma Operational Delivery Network

February 2021

Version 1.0



Document information	
Document purpose	Service Specification
Document name	Trauma Operational Delivery Network
Author	Welsh Health Specialised Services Committee
Publication date	February 2021
Commissioning Team	Major Trauma
Target audience	Chief Executives, Medical Directors, Directors of Finance, Chief Executives, Medical Directors, Directors of Finance, Directors of Planning, Chief Operating Officers, Emergency Medicine Practitioners
Description	NHS Wales propose to routinely commission this specialised service in accordance with the criteria described in this document
Document No	CP199
Review Date	2024 Review date extended to June 2025

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Statement

Welsh Health Specialised Services Committee (WHSSC) will commission the all Wales Trauma Operational Delivery Network (ODN) in accordance with the criteria outlined in this specification.

In creating this document WHSSC has reviewed the requirements and standards of care that are expected to deliver this service.

Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this document.

1. Introduction

This document has been developed as the Service Specification for the planning and delivery of the all Wales Trauma Operational Delivery Network (ODN) for people resident in Wales. This service will only be commissioned by the Welsh Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

1.1 Background

A Trauma Operational Delivery Network (ODN) involves cross-organisation and clinical multi-professional working, through a whole system collaborative approach, ensuring delivery of safe and effective services across the patient pathway.

Within an ODN, patient trauma pathways are coordinated between providers over a wide geographical area to ensure equity of access to specialist resources and expertise.

Since 2012, North Wales has formed part of the North West Midlands and North Wales Trauma Network, with patients from Trauma units in Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital going to the Major Trauma Centre at Royal Stoke University Hospital. The Major Trauma Centre at Royal Stoke University Hospital is currently commissioned by Betsi Cadwaladr University Health Board (BCUHB).

In September 2018, WHSSC Joint Committee agreed that an Operational Delivery Network (ODN) should be established to oversee the delivery of trauma services for the population of South Wales, West Wales and South Powys and should be hosted by Swansea Bay University Health Board (SBUHB). The existing ODN arrangements for North Wales will be retained.

It was also agreed that the ODN and the Major Trauma Centre (MTC) at University Hospital of Wales (UHW), Cardiff will be commissioned by WHSSC. The Emergency Ambulance Service Committee (EASC) will commission both the Welsh Ambulance Service NHS Trust (WAST) and the Emergency Medical Retrieval and Transfer Service in Wales (EMRTS). Health boards will be responsible for local commissioning of Trauma Units (TU).

1.2 Aims and Objectives

The aim of this service specification is to define the requirements and standards essential for delivering an all Wales Trauma Operational Delivery Network.

1.3 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - South Wales Health Collaborative: Service Model Overview Major Trauma Network (May 2015)
  - Together for Health – A delivery plan for the critically ill: Welsh Government (2016)
  - A Healthier Wales: Our Plan for Health and Social Care: Welsh Government (2019)
  - Task and Finish Group on Critical Care Final Report, July 2019

- **WHSSC policies and service specifications**

  Major Trauma Centre, Service Specification (CP188), WHSSC, February 2021

- **National Institute of Health and Care Excellence (NICE) guidance**
  - Major trauma: assessment and initial management, NICE Guideline (NG39), February 2016
  - Major Trauma: service delivery, NICE Guideline (NG40), February 2016
  - Spinal Injury: assessment and initial management, NICE Guideline (NG41), February 2016
  - Fractures (non-complex): assessment and initial management, NICE Guideline (NG38), February 2016
  - Fractures (complex): assessment and management, NICE Guideline (NG37), November 2017
  - Head injury: assessment and early management, NICE Clinical Guideline (CG176), September 2019
  - Rehabilitation after critical illness in adults, NICE Clinical Guideline (CG83), March 2009

- **NHS England**
  - NHS Standard Contract for Major Trauma Service (All Ages), D15/S/a (2013) NHS England

- **Department of Health**
  - Department of Health, Operating Framework for the NHS England 2011/2012 (December 2010)

- **National Audit Office**
  - Major trauma care in England: National Audit Office (February 2010)

- **Other published documents**
  - Regional Networks for Major Trauma NHS Clinical Advisory Groups Report
  - National Confidential Enquiry into Peri-Operative Deaths (NCEPOD), "Trauma who Cares", 2007.
  - The Royal College of Surgeons of England, 2009. Regional trauma systems - interim guidance for commissioners. London: The Royal College of Surgeons of England.
  - Royal College of Radiologists, Standards of practice and guidance for trauma radiology in severely-injured patients (2011).
  - The British Orthopaedic Association Standards for Trauma (BOAST)
  - NHS Clinical Advisory Groups Report, Management of People with Spinal Cord Injury (August 2011)
  - Brain Trauma Foundation guidelines for management of severe TBI
  - BSRM Core standards for Major Trauma (Rev 2.1-Nov2018)
  - Rehabilitation for patients in the acute care pathway following severe disabling illness or injury: BSRM core standards for specialist rehabilitation
  - London Major Trauma System: Management of elderly major trauma patients, Second Edition, December 2018.
  - NHS Confederation: When tragedy strikes. Reflections on the NHS response to the Manchester Arena bombing and Grenfell Tower fire, 2018
  - The National Clinical Audit of Specialist Rehabilitation following major Injury (NCASRI), 2019

2. Service Delivery

The Welsh Health Specialised Services Committee will commission the all Wales Trauma Operational Delivery Network (ODN) in line with the criteria identified in this specification.

