A Major Trauma Network for South and West Wales and South Powys - Report on Consultation

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Purpose of Document:

This paper provides:
- a brief summary of the rationale for a major trauma network for South and West Wales and South Powys ('the region')
- an overview of the work that has been undertaken to develop recommendations for a major trauma network for the region
- a summary of the resulting recommendations made by an Independent Panel
- a description of the process used to consult on the recommendations
- a description of the framework developed and used for analysis of the consultation responses
- an analysis of the consultation responses, using the framework referred to above
- conclusions drawn from the consultation
- a summary of the financial arrangements for the implementation of a major trauma network
- a recommendation from the Collaborative Leadership Forum to the boards of health boards in the region
1 Introduction

This paper provides:

- a brief summary of the rationale for a major trauma network for South and West Wales and South Powys (‘the region’) – Section 2
- an overview of the work that has been undertaken to develop recommendations for a major trauma network for the region – Section 3
- a summary of the resulting recommendations made by an Independent Panel – Section 4
- a description of the process used to consult on the recommendations – Section 5
- a description of the framework developed and used for analysis of the consultation responses – Section 6
- an analysis of the consultation responses, using the framework referred to above – Section 7
- conclusions drawn from the consultation – Section 8
- a summary of the financial arrangements for the implementation of a major trauma network – Section 9
- a recommendation from the Collaborative Leadership Forum to the boards of health boards in the region – Section 10

The recommendation of the Collaborative Leadership Forum (NHS Wales chairs and chief executives acting to oversee the work of the NHS Wales Health Collaborative) is that boards in the region should approve 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.

Additional background information and more detailed analysis of the consultation responses is contained in various Supporting Documents (see page 42).
2 Rationale for a major trauma network

'Major Trauma' is the leading cause of death in all groups under 45 years of age and is a significant cause of short and long term morbidity. A trauma network works together to make sure a patient receives the best care for life threatening or life changing injuries. Where there is a major trauma network, it has been shown that more patients will survive and make a good recovery, irrespective where in the region covered by the network they suffer a major trauma.

Organisations such as the National Confidential Enquiry into patient Outcome and Death (NCEPOD), National Institute of Clinical Excellence (NICE), the Department of Health Clinical Advisory Group and the National Audit Office (NAO), have produced several reports which draw attention to poor care and outcomes received by patients resulting from a lack of trauma networks.

South and West Wales and South Powys ('the region') is the only region of England and Wales that does not have a major trauma network (MTN) or have access to a designated major trauma centre (MTC). This means that individuals suffering a major trauma in the region are likely to have poorer outcomes and are at greater risk of death.

The development of a major trauma network for the region will represent a significant step forward in the provision of emergency care in Wales and will build on the current model of care, providing greater expertise and resilience to deal appropriately with both individual and mass casualty events. A developing network will lead to enhanced roles for a number of hospitals across the region, but particularly for the University Hospital of Wales, Cardiff and Morriston Hospital, Swansea.

The establishment of a major trauma network will also contribute to the delivery of aims of the Wellbeing of Future Generations (Wales) Act 2015, by supporting the delivery of a ‘healthier Wales’ and the goal to “develop a society in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood”.

3 Development of recommendations

3.1 Initial work

The work to develop proposals for a major trauma network has been led by the NHS Wales Health Collaborative Team ('the Collaborative'). The work was undertaken in collaboration with health boards across the region, the Welsh Ambulance Service NHS Trust (WAST), the Emergency Medical Retrieval and Transfer Service (EMRTS) and has also involved the third sector and Community Health Councils (CHCs).
In late 2014, the Collaborative was asked by the chief executives in NHS Wales to develop a service model for a major trauma network for the region.

North Wales and North Powys were not included in the project. Betsi Cadwaladr University Health Board is already part of the West Midlands Major Trauma Network, with patients in North Wales having access to the major trauma centre in North Staffordshire. Patients in North Powys also benefit from being part of the West Midlands Major Trauma Network via the trauma unit in Shrewsbury.

A Project Board was established, supported by a Clinical Reference Group (CRG). The service model for major trauma services for adults and paediatrics was developed by the CRG, in line with the standards for major trauma, and approved by the Project Board in May 2015.

### 3.2 Option appraisal

In June 2015, an option appraisal workshop, led by clinicians, was undertaken which identified the need for a major trauma network with a major trauma centre based in South Wales to support the population of South and West Wales and South Powys.

The workshop included health boards, the Welsh Ambulance Service NHS Trust (WAST) and invited patient representatives from voluntary and charity support groups from across the region. Community Health Councils were also invited to observe. The workshop considered several 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 (UHW)
- Two sites, based at Morriston Hospital and University Hospital of Wales (UHW).

The participants in the workshop determined that the preferred option was **a major trauma centre on a single site based within the region and supported by a number of trauma units.**

The workshop did not result in a recommendation on a preferred location for the major trauma centre. However, in identifying the preference for a single site, Morriston Hospital, Swansea and University Hospital of Wales (UHW), Cardiff were assessed to be the only two hospitals in the region that could potentially meet the criteria for a major trauma centre, due to the specialist nature of the service and the need for it to be co-located with relevant specialist services.
The workshop agreed that, to support a population of approximately two million (deemed to be the minimum critical mass for sustainability) the network would need to be supported by a major trauma centre located within the region. This ruled out the option of relying on services from the Bristol major trauma centre. The potential for a dual site solution was considered, but eliminated based on the fact that the critical mass for sustainability could not be delivered through such an arrangement.

Following the workshop, an equality impact assessment (EqIA) was undertaken and has continued to be revised across the life of the project (Supporting Document 1).

### 3.3 The Independent Panel

Building on the earlier work, an independent panel of specialists from across trauma and rehabilitation services in the UK (‘the Independent Panel’) was commissioned by the Collaborative Board (chief executives), on behalf of health boards in the region, to review the information and evidence available and make a recommendation on the preferred location of a major trauma centre in the region.