2.1 Service description

The ODN should meet the standards as set out below and in this service specification. A three year phased approach will be adopted from the start of the ODN in April 2020. It is recognised that some standards did not come into force until September 2020 when the Major Trauma Network was officially launched.

Essential criteria

These aspects are considered essential and are critical to the successful delivery of the ODN and its key investment objectives.

Strategic planning

The ODN should:

- Provide professional and clinical leadership across the network.
- Undertake comparative benchmarking and audit across the network through the Trauma Audit Research Network (TARN), supporting the enhancement of data collection.
- Demonstrate effective links with commissioning groups.
- Have a risk register and undertake risk management across the network.
- Produce quarterly and annual reports which will be made available to stakeholders (Year 1).
- Develop an annual working plan for the network to deliver against the quality and delivery framework (Year 1).
- Contribute to evaluation of the network (Year 2).
- Develop a longer-term plan spanning 5-10 years to ensure new capabilities can be brought into core operations as quickly and efficiently as possible (Year 2).

Operational delivery

The ODN should:

- Develop a coordinated, patient clinical pathway between services over a wide area to ensure access to specialist major trauma care.
- Develop a comprehensive system of delivery through:
    - A pre-hospital triage tool and criteria for immediate inter-hospital transfer and transfer within 48hrs of referral.
    - Automatic acceptance and repatriation policies.
    - Rehabilitation pathways.

- Ensure improved access and equity of access to trauma services (Year 1).
- Be responsible for monitoring of day to day capacity across the network, agreeing and working to an escalation plan (with agreed thresholds for escalation triggers) for both within and across the network to monitor and manage surges in demand (Year 1).
- Support capacity planning and activity monitoring for collaborative matching or demand and supply (e.g. through implementing a trauma tracking system) (Year 1).
- Ensure appropriate repatriation for ongoing 'care with treatment closer to home' (Year 1).
- Ensure the quality of the network is monitored and subject to a process of continuous quality improvement through clinical audit (Year 1).
- Ensure that a framework for patients and families to help co-produce their care is developed for trauma patients across the network to ensure that there is consistent application across all hospitals (Year 1).

Tactical (local) advice and support to commissioners

The ODN should:

- Provide local information, data and intelligence to support performance monitoring of the network (i.e. TARN clinical reports, process measures, key performance and quality indicators, case-mix standardised outcomes, workforce data) (Year 1).
- Support national annual trauma peer review and assurance of the MTC, TUs/Local Emergency Hospitals (LEHs) and pre-hospital services with commissioners (Year 1).
- Provide on-going programme management of a phased implementation across the network (Year 1).
- Support local implementation of products produced by the national trauma clinical reference group (NHSE) as appropriate (Year 1).

Improved quality and standards of care

The ODN should:

- Develop and implement network protocols for trauma patients.
- Deliver a clinical governance framework with the MTC, TU's, LEH's, pre-hospital services and rehabilitation services including a process for incident reporting with follow up action plans and network morbidity and mortality review. This includes collaborative serious incident investigation. These action plans should be published and shared with relevant stakeholders including Community Health Councils.

- Deliver a network wide training and education programme (in conjunction with Health Education Improvement Wales (HEIW) encompassing the whole patient pathway prioritising key areas.
- Implement a clinical informatics system for the network (Year 1) (see appendix 1).
- Ensure on-going service improvements and best practice models are embedded and contribute to improved quality performance (i.e. dashboard measures) (Year 1 and ongoing).
- Monitor MTC and TU dashboard measures and provide advice on improvements to clinical services and commissioners (Year 1).
- Use clinical process and clinical outcome measures to compare and benchmark providers (Year 1).
- Deliver an annual quality improvement and audit programme (Year 1).
- Ensure that all local and network guidelines relating to trauma includes elements which are specific to elderly and/or frail patients.

Partnership development

The ODN should:

- Engage with third sector organisations.
- Link with other relevant trauma networks (e.g. North Wales and North West Midlands Trauma Network).
- Embed communication strategies and key communication deliverables (Year 1).
- Monitor and performance manage the active engagement by members in the network to improve performance against agreed outputs (Year 1).
- Participate in relevant national policy or guideline development (Year 2).

Desirable

Some aspects of the Operational Delivery Network (ODN) are considered desirable or aspirational. Whilst not critical to the successful implementation of the ODN, they represent future areas of development:

- A research programme focused on all parts of the trauma pathway, to facilitate improvements in patient outcome and experience. Enhanced profile of the Network through sharing knowledge nationally and internationally (e.g. publications and presentations).
- An injury prevention programme in association with Public Health Wales (e.g. knife crime prevention, motorcycle safety, wearing cycle helmets).

- Sharing successful components of the ODN development with other networks, bringing benefits of the programme to other areas of healthcare.
- Utilising local knowledge and experience to support the development of trauma networks in less developed parts of the world.

Veterans Trauma Network (VTN)

The Veterans Trauma Network (VTN) provides a single point of referral for those who are concerned about the medical care of a veteran with complex physical injuries, including patients, clinicians (from both physical and mental health services in primary or secondary care), third sector agencies and others.

Patients eligible for management by the VTN are ex-service personnel who sustained complex physical trauma due to their active service. The VTN is principally concerned with ongoing rather than acute care. Patients will be referred to the VTN when there is concern that the complex nature of their injuries means that normal pathways in primary, secondary and tertiary care are unable to deliver the appropriate treatment. The VTN will be hosted within the ODN management structure and SBUHB.

To establish a VTN in Wales, the ODN should:

- Create of a single point of referral for all eligible people resident in Wales.
- Appoint of a VTN clinical lead and deputy.
- Develop an infrastructure to allow secure communication between VTN Wales and the VTN in England.
- Create referral pathways for the management of identified clinical issues.
- Ensure there are appropriate links between VTN Wales and leads for veteran's affairs in all health boards.
- Provide suitable governance and reporting structures.
- Develop communication and stakeholder engagement strategies.

The lead and deputy will offer their clinical time from their 'military protected time' as defined in their contracts of employment. Support functions will be absorbed within the ODN management infrastructure.

Trauma in Older People

The ODN will lead the development of robust systems to ensure that older people that are appropriate for specialist care will have equity of access to the MTC.

It is desirable that a 'silver' trauma working group is established within the network specifically looking at additional rehabilitation requirements,

enhancing outcome assessment and a bespoke educational programme staff within the network.

2.2 Staffing

In order to deliver the service specification and quality indicators there will requirements to establish a trauma ODN management team.

This management team should consist of:

- ODN Manager
- Data Lead
- Admin support
- Programme Manager
- Network Clinical Lead (sessional)
- 5 clinical leads (sessional) covering:
  - Rehabilitation
  - Paediatrics
  - Training and Education
  - Governance
  - Quality Improvement and Research.

Swansea Bay University Health Board (SBUHB) in its role as host health board is responsible for the delivery of all elements of this service specification.

SBUHB will also be expected to provide HR support, finance support, accommodation and other support functions as deemed necessary by the ODN management team.

2.3 Elements of the South Wales Trauma Network

The South Wales Trauma Network should comprise of the following:

- An Operational Delivery Network (ODN), hosted by Swansea Bay University Health Board, which provides the management function for the network, and coordinates operational delivery
- A pre-hospital triage tool to ensure major trauma patients are conveyed directly by the Welsh Ambulance Service Trust (WAST) or the Emergency Medical Retrieval and Transfer Service Cymru (EMRTS), or other emergency providers, to the MTC or TUs.
- An adults' and children's MTC at University Hospital of Wales (UHW), Cardiff. The MTC has access to all specialist services relevant to major trauma. It has responsibility for the acute care of all major trauma patients in the region via an automatic acceptance policy and also manages the transition of patients to rehabilitative care. It collaborates with and supports other hospitals in the network.

- An adult and paediatric Trauma Unit (TU), with specialist services, at Morriston Hospital, Swansea. This provides specialist support to the MTC and specialist surgery services (burns, plastic, spinal and cardiothoracic surgery).
- Six adult and paediatric TUs at the following locations:
    - UHW, Cardiff
    - The Grange University Hospital, Cwmbran.
    - Prince Charles Hospital, Merthyr Tydfil and Princess of Wales Hospital, Bridgend.
    - Glangwilli General Hospital, Carmarthen.
- The TUs provide care for injured patients and have systems in place to rapidly move the most severely injured patients to hospitals that can manage their injuries, in most cases the MTC. They have a role in receiving patients back who require ongoing care in hospital and will have a suitable 'landing pad' via an automatic acceptance policy.
- Hywel Dda University Health Board provides rural trauma facilities that assess and treat major trauma patients, at Bronglais General Hospital, Aberystwyth, and Withybush General Hospital, Haverfordwest. . Whilst there are no specific quality indicators for a rural trauma facility, the ODN will support Hywel Dda University Health Board in its commitment to ensure that these hospitals maintain the ability to assess and treat major trauma patients, given their relatively unique geographical locations.
- A Local Emergency Hospital at Royal Glamorgan Hospital, Llantrisant. This hospital will not routinely receive acute trauma patients but should this happen they will provide appropriate initial management and transfer to the MTC or nearest TU.

2.4 Governance Structure

The organisational governance structure should ensure clear lines of accountability and responsibility across the pathway in order to achieve the best possible outcomes and experience for patients. This should align with the network's mission statement of 'saving lives, improving outcomes, making a difference.'

The arrangements need to create an environment in which all components of governance are delivered openly and transparently. In addition, all providers should contribute equally and positively to the governance activities of the network.

The network clinical governance structure consists of:

- **Trauma Network Delivery Assurance Group (DAG)**

  This group has top level trauma system oversight and ownership. In the first year of the set-up of the ODN the group will meet bimonthly and quarterly thereafter. The group will be chaired by a WHSSC

Executive or WHSSC Independent member and will be accountable to WHSSC Joint Committee.