A formal report (Supporting Document 2) was considered by health boards in the region in January 2017. This report asked boards to note the arrangements for the Independent Panel to consider the evidence regarding the establishment of the proposed major trauma centre and to bring forward a recommendation of a preferred option for public consultation. This was supported by all health boards in the region.

The Independent Panel convened in February 2017, chaired by the National Clinical Director for Trauma to NHS England. The Independent Panel comprised representatives from across major trauma services in the UK. Panel members were selected based on their national and international reputations as experts in trauma care and the development of trauma systems and having previously been involved in the development of regional major trauma systems.

Representatives were invited to attend from health boards, Public Health Wales, the Welsh Government, Community Health Councils (as observers), Emergency Medical Retrieval and Transfer Service (EMRTS), Welsh Ambulance Service Trust (WAST), Welsh Health Specialist Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). The terms of reference and agenda for the day are attached (Supporting Documents 3 and 4).

The Independent Panel was asked to undertake the following:

- Review the service model and specification for major trauma services for adults and paediatrics, across the region
• Consider supporting evidence from Abertawe Bro Morgannwg UHB and Cardiff and Vale UHB for the provision of a major trauma centre at Morriston Hospital, Swansea or the University Hospital of Wales (UHW), Cardiff as part of the major trauma network in south Wales.

• Provide an independent view on the two options for the location of the major trauma centre.

• Provide a view on the phasing of any implementation requirements and priorities for investment within a major trauma centre.

• Advise on the impact on remaining services at Morriston Hospital and UHW Hospital in the event they are not identified as the major trauma centre.

• Advise on the preferred location of a major trauma centre for the region.

4 Recommendations from the Independent Panel for a major trauma network

After considering the evidence, the Independent Panel made the following five recommendations in their report (see Supporting Document 5):

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 making their recommendations, the panel identified three main factors that should shape the design of a major trauma network:

• **Clinical interdependencies**, i.e. the services that need to be available at the location of the major trauma centre, as set out in the relevant standards

• **Critical mass**, i.e. the minimum number of people needed to make a service, in this case major trauma, sustainable

• **Travel times**: The Panel considered the geography of Wales and concluded that, with the provision of a major trauma centre in the region, individuals would be more likely to survive a major trauma, regardless of the time it takes to travel to the major trauma centre.
The panel concluded 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 locate the centre. It is important to have these specialist services available immediately if you suffer a major trauma. Providing these services on the same site is a minimum requirement.

Health boards formally received a copy of the report from the Independent Panel alongside their recommendations for consideration at their board meetings in September 2017. They were asked to agree, in principle, to the recommendations from the Independent Panel, and, in doing so, agree to a period of consultation on the recommendations of the Independent Panel (Supporting Document 6). All health boards agreed, in principle, to the above recommendations of the Independent Panel as the basis for a formal consultation.

5 Consultation process

As the proposals were deemed as substantial service change, a full consultation of twelve weeks was required. The process was designed in accordance with the ‘Guidance on Engagement and Consultation on Changes to Health Services’. The process was considered by the Collaborative Leadership Forum, the six health boards in the region and the six Community Health Councils. As a collaborative process, Health Boards and Community Health Councils (CHCs) agreed that a consistent approach should be taken by all, ensuring equality of opportunity for all populations groups regardless of geographical location.

The consultation process commenced on 13 November 2017 and came to a conclusion on 5 February 2018.

In agreement with the CHCs, the consultation asked for individuals in the region and organisations to consider the following specific questions:

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?

4. Do you have any other comments?

To ensure a consistent approach was adopted across the region, a task group was established comprising engagement and equality lead officers from each of the affected health boards and a representative of the CHCs. A consultation plan was developed outlining the objectives of the
consultation, a stakeholder mapping and the consultation methods to be employed (Supporting Document 7). Plans for local consultation activity, to be undertaken in line with the overall consultation plan, were agreed between each health board and the respective CHC.

The consultation document was made available in various formats via hard copies and a dedicated web page on the Public Health Wales website (as Public Health Wales is the host body of the Collaborative). Public, stakeholder and staff sessions were held and social media was utilised.

Public meetings were scheduled across the region. Formal notes were provided from each consultation meeting, once agreed with the local CHC. A series of additional meetings took place with other professional/recognised groups. Details of the public meetings are attached at Supporting Document 8.

Social media (Facebook and Twitter), was used by health boards to promote the consultation and public meetings. Hywel Dda and Abertawe Bro Morgannwg UHB also engaged in wider discussions via social media.

A mid-way review meeting took place in December 2017, involving all the Health Boards and CHCs, to review the processes and responses received to date in light of national guidance and determine whether any adjustments needed to be made to the consultation for the remaining period. A table setting out the national guidance and how this guidance was applied in the consultation is provided in Supporting Document 9. Emerging themes were also shared with the engagement group.

Following the end of the consultation, the responses were analysed in line with the agreed framework (see Section 6).

6 Framework for analysis of consultation responses

The Independent Panel considered an extensive suite of information prior to making their recommendations. As a result, health boards agreed, at their board meetings in September 2017, that the basis of the consultation would be the recommendations of the Independent Panel. The framework for analysis of the consultation responses was developed to assist health boards in their decision making process and an initial version was agreed at the Collaborative Executive Group (formerly the Collaborative Board) in January 2018 (Supporting Document 10).

In February 2018, in considering the initial analysis of responses using the framework, the Collaborative Leadership Forum identified that the framework, as it then stood, could be interpreted as putting the views of the Independent Panel beyond challenge. As a result, the framework was modified to require that, in cases where recommendations had been
challenged for reasons already considered by the Independent Panel, the Panel’s rationale should be reconsidered and either endorsed as still valid or deemed to be no longer valid.