- **Trauma Network Clinical & Operations Board (COB)**

  The board will oversee operational delivery, and are responsible for ensuring timely escalation, management and resolution of operational issues. The board will meet monthly, and this is chaired by a lead Chief Operating Officer. The board will have a performance management function and maintain operational authority.

Both the Trauma Network Delivery Assurance Group (DAG) and Trauma Network Clinical & Operations Board (COB) will ensure the delivery against the commissioning framework, the escalation of issues, learning and achievements into the senior leadership structure of the NHS.

They are supported by core groups where they can discharge and commission their responsibilities. These core groups are:

- Network Governance Group
- Network Workforce Group
- Network Informatics Group

These core groups will oversee, support and receive outputs from a number of network work streams, which are:

- Clinical and non-clinical policies
- Paediatrics
- Education and training (in partnership with HEIW)
- Rehabilitation
- Quality improvement, innovation and research
- Trauma in older people
- Injury prevention

Swansea Bay UHB will provide all organisational supporting arrangements. The ODN will escalate, through Swansea Bay UHB, matters which relate to enabling or support functions for the delivery of the network.

These include (but are not restricted to):

- HR and workforce
- Financial and procurement
- Project and programme management
- Health and safety
- Statutory and mandatory training for ODN staff
- Risk and incident management
- Planning and managerial support

The ODN is accountable to WHSSC Joint Committee through the Trauma Network Delivery Assurance Group (DAG). The DAG will escalate directly to Joint Committee through the WHSSC governance structure, matters that relate to commissioning and service delivery, planning and performance or any wider system related issues (e.g. patient flow, workforce risks and issues, approval for service change).

2.5 Service provider/Designated Centre

The ODN is located at:

- Swansea Bay University Health Board
  Morriston Hospital
  Heol Maes Eglwys
  Swansea
  SA6 6NL

3. Quality and Patient Safety

The provider should work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems should be externally audited and accredited.

The centre should enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for children, teenagers and young adults.

3.1 Quality Indicators (Standards)

Quality indicator
Network configuration The network structure should be identified in the network operational policy including pre-hospital services, hospitals and rehabilitation services.
Network governance structure A clinical governance structure that includes a network manager, clinical lead and a number of leadership roles, identified in the network operational policy.
Patient transfers Review of patient transfers from year 1 to include the following: • The number and proportion of patients transferred directly to MTC, including cases of significant under and over pre-hospital triage. • The number and proportion of patients that have an acute secondary transfer (within 12 hour) from a TU to MTC. • The proportion of urgent transfers that occur within two calendar days. • The number of patients with ISS ≥15 managed definitively within a TU. • The number of patients where repatriation from MTC exceeds 48hrs from when referred.
Network Transfer Protocol from TUs/LEHs to MTC There should be a network protocol for the safe and rapid transfer of patients to specialist care with the following components: • A pre-hospital triage tool with specific criteria for triage of patients, based on mechanism, injury pattern and clinical condition to ensure direct transfer to the MTC or nearest TU. • A protocol for the transfer of adult patients specifying that transfers should be carried out by teams trained in the transfer of patients. This standard is already being met by the Designed for Life, Welsh Guidelines for the Transfer of Critically Ill Patients, 2016. • A protocol for the transfer of paediatric patients. This standard is already being met by the Wales and West Acute Transport for Children Service (WATCh) based in Bristol.
Teleradiology services There should be teleradiology facilities between the MTC and all TUs/LEHs in the network allowing immediate image transfer 24/7.
Network wide TARN review The MTC, TUs and LEHs should participate in the TARN audit, with at least 1 year of back dated baseline data before network operational. Data should meet the following standards: Case ascertainment – patients submitted to TARN compared to expected based on Patient Episode Data for Wales (PEDW) dataset –target of 80% across the network by end of year 1.

Case accreditation - this is the proportion of key fields used in this report that are filled in for each patient submitted to TARN –target of 95% across the network by end of year 1.
The standards set are to ensure subsequent TARN metrics can be meaningfully interpreted.

TARN audit should be discussed at the network audit meeting at least annually and distributed to all constituent members of the network.

Develop strategies for undertaking TARN PROMS and PREMS in year 1.

Trauma management guidelines

There should be network agreed clinical guidelines for the management of:

- Standardised patient care.
- Emergency anaesthesia and emergency surgical airway.
- Resuscitative thoracotomy.
- Abdominal injuries.
- Severe traumatic brain injury.
- Open fractures.
- Compartment syndrome and vascular injuries.
- Penetrating cardiac injuries
  Spinal cord injury.
- Severe pelvic fractures including urethral injury.
- Chest drain insertion.
- Pain relief for chest trauma with rib fractures.
- CT imaging and imaging for children.
- Interventional radiology.
- Non-accidental injury in the child.

Management of severe head injuries
All patients with a severe head injury should be managed according to NICE guidance (Head injury: assessment and early management, 2014)

Management of spinal injuries
There should be a network protocol for the following:

- Assessment and imaging of the spine.
- Resuscitation and acute management of spinal cord injury linked with a Spinal Cord Injury Centre (SCIC) at the MTC.
- Emergency transfer of spinal patients.

Emergency planning
The ODN should have an overarching Business Continuity Plan (BCP) for the MTN with component parts required to have their own BCPs to feed into this.

The network should have an emergency plan for dealing with a mass casualty event that is reviewed and updated annually.
The integration of the All Wales Mass Casualty Plans into the network operational policy.

There should also be a requirement to have an overarching Business Continuity Plan for the MTN, with component parts required to have their own BCPs to feed into this

Directory of rehabilitation services, referral guidelines and education programme
To form part of the network operational policy in year 1.

Patient transfer policies
There should be following network policies in place:

• Automatic acceptance policy to the MTC for patients who arrive in a TU/LEH who need urgent transfer to the MTC, • Automatic repatriation policy ('care with treatment closer to home').

Trauma in older people Quality Indicators
The network will develop a 'silver' trauma triage tool as an addendum to the 'standard' pre-hospital triage tool supported by trauma desk to enhance identification, leading to early senior involvement in Emergency Departments– in place before year 1.
Network guidelines on trauma in older people including assessment, specific sections in trauma patient record for documentation of assessment (e.g. cognition/frailty/nutritional status) and care bundle – in place before year 1.
Review by a ST3/equivalent or above in orthogeriatric medicine, geriatric medicine or care of elderly medicine as soon as possible and definitely within 72hrs of admission – in place years 3 - 5.
Early brief educational/training interventions for WAST/ED (triage nurses/trauma teams/team leaders) as part of initial programme – in place before year 1.

3.2 Other quality requirements

- The network should assess that the systems used by providers to demonstrate service quality and standards are effective for MT services.
- The service should have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site.
- The quality system and its treatment protocols will be subject to regular clinical and management audit.
- The network should undertake regular patient surveys and develop and implement an action plan based on findings.

4. Performance Monitoring and Information Requirement

4.1 Performance Monitoring

WHSSC is responsible for commissioning services in line with this service specification. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- ODN to evidence quality and performance controls
- ODN to evidence compliance with standards of care

WHSSC will conduct performance and quality reviews on an annual basis

4.2 Key Performance Indicators

The South Wales Trauma Network will be performance managed and benchmarked through national peer review and TARN submissions.

4.3 Date of Review

This document is scheduled for review before 2024, where we will check if any new evidence is available.

If an update is carried out the policy will remain extant until the revised policy is published.