The framework is illustrated graphically below:

There are multiple steps to the framework:

- Consider whether an individual/organisation agrees or disagrees with the proposals. If there is no disagreement, any specific comments made are considered, along with comments from other responders, and, where appropriate, identified as issues for consideration during implementation. If there is disagreement, the following steps are applied:
  - Consider the reason given by an individual/organisation for disagreeing with the proposals and determine whether the Independent Panel considered the issue.
    - If the issue was considered by the Independent Panel, then the rationale of the Panel is reconsidered and either endorsed as still valid or deemed to be no longer valid (in which case further action is required). In some cases, even though the rationale of the Independent Panel was deemed valid, issues were raised that need to be considered further and/or addressed during
implementation. In such cases, the comments are still considered in the thematic analysis (see below). If there is deemed to be a direct impact, then further consideration is given as to whether there are any mitigations for the issue raised and, if so, these are documented.

- If the issue was not considered by the Independent Panel, then further consideration is given to the issue raised using the following steps:
  
  • Consider if the issue raised has a direct impact on the proposals. If there is not deemed to be a direct impact, then the comments are still considered in the thematic analysis (see below). If there is deemed to be a direct impact, then further consideration is given as to whether there are any mitigations for the issue raised and, if so, these are documented.
  
  • Provide information to support boards in their decision making process, including the mitigating circumstances for issues raised.

In applying the framework, care was taken to ensure that all comments made were considered on an equal footing regardless of the format in which they were submitted.

## 7 Analysis of consultation responses

### 7.1 Number of responses received

There were 1,041 consultation responses received from across the region, and 254 members of the public engaged in conversation on social media (with potential overlap between these two groups).

Of the 1,041 responses, 999 directly answered the consultation questions asked (60% submitted via the webpage and 40% submitted via post or email). These are shown by health board in the table below:

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Responses</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwg UHB</td>
<td>511</td>
<td>51.1%</td>
</tr>
<tr>
<td>Aneurin Bevan UHB</td>
<td>38</td>
<td>3.8%</td>
</tr>
<tr>
<td>Cardiff and Vale UHB</td>
<td>126</td>
<td>12.6%</td>
</tr>
<tr>
<td>Cwm Taf UHB</td>
<td>32</td>
<td>3.2%</td>
</tr>
<tr>
<td>Hywel Dda UHB</td>
<td>224</td>
<td>22.4%</td>
</tr>
<tr>
<td>Powys tHB</td>
<td>26</td>
<td>2.6%</td>
</tr>
<tr>
<td>Not known (no postcode)</td>
<td>38</td>
<td>3.8%</td>
</tr>
<tr>
<td>England</td>
<td>4</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>999</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

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There were also 42 other letters and emails received in response to the consultation which did not directly answer the consultation questions, but provided clear views about the recommendations of the Independent Panel. The content of these letters and emails was given full consideration on an equal footing with all other responses and the issues raised are included in the analysis presented in this report and Supporting Documents 11 and 12.

Seventeen public meetings were scheduled across the region and a total of 242 people attended comprising health board employees, local residents, local councillors, an assembly minister and representatives of other organisations. Feedback received in these meetings was captured and analysed and considered on an equal footing with all other responses.

In addition, 254 members of the public engaged in conversation on Facebook and Twitter relating to the consultation (18 in Hywel Dda UHB initiated conversations/threads and 236 in Abertawe Bro Morgannwg UHB initiated conversations/threads). Whilst a number of individuals used these conversations to express their views on the proposal, the conversations were also used by individuals to promote and confirm that they had completed a formal questionnaire to respond to the consultation. The key themes identified from the social media conversations were considered on an equal footing with other responses.

7.2 High level summary of responses to the consultation questions

The following summary is supported by a full numerical and thematic analysis of consultation responses (Supporting Document 11).

**Question 1** asked “Do you agree or disagree that a major trauma network should be established for South and West Wales and South Powys?”

- 92.8%* of responders agreed that a major trauma network should be established for the region
- 4.0% disagreed
- 2.7% neither agreed nor disagreed
- 0.5% provided no response

*This includes 242 respondents who used a standard ‘template’ response and who answered ‘Yes’ to the question (rather than answering ‘Agree’ or ‘Disagree’)

**Question 2** asked “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?”

- 34.6% of responders agreed 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

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The percentage of responders disagreeing 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” varied to a large extent, based on the health board in which responders live.

Those disagreeing accounted for:

- 68.2% of responders from the Abertawe Bro Morgannwg UHB area
- 36.7% of responders from the Hywel Dda UHB area
- 23.1% of responders from the Powys tHB area
- 13.5% of responders from the Cardiff and Vale UHB area
- 9.4% of responders from the Cwm Taf UHB area
- 7.9% of responders from the Aneurin Bevan UHB area

**Question 3** asked “If we develop a major trauma network for South and West Wales and South Powys, is there anything else we should consider?”

**Question 4** asked “Do you have any other comments?”

The following are the main themes arising from responses to Questions 3 and 4 (with further detail being provided in Supporting Document 11):

- Many respondents took the opportunity to restate and/or expand on their views that:
  - the Major Trauma Centre should be in Morriston/Swansea or should not be at UHW
  - there should be more than one Major Trauma Centre in the region
  - parts of the region should use Bristol (and/or other English centres) as their Major Trauma Centre

- In implementing the network, there is a need to ensure that:
  - improvements are made in EMRTS, air ambulance services and ambulance services to ensure the time taken to transfer patients to the Major Trauma Centre is minimised on a 24/7 basis
  - the relatives of patients are adequately supported, in terms of provision of information, transport, accommodation at the Major Trauma Centre, parking etc.
  - there is an adequate focus on the design of the whole network, including the location of trauma units and their facilities and on the entire pathway, including rehabilitation
o there is access to appropriate diagnostic and treatment services at the Major Trauma Centre
o there is excellent communication between professionals and with the public during the implementation and delivery of the network
o implementation proceeds quickly once the decision has been made

- There are concerns about:
o equity of access in West Wales and other rural areas
o the impact on existing services at the location of the Major Trauma Centre through additional workload
o the lack of capacity of estates, facilities and support services at UHW, particularly in relation to views about there being sufficient capacity at Morriston
o the network’s ability to ensure adequate staffing and adequate training for staff
o the availability of adequate funding to implement the network
o the downgrading of services away from the Major Trauma Centre
o lack of co-location with thoracic surgery
o the potential for the burns unit to move to Cardiff
o the social and economic impact of further investment in Cardiff at the expense of other areas
o this being part of a wider agenda to move services from Swansea to Cardiff
o why it has taken this long to develop proposals for a major trauma network for the region
o the degree to which the consultation has been genuine and extensive

- Further information would have been welcome in relation to:
o how well the network is working in North Wales
o the geographical spread of incidents resulting in major trauma in recent years

### 7.3 Themes identified from consultation responses

Themes identified from the consultation (through equal consideration of responses to the formal consultation questions, public and stakeholder meetings, social media, letters and emails received) have been reviewed. The key themes are contained in the Appendix and a more detailed analysis is provided in Supporting Document 12.

A small number of responses cited a lack of clarity in the consultation report and insufficient detail/evidence to enable individuals to respond to the consultation.
7.4 Analysis of reasons given for disagreeing with the recommendations of the Independent Panel

As stated in Section 7.2:

- 4% of responders disagreed with the recommendation that “a major trauma network should be established for South and West Wales and South Powys”
- 49.4% of responders disagreed “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”.

The reasons given for disagreement have been analysed and the full analysis is set out in Supporting Document 12, with a summary being provided below.

Reasons for disagreement already considered by the Independent Panel

Most of the reasons given for disagreeing with the propositions in consultation questions 1 and 2 had already been considered by the Independent Panel. These issues are included in those listed in the Appendix (see Supporting Document 12 for a fuller version).

The two main reasons identified for disagreeing with the recommendations were:

- Do not agree with the recommendation for the proposed major trauma centre to be located at the University Hospital of Wales, citing:
  - the major trauma centre should be in Morriston Hospital
  - the report does not sufficiently take into account travel times from West Wales to Cardiff
  - Morriston Hospital is more central to South Wales
- Proximity of South East Wales to Bristol – people living in South East Wales being able to access the major trauma network in Bristol

The Independent Panel considered clinical interdependencies, critical mass and travel times. The panel 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 and that, wherever the major trauma centre is located, some people will be a considerable distance from it. 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. Rather, 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.
The use of the major trauma network centred on Bristol was discounted at the option appraisal in February 2015. The option appraisal workshop agreed that to support a population of approximately two million, the network would need to be supported by a single major trauma centre based within the region (i.e. South Wales). This would include the population of Aneurin Bevan UHB.

Further issues raised, which were considered by the Independent Panel or do not directly relate to the proposals included:

- patient flow and the importance of implementing an automatic acceptance and repatriation policy
- transport and infrastructure requirements (including public transport and road)
- access and support for families and carers.

In applying the framework, the Collaborative Leadership Forum considered carefully all responses, but concluded that the issues raised had been considered by the Independent Panel and that no additional evidence had been produced that would lead the Forum to conclude that the rationale of the Panel was deemed to be invalid. As such, it was concluded that there was no cause, in this stage of the analysis, for the rejection or alteration of any of the specific recommendations of the Independent Panel. There were, however, some aspects of the Independent Panel’s recommendations where mitigations were identified to ensure that any negative consequences can be minimised (see section 7.5).

**Reasons for disagreement NOT considered by the Independent Panel**

There were a number of issues raised in the consultation, which had not been specifically considered by the Independent Panel when making their recommendations. These issues have been considered, are also listed in the Appendix (see Supporting Document 12 for a fuller version) and some of the main points are summarised below:

- The development of the network will lead to a downgrading of other services
- There should be a Major Trauma Network covering the whole of Wales
- South Wales is big enough to need more than one Major Trauma Centre*
- Parts of the region should make use of the Major Trauma Centre in Bristol*
- Existing infrastructure at the proposed site of the Major Trauma Centre is inadequate
Existing services at the proposed site of the Major Trauma Centre will be overloaded

The Major Trauma Centre should be on the same site as thoracic surgery

There needs to be access to 24/7 interventional radiology services

There is a lack of 24/7 availability of the Emergency Medical Retrieval Service (EMRTS) or air ambulance

Transport infrastructure is inadequate

Concerns about:
  o value for money
  o the availability of adequate funding
  o the recruitment, retention and efficient deployment of staff
  o the consultation process
  o the independence and expertise of the Independent Panel
  o the wider social and economic impact of the proposals

*Note that these issues were addressed during the June 2015 option appraisal (see Section 3.2)

In light of the material presented in the Appendix and Supporting Document 12, it has been concluded that, whilst issues have been raised that need to be considered and addressed or mitigated as part of the implementation of a major trauma network, nothing has been raised that requires the rejection or alteration of any of the recommendations of the Independent Panel.

## 7.5 Specific mitigations identified

Whilst, as stated above, nothing has been raised through the consultation that requires the rejection or alteration of any of the recommendations of the Independent Panel, there are areas where responders have identified potential negative consequences of the recommendations that can and should be mitigated. These mitigations are included in Supporting Document 12 and some are also included in the Appendix. Many of the most important mitigations identified are summarised below:

- South and North Wales will work closely together so they can share best practice and learn from each other. There will be a major trauma and critical care network board which will include both North and South Wales.

- There will be appropriate collaboration between health boards to ensure that all populations within the network are appropriately covered by trauma units.

- Where patients currently access the trauma units in England, they will continue to do so.
• A review of services provided at a regional level by UHW will be undertaken to identify those that might safely and appropriately be delivered at other hospitals. This would free up theatre time and beds to support patients with a major trauma who require more complex care and treatment. Cardiff and Vale UHB is also developing a Clinical Services Plan which will include consideration of what services could move off the UHW site to University Hospital Llandough. Proposals for service change would be subject to further engagement.

• Cardiff and Vale UHB has already had initial discussions with Welsh Government on proposals on a refurbishment and internal service reconfiguration programme at UHW. This includes consideration of issues in the immediate future as well as finding longer term strategic solutions on the UHW site.