5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

6. Putting Things Right

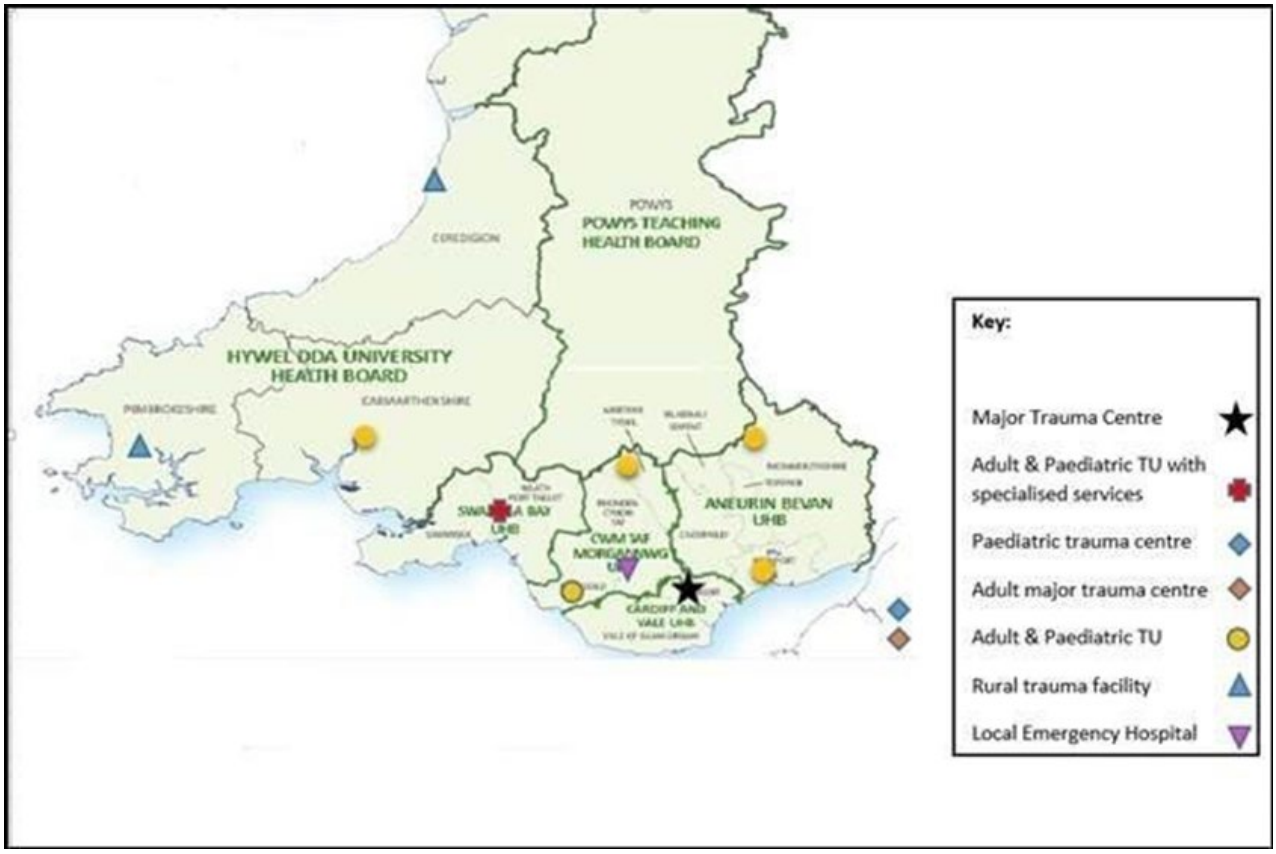
6.1 Raising a Concern

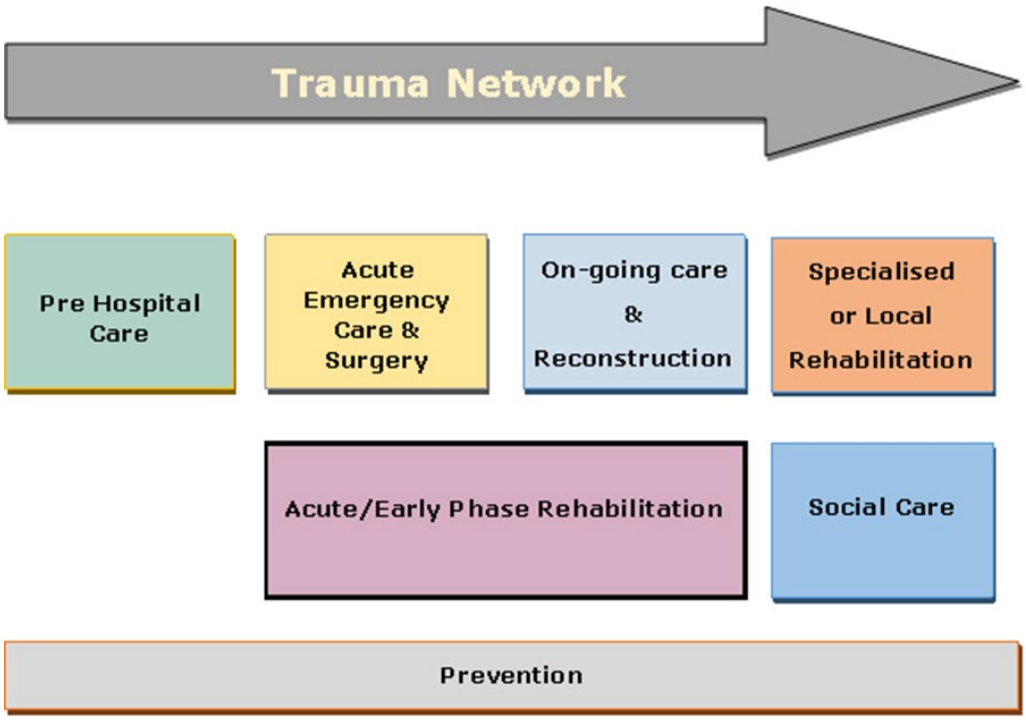
Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern. Concerns should be made to the ODN and/or the respective Health Board.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should contact their own Health Board as they are responsible for the patients' care.
Concerns raised to Health Boards in relation to Major Trauma should be copied to the ODN as the host of the Major Trauma Network.

Annex i Trauma Network locations and patient pathway





Annex ii Abbreviations and Glossary

Abbreviations

BOAST	British Orthopaedic Society Standards for Trauma
DAG	Delivery Assurance Group
ED	Emergency Department
EMRTS	Emergency Medical Retrieval and Transfer Service
EqIA	Equality Impact Assessment
ICU	Intensive Care Unit
ISS	Injury Severity Score
LEH	Local Emergency Hospital
MTC	Major Trauma Centre
NICE	National Institute of Health & Care Excellence
ODN	Operational Delivery Network
StR	Speciality Trainee Registrar
TARN	Trauma Audit Research Network
TU	Trauma Units
VTN	Veterans Trauma Network
WATCh	Wales & West Acute Transport for Children Service
WHSSC	Welsh Health Specialised Services

Glossary

Delivery Assurance Group
This group provides top level system oversight and ownership, meets bimonthly in first year and quarterly thereafter. Chaired by WHSSC or independent member, accountable through WHSSC Joint Committee.

Emergency Department
An emergency department (ED), also known as an accident & emergency department (A&E), emergency room (ER), emergency ward (EW) or casualty department, is a medical treatment facility specializing in emergency medicine, the acute care of patients who present without prior appointment; either by their own means or by that of an ambulance.

Emergency Medical Retrieval and Transfer Service
The Emergency Medical Retrieval and Transfer Service Cymru is a pre-hospital critical care service in Wales. It is partnership between Wales Air Ambulance, Welsh Government and NHS Wales.

Equality Impact Assessment
An equality impact assessment is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people.