• Arrangements will be developed to ensure that patients are returned to their nearest hospital as soon as the specialist part of their treatment is complete, as the support of family and friends is important to a patient’s recovery.

• Interventional radiology is being addressed on a regional basis between Cwm Taf, Aneurin Bevan UHB and Cardiff and Vale UHB. A plan has been developed to establish a 24/7 rota.

• The neurosurgery service has plans to reduce waiting times through 2018/19, with the support of WHSSC. A review of Neurosciences is due to conclude shortly which will inform longer term planning.

• Appropriate arrangements for supporting families and carers will be developed and implemented as part of the overall implementation of the network and development of the Major Trauma Centre.

• A workforce plan, including any arrangements for staff rotation across the network, will need to be developed as part of the business case for the major trauma centre and network.

• Future operational arrangements of EMRTS and the Wales Air Ambulance will be reviewed as part of the planning for the implementation of the Major Trauma Network. This will include consideration of both demand and cost/benefit, taking into account any additional survival benefit associated with additional operational hours. Operational hours will be reassessed in the light of this assessment. Further advice about operational procedures will also be taken during implementation, informed by experience elsewhere in England and Wales.

In addition, it should be noted that the development of a major trauma network in the region will be taking place in the broader context of the fact that that Cardiff and Vale and Abertawe Bro Morgannwg University Health Boards are committed to working together to maximise the benefits of two regional /specialist centres in South Wales with a formal partnership between the two health boards being established.


7.6 Consideration of equality and human rights issues

In line with the statutory duty placed on each health board under the Wales Public Sector Equality Duty 2011, an equality impact assessment (EqIA) was undertaken on the proposals for a major trauma network for South and West Wales and South Powys. The assessment informed the content of the consultation plan. A revised EqIA evidence document was published at the launch of the consultation and considered as part of the mid way review held in December 2017 (Supporting document 1). At this point, the opportunity was taken to review the responses received to date and identify any particular impacts on groups of individuals due to their protected characteristic and to identify possible ways to minimise or remove these effects. No issues were raised which resulted in changes to the consultation process. The document was available on the consultation website as part of the supporting documentation. In line with the EqIA, public meetings were held across the region about the proposals to give full equality of opportunity to equality and diversity groups to put their views forward on the options. Information was also available on the website and available in braille, audio and British Sign Language, Welsh and sub titled.

On conclusion of the consultation, the responses received and equality monitoring forms were collated and analysed (Supporting Document 11). The responses to the consultation and analysis will be available on the public consultation website at:

www.publichealthwales.org/majortraumaconsultation

715 equality monitoring forms were received as part of the consultation. For each ‘protected characteristic’ there were a number of respondents who left the question blank.

There were a number of equality monitoring forms received from organisations, which ticked multiple responses to a single question (e.g. where an age category was required, several age brackets were identified). These forms were acknowledged but were not included in analysis of the monitoring form returns.

The EqIA made an observation that major trauma tends not to be closely associated with particular equality groups; events are not simple to predict on the basis of socio-economic characteristics. However, evidence suggests that should you suffer a major trauma, you are more likely to survive and make a full recovery if you are in a region where there is a major trauma network, regardless of how far you are away from the major trauma centre.

Of the protected characteristics, the EqIA identified that there is potentially no specific impact upon the following protected groups: ‘Marriage and civil partnership’ and ‘Pregnancy and maternity’.
Evidence suggests there are a number of protected groups who may be likely to suffer a major trauma. The EqIA notes that men are at far higher risk of experiencing major trauma than women with age being a risk factor for suffering. It is the leading cause of death for people under 45 years and a significant cause of short and long-term morbidity. There is evidence, of a rising number of falls in the elderly that should be managed within a major trauma pathway and supported with a frail elderly rehabilitation pathway.

The conclusion to a study published in 2015 (Emergency Medical Journal, 2015) suggested that the major trauma population in the UK is becoming more elderly and the predominant mechanism that precipitates major trauma is a fall from lower than two metres. Major trauma is more than twice as common in urban areas due to concentration of traffic and people. Moreover, it has been identified that people from Black, Asian and other ethnic minority backgrounds are at a higher risk of incidence and mortality from major trauma, at least in part due to a correlation with concentration in urban areas and the relationship of minorities, deprivation and major trauma incidents.

Additionally, trans people must be accommodated in line with their gender expression. Privacy is essential to meet the needs of the trans person and other service users. The wishes of the trans person must be considered rather than the convenience of staff. An unconscious patient should be treated according to their gender presentation. Breaching privacy about a person’s Gender Recognition Certificate or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements.

The EqIA also identified responsibility to comply with the Welsh Language (Wales) Measure 2011 and the related health standards. These standards establish the right for Welsh language speakers to receive services in Welsh and for them to be offered communication in their preferred language choice. Meeting the information and communication needs of victims who speak Welsh must be considered. Research has shown these groups cannot be treated safely and effectively except in their first language. The equality monitoring forms identify responses from the following protected groups:

- Age: Age of respondents ranged from the lowest age bracket 16-24 to 75 or over, with the majority of respondents identifying as 45-54 age bracket (141).
- Gender: The response from individuals identifying as female (394) was slightly higher than the number of individuals identifying as male (279).

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• Race: Respondents identified as predominately white (642) with a small number of respondents identifying as Asian or Asian British, Black, African, Caribbean or Black British, Mixed or multiple ethnic groups or another ethnic group (26).

• Disability: Majority of respondents identified as not having their day to day activities limited (533). A number of individuals did identify as having day to day activities limited a little (91) or a lot (39).

• Religion or belief: Majority of respondents identified as Christian (371). A small number identified as Buddhist, Hindu, Muslim or other religion (33). A large number identified as no religion (277).

• Sexual orientation: Respondents predominantly identified as heterosexual or straight (586) with a small number identifying as gay or lesbian, or bisexual (37).

• Welsh language: Majority or respondent identified as non Welsh speaking (530) and (139) identified as Welsh speaking.

Following the consultation, the EqIA has been updated (Supporting Document 13).

8 Conclusions drawn from consultation

A range of opinions have been expressed, analysed and considered as part of the consultation exercise. Whilst there was much support expressed for the recommendations of the Independent Panel, there were also counter arguments and objections. Having considered the conduct of the consultation and the analysis of the responses received, the Collaborative Leadership Forum (NHS Wales chairs and chief executives) is content that:

• the consultation has been conducted in an appropriate manner and in a way that meets the requirements of the applicable Welsh Government guidance

• consultation responses received have been carefully and conscientiously considered

• the Forum has considered all of the arguments and concerns arising from the consultation fairly, rationally, proportionately and transparently

• whilst issues have been raised that need to be considered, addressed or mitigated as part of the implementation of a major trauma network, nothing has been raised that requires the rejection or alteration of any of the recommendations of the Independent Panel (as previously endorsed by boards in the region as the basis for public consultation)

• where required, appropriate mitigations have been identified.
9 Financial arrangements

It is acknowledged that there will be additional capital and revenue costs associated with establishing the major trauma network across the region. Whilst some outline modelling has been undertaken, full assessment cannot be made until such time as the designated site is confirmed.

Where major trauma networks have been developed and designated major trauma centres established in other parts of the UK, investment has been aligned to an agreed incremental implementation programme over a number of years. The first phase of the revenue investment is targeted at addressing the core infrastructure requirements, with initial funding identified for any critical shortfalls and a phased approach to meeting clinical standards over time.

Any capital requirements will also need to be identified and considered in the context of the phased implementation programme, the wider site development plans, interdependencies that exist between trauma services and other clinical services and will be subject to formal business case approval by Welsh Government as appropriate. Should the site of the Major Trauma Centre be confirmed as UHW, the development and submission of the business case will be led by Cardiff and Vale UHB, with the support of other health boards in the region. There would also be likely to be additional costs at Morriston, associated with its proposed lead role for the network, and at all trauma units designated within the network.

The Welsh Ambulance Service NHS Trust has also identified some modest resource implications as a result of the changes to patient flows, the adoption of a new triage model and the anticipated increase in requirements for repatriation. Enhanced training requirements for paramedics and the clinical workforce located outside the Major Trauma Centre/trauma units is also likely to require some additional resourcing which will need to be factored into future years Integrated Medium Term Plans (IMTPs).

The experience from other parts of the UK is that the incremental approach to implementation is essential to mitigate unnecessary additional costs and to also ensure that recruitment, training and development of staff is coordinated alongside new care pathways.

The funding mechanisms, in relation to revenue costs, will need to be developed, in detail, as part of the commissioning process. Costs will be benchmarked against the tariff system operational within England and to which Betsi Cadwaladr University Health Board already subscribes in accessing services for its local population. Revenue requirements will be addressed as part of the usual decision making process between health boards and the Welsh Health Specialised Services Committee (WHSSC), factoring in other priorities. This is in line with the core business of WHSSC as a commissioner of specialised services. The agreed revenue
requirements will need to be reflected in the IMTPs of all health boards in the region for the period 2019/20 onwards (costs in 2018/19 will be project costs only).

10  Recommendation to boards

Following the consultation process and the analysis and consideration of the responses received, health boards in the region are recommended by the Collaborative Leadership Forum (NHS Wales chairs and chief executives) to APPROVE the establishment of a major trauma network for South and West Wales and South Powys, subject to the mitigations identified and in line with the recommendations of the Independent Panel, which were:

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 considering the above recommendation, boards should take into account the views and comments of the Community Health Councils.
Appendix – Analysis of and responses to reasons for disagreement