Intensive Care Unit
Intensive care units (ICUs) are specialist hospital wards that provide treatment and monitoring for people who are very ill.

They're staffed with specially trained healthcare professionals and contain sophisticated monitoring equipment.

ICUs are also sometimes called critical care units (CCUs) or intensive therapy units (ITUs).

Injury Severity Score
The Injury Severity Score (ISS) is an established medical score to assess trauma severity. It correlates with mortality, morbidity and hospitalization time after trauma. It is used to define the term major trauma. A major trauma (or polytrauma) is defined as the Injury Severity Score being greater than 15.

Local Emergency Hospital
The Local Emergency Hospital (LEH) is a hospital in the Trauma Network that does not routinely receive acute trauma patients (excepting minor injuries that may be seen in an MIU). It has processes in place to ensure that should this occur patients are appropriately transferred to a MTC or TU. It may have a role in the rehabilitation of trauma patients and the care of those with minor injuries.

Major Trauma
Major trauma is any injury that has the potential to cause prolonged disability or death. There are many causes of major trauma, blunt and penetrating, including falls, motor vehicle collisions, stabbing wounds, and gunshot wounds. Depending on the severity of injury, quickness of management and transportation to an appropriate medical facility may be necessary to prevent loss of life or limb. The initial assessment is critical, and involves a physical evaluation and also may include the use of imaging tools to determine the types of injuries accurately and to formulate a course of treatment.

Major Trauma Centre (MTC)
A multispecialty hospital, on a single site, optimised for the provision of trauma care for all types of injuries through the provision of consultant level care. It will have access to all major trauma specialist services relevant to major trauma. It will provide a managed transition to rehabilitation and the community. It will take responsibility for the care of all patients with major

trauma in the region covered by the network via an automatic acceptance policy. In addition to an active, effective quality improvement programme, it will collaborate and support other hospitals in the network. The adult and paediatric MTC for the region will be at UHW.

National Institute of Health & Care Excellence
The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

Operational Delivery Network (ODN)
The term 'ODN' was developed in NHS England in 2012, to reflect the shift in the function of some clinical networks to focus on coordinating patient pathways between providers over a wide area to ensure access to specialist resources and expertise.

Specialist Rehabilitation
Specialist rehabilitation is delivered by a multi-professional team who have undergone recognised specialist training in rehabilitation, led/supported by a consultant trained and accredited in rehabilitation medicine.

Trauma Audit Research Network (TARN)
Delivering, measuring and assuring the benefits of a trauma network all depend upon high quality process and outcome data. The Trauma Audit and Research Network (TARN) dataset provides for these requirements. TARN also provides the framework for PROMs and PREMs for trauma patients.

Trauma Units
A Trauma Unit (TU) is a hospital in a Trauma Network that provides care for most injured patients and:

- Is optimised for the definitive care of injured patients. In particular, it has an active, effective trauma Quality Improvement programme. It also provides a managed transition to rehabilitation and the community.
- Has systems in place to rapidly move the most severely injured to hospitals that can move the most severely injured to hospitals that can manage their injuries.
- May provide some specialist services for patients who do not have multiple injuries (e.g. open fibial fractures). The Trauma Unit then takes responsibility for making these services available to patients in the Network who need them. Other Trauma units may have only limited facilities, being able to stabilise and transfer serious cases but only to admit and manage less severe injuries.

Wales & West Acute Transport for Children Service
The Wales & West Acute Transport for Children Service (WATCh) is a jointly commissioned team responsible for the safe transfer of critically ill children across South West England and South Wales.
The team co-ordinates and undertakes the transfer of children into the two regional PICUs in Bristol and Cardiff.

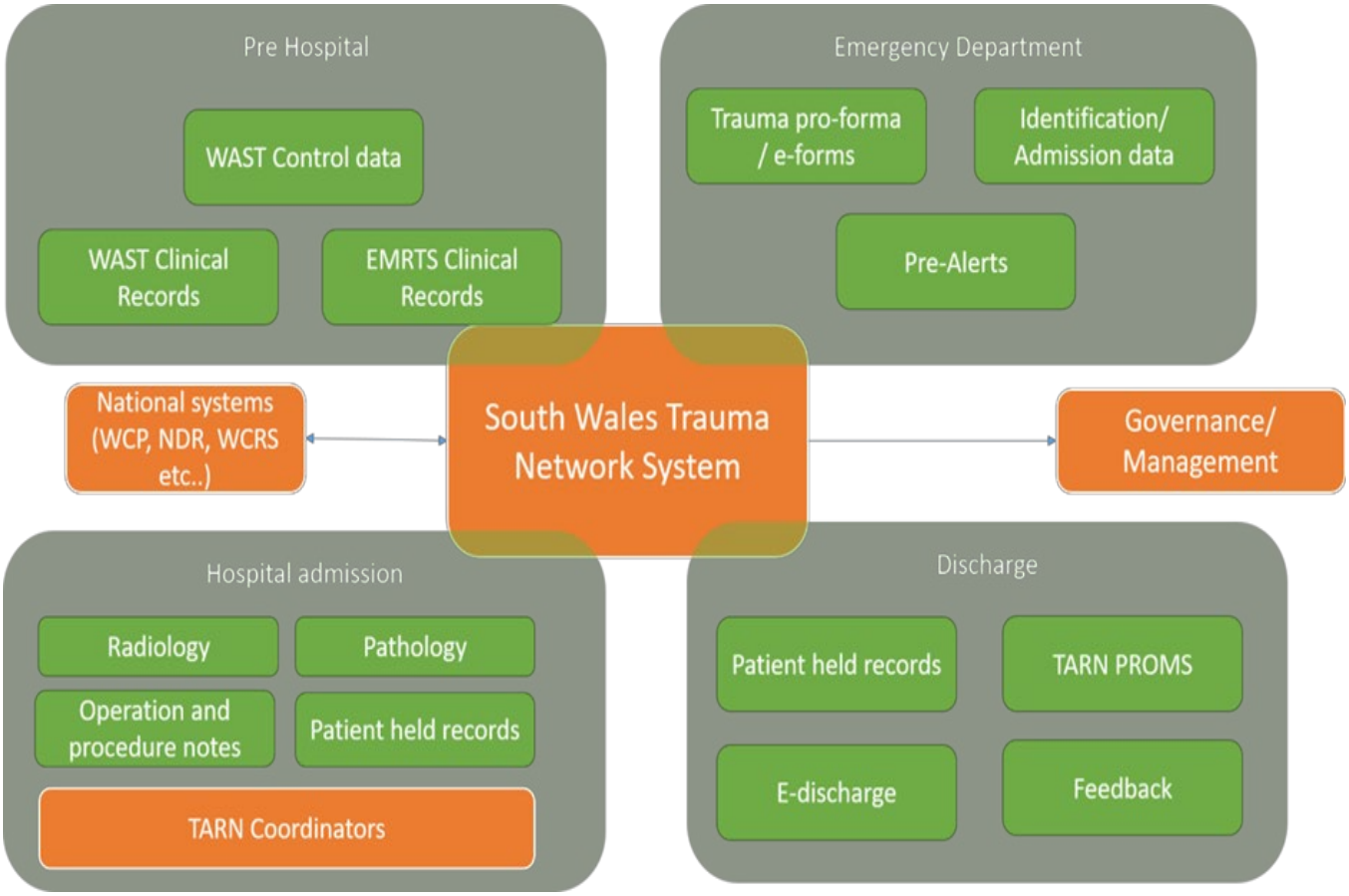
Welsh Health Specialised Services Committee (WHSSC)
WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

Appendix 1 Clinical Informatics Model

The following areas will be facilitated through the ODN work programme:

- Implementation of a trauma clinical system.
- Implementation of a central incident reporting short form, and integration with systems.
- Provision of call recording to support governance process.
- Development of a network wide information repository / "app"
- Integration of patient held records to support quality discharge
- Supporting training, education, quality improvement and research activities as required.

A high level overview of the anticipated landscape of the systems is included in the figure below:



A phased approach will need to be taken over five years. An illustration of the essential and desirable deliverables are included below.

Year	Essential	Desirable
19/20 (in place for day 1)	• Data sharing agreements in place • Pre-hospital patient reports from WAST & EMRTS to be available to TARN coordinators & Network office no more than 4 weeks following incident • WAST/EMRTS to be flagging potential major trauma cases on control systems • Up to date pre-hospital operational data available for interrogation and business intelligence dashboards • Network information "app" live • Trauma tool "app" live • All TU's to upload trauma pro-forma to document management systems that interface with national repository • CAV to be using the network trauma information system pro-actively	• Patient held records (for rehabilitation prescription) functioning • Capture of additional trauma cases in systems that are not TARN eligible, but of interest for injury prevention and service planning e.g. death at scene in HB's that have capacity (i.e. are already up to date with retrospective data collection)
	• Network incident reporting system short form live and process in place for handling cross boundary/ organisational incidents • Call recording available for non-emergency case discussions/ referrals • All TARN coordinators to have access to national instance of Welsh Clinical Portal • Network data analyst in post (training/ development with stakeholders)	
20/21	• Integration with national systems complete (to include operation notes, emergency department systems, all radiology, pathology results) • Transition to electronic clinical data capture in emergency department (replacement of trauma paper pro-forma) CAV • Patient held records (for rehabilitation	• Transition of other TU's to Electronic data capture • Export of year 1 • & year -1 data to SAIL
21/22	• Patient held records (for rehabilitation prescription) functioning for MTC patients + 2 TU's	
22/23	• Patient held records (for rehabilitation prescription) functioning for MTC patients + 4 TU's	• Patient held records (for rehabilitation prescription) functioning for 6 TU's

23/24	TARN integration 1 TARN to have direct access to the network trauma information system data including all relevant linked data to complete a TARN submission. 2 Network to have direct link to TARN data to augment data already available within NHS held datasets e.g. addition of Ps, ISS etc.in operational dashboards. 3 PROMS data to be linked back into welsh systems, and in turn into National data repository 4 Export of dataset to SAIL with 3 complete years of network operation, and to include PROMS, and TARN metrics.	• Patient held records (for rehabilitation prescription) functioning for all 8 TU's