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<tr>
<th>Key Themes</th>
<th>Area for consideration</th>
<th>Information for boards (specific mitigations in bold)</th>
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<tbody>
<tr>
<td>Major trauma Network (MTN) structure</td>
<td>The development of the network will lead to a downgrading of other services.</td>
<td>North Wales already participates in a major trauma network. This has not resulted in services being pulled out of the three major accident and emergency units in North Wales, despite the fact that the Major Trauma Centre (MTC) is based in Stoke on Trent. If a hospital is not a dedicated trauma unit, the implementation of a major trauma network will not result in any changes to the range of services it currently provides for patients. Most hospital emergency departments treat just one major trauma patient a week, so the change will not impact significantly on their work. Only patients who need the highest level of specialised care will go to the Major Trauma Centre or receive initial treatment at a trauma unit before being transferred to the Major Trauma Centre. <strong>The importance of local access, particularly for the frail and elderly, has been reinforced by the responses received and it is recognised that this should form an important consideration in relevant service models in the future.</strong> Under the recommendations of the Independent Panel, Morriston Hospital would have an enhanced role as a large trauma unit.</td>
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<tr>
<td>We need a major trauma network that covers all of Wales.</td>
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<td>North Wales participates in the West Midlands major trauma network and accesses the Major Trauma Centre in North Staffordshire. Patients in North Wales access a large number of their services from England, due to their highly specialist nature, and will continue to do so. <strong>The regions will work closely together so they can share best practice and learn from each other. There will be a major trauma and critical care network board which will include both North and South Wales.</strong></td>
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<td>South Wales is big enough to need more than one Major Trauma Centre.</td>
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<td>The potential for a dual site solution was considered in the option appraisal conducted in June 2015, but was eliminated based on the fact that the critical mass for sustainability (a population of approx. two million) could not be delivered through such an arrangement (see section 3.2). Under the recommendations of the Independent Panel, Morriston Hospital would have an enhanced role as a large trauma unit.</td>
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<td>Major trauma Network (MTN) structure (continued)</td>
<td>More emphasis should be given to the establishment of the network, including the location of trauma units and the development of rehabilitation pathways, rather than the location of the Major Trauma Centre. The implementation of the network, including the redevelopment of the whole pathway of care is as important as the location of the Major Trauma Centre. The Independent Panel was asked to make a recommendation on the location of the Major Trauma Centre only, and not the trauma units. Identifying the Major Trauma Centre location first is helpful in informing where to locate the units. The remaining trauma units will need to be identified by individual health boards for their local area. <strong>There will need to be appropriate collaboration between health boards to ensure that all populations within the network are appropriately covered by trauma units.</strong> The Wales Critical Care and Trauma Network will assist by supporting assessments of candidate units against the criteria for a trauma unit contained in national standards and guidelines. The need to develop appropriate and robust rehabilitation pathways as part of the implementation of the Major Trauma Network is accepted.</td>
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<td>Clarity is required over how Powys will be served by trauma units and the exact geographical definition of the major trauma network in relation to Powys.</td>
<td>Powys secures its secondary care services from neighbouring District General Hospitals. Powys tHB will work with each of these health boards and trusts in relation to trauma unit provision. Powys tHB will also be focusing on the provision of rehabilitation services for people as close to their home as possible. <strong>The consultation proposed that where patients currently access the trauma units in England, they will continue to do so.</strong> At the boundaries of the network, ambulance crews will assess patients and, if the services of a Major Trauma Centre are required, patients will be taken by ambulance or helicopter to an appropriate Major Trauma Centre, which may be the proposed centre in South Wales or one in England.</td>
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<td>There could be a strong argument for a West Wales Mid Wales or Valleys body to take on the leadership role for the network.</td>
<td>As the biggest unit that was not recommended to be the location of the Major Trauma Centre, Morriston was recommended by the Independent Panel to have a leadership role. The rationale of the Independent Panel has been reconsidered and endorsed.</td>
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<td>Concern model proposed is more of hub and spoke model rather than a network.</td>
<td>The model proposed adopts the arrangements used by major trauma networks across England and Wales.</td>
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<tr>
<td>Location of the Major Trauma Centre</td>
<td>Travelling long distances to the Major Trauma Centre could be detrimental to the health of the injured.</td>
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<td>The Major Trauma Centre should be in Morriston/Swansea (or should not be in UHW/Cardiff) because of geographic location and travel times.</td>
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<td>There are concerns about equity of access, particularly in rural/remote areas.</td>
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<tr>
<td>Access and proximity to Bristol</td>
<td>Parts of the region should make use of the Major Trauma Centre in Bristol (or others in England).</td>
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<td><strong>Existing infrastructure</strong></td>
<td>The Major Trauma Centre should be in Morrison because of room for expansion and facilities at Morriston (inc. a helipad). This does not call into question the rationale of the Independent Panel in recommending that the Major Trauma Centre should be at UHW. UHW has an existing helipad which provides direct access to the Emergency Unit without the need for an additional transfer. Cardiff and Vale UHB has recently been granted a 24/7 landing licence by the Civil Aviation Authority.</td>
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| The Major Trauma Centre should not be at UHW because of constraints on capacity/ space at UHW. | Fewer than 1% of the treatment provided in the emergency department is major trauma and this will not significantly change with the estimated additional patients expected if UHW becomes the major trauma centre. Approximately 60% of trauma cases need support for head injuries, and as the only neurological centre in Wales, UHW is already taking many of these patients. Cardiff and Vale UHB is working closely with other health boards on the following:  
  - **A review of services provided at a regional level to identify those that might safely and appropriately be delivered at other hospitals.** This would free up theatre time and beds to support patients with a major trauma who require more complex care and treatment. Proposals for service change arising from this work would be subject to further engagement with stakeholders and the public.  
  - **Arrangements to ensure that patients are returned to their nearest hospital as soon as the specialist part of their treatment is complete,** as the support of family and friends is important to a patient’s recovery. Repatriation protocols are being developed to support this work. Existing protocols such as in neurosurgery, are already delivering benefits, enabling patients to return to a local hospital as soon as clinically appropriate, releasing capacity in the UHW specialist service.  
  
  **Cardiff and Vale UHB has identified four critical enablers that would support the delivery of a major trauma service:**  
  - a front door Emergency Unit service with a major trauma team leader available 24/7  
  - increased critical care capacity in line with modelling for additional major trauma activity  
  - additional theatre capacity  
  - creation of a polytrauma unit.  
  There are plans being developed to address each of these, dependent on the outcome of consultation. |
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<tr>
<td>Existing infrastructure (continued)</td>
<td>The Major Trauma Centre should not be at UHW because of constraints on capacity/ space at UHW. (continued)</td>
<td>Cardiff and Vale UHB has already had initial discussions with Welsh Government on proposals on a refurbishment and internal service reconfiguration programme at UHW. This includes consideration of issues in the immediate future as well as finding longer term strategic solutions on the UHW site. Cardiff and Vale UHB is also developing a Clinical Services Plan which will include consideration of what services could move off the UHW site to University Hospital Llandough. Any proposals for service change arising from this work would be subject to further engagement with stakeholders and the public. In addition, it should be noted that the development of a major trauma network in the region will be taking place in the context of the fact that that Cardiff and Vale and Abertawe Bro Morgannwg University Health Boards are broadly committed to working together to maximise the benefits of two regional /specialist centres in South Wales with a formal partnership between the two health boards being established.</td>
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<td>Neither Morriston or UHW could cope with the extra traffic. Fewer than 1% of the treatment provided in the emergency department is major trauma and this will not significantly change with the estimated additional patients expected if UHW becomes the major trauma centre. Approximately 60% of trauma cases need support for head injuries, and as the only neurological centre in Wales, UHW is already taking many of these patients.</td>
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<tr>
<td>Infrastructure requirements</td>
<td>Appropriate infrastructure and resources will need to be provided. This will need to cover what facilities and resources will need to be provided at UHW. Has consideration been given to the resources and facilities required including ITU beds, IT infrastructure, support services e.g. radiology?</td>
<td>Morristone Hospital and UHW provided high level costs for each site to meet the designation criteria for a Major Trauma Centre.  <strong>If supported, UHW will develop a detailed business case which will include an assessment of the resources available and what is required to deliver a Major Trauma Centre. Any additional resources required will be required over a period of time.</strong>  Cardiff and Vale UHB has identified four critical enablers that would support the delivery of a major trauma service:  - a front door Emergency Unit service with a major trauma team leader available 24/7  - increased critical care capacity in line with modelling for additional major trauma activity  - additional theatre capacity  - creation of a polytrauma unit.  There are plans being developed to address each of these, dependent on the outcome of consultation.  Cardiff and Vale UHB has already had initial discussions with Welsh Government on proposals on a refurbishment and internal service reconfiguration programme at UHW. This includes consideration of issues in the immediate future as well as finding longer term strategic solutions on the UHW site  Cardiff and Vale UHB is also developing a Clinical Services Plan which will include consideration of what services could move off the UHW site to University Hospital Llandough. Any proposals for service change arising from this work would be subject to further engagement with stakeholders and the public.  In addition, it should be noted that the development of a major trauma network in the region will be taking place in the context of the fact that that Cardiff and Vale and Abertawe Bro Morgannwg University Health Boards are broadly committed to working together to maximise the benefits of two regional/specialist centres in South Wales with a formal partnership between the two health boards being established.</td>
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<tr>
<td><strong>Infrastructure requirements</strong> (continued)</td>
<td>Should the development of the Major Trauma Centre be part of wider discussions regarding the redesign of UHW? <strong>Cardiff and Vale UHB has already had initial discussions with Welsh Government on proposals on a refurbishment and internal service reconfiguration programme at UHW. This includes consideration of issues in the immediate future as well as finding longer term strategic solutions on the UHW site. A Business Case will be submitted to Welsh Government later this year, reflecting a phased development plan.</strong></td>
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<tr>
<td><strong>Existing service provision</strong></td>
<td>The Major Trauma Centre should be on the same site as thoracic surgery. <strong>In 2016, the Welsh Health Specialised Services Committee (WHSSC) requested the Royal College of Surgeons to conduct an independent invited service review into the provision of thoracic surgery services in South Wales. The final report was delivered to WHSSC in January 2017 and recommended that thoracic surgery services in South Wales be concentrated on one site rather than the current two. A subsequent recommendation was made by an independent panel that that the site should be Moriston Hospital. The panel specifically considered the issue of colocation. The issue of colocation of the Major Trauma Centre and thoracic surgery services was explicitly considered by the thoracic service review. The thoracic surgery specification for Wales, developed during late 2016 and subject to a consultation, does not require colocation with the Major Trauma Centre.</strong></td>
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<td></td>
<td>There is a need to ensure that there is access to 24/7 interventional radiology at the Major Trauma Centre. <strong>This area is being addressed on a regional basis between Cwm Taf, AB UHB and C&amp;V UHB. A plan has been developed to establish a 24/7 rota. This includes some additional appointments, one of which has already been made (start date August 2018). A Business Case is being developed for a hybrid theatre to support the interventional radiology work. In addition to this there is currently work ongoing in Cardiff to finalise the capital plan for an additional single plane interventional suite in order to ensure that there is sufficient room time available across the working week to support regional working. At the point where the major trauma centre is in place there will need to be considerations as to how the rota works to ensure immediate availability of the appropriate staff. This will include extending the on call arrangements for the nurses and radiographers, which has been identified as part of the major trauma case.</strong></td>
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<td>Waiting times for neurosurgery are too long. <strong>Waiting times for Neurosurgery are longer than we want them to be but have been steadily reducing since the Summer supported by improved repatriation and some additional theatre capacity at UHW (201 patients were waiting over 36 weeks at the end of August, down to 81 at the end of January). The service has plans to reduce waiting times further through 2018/19, with the support of WHSSC. A review of Neurosciences is due to conclude shortly which will inform longer term planning.</strong></td>
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<tr>
<td>Existing service provision (continued)</td>
<td>Moving neurosurgery back to Morriston hospital to sit alongside burns unit would not be a major problem.</td>
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<td>How will proposals work given the configuration of burns and plastics and neurosurgery?</td>
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<td>Concern that the existing Burns and Plastic Surgery service could be moved from Morriston to UHW.</td>
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<td>Significant gaps in community neuro-rehabilitation.</td>
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<td>Concern about impact on local A&amp;E services, including waiting times for local residents needing A&amp;E services at the site of the Major Trauma Centre.</td>
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## Key Themes

### Area for consideration

1. **Existing service provision (continued)**
   - Have plans for Hywel Dda have been taken into account, with the proposed closures? 
   - Need to consider what services could come off the UHW site.
   - Difficulties with moving patients into community settings within Cardiff and Vale.
   - It may be unclear to the general public the level of accident service hospitals across South Wales presently offer in respect of serious injuries.

2. **Financial resources**
   - Whether the anticipated costs of this development are being considered in comparison to other ways of spending the money to support other patient groups, comparing years of quality life added.

### Information for boards (specific mitigations in bold)

1. Plans from Hywel Dda may impact on the future configuration of Accident and Emergency units, but will not be material in relation to the overall recommendations of the Independent Panel. 

2. Cardiff and Vale UHB is working closely with other health boards on a review of services provided at a regional level to identify those that might safely and appropriately be delivered at other hospitals. This would free up theatre time and beds to support patients with a major trauma who require more complex care and treatment. Proposals for service change arising from this work would be subject to further engagement with stakeholders and the public. **Cardiff and Vale UHB is also developing a Clinical Services Plan which will include consideration of what services could move off the UHW site to University Hospital Llandough which would similarly be subject to further engagement.**

3. Other than through improving survival, the implementation of the major trauma network will not impact on the need for care in community settings in Cardiff and Vale. **Patients will be repatriated to their home health board before requiring community based care.**

4. To accompany any implementation plan and information for the public on the use of the Major Trauma Centre and major trauma network, clear guidance will be provided outlining the range of Accident and Emergency services available throughout the region.

5. The clinical benefits for patients having access to a major trauma network have been clearly demonstrated. In launching this consultation, health boards are already committed to ensuring the patients of South and West Wales and South Powys who experience a major trauma have access to equitable, appropriate care to meet their specialist needs. The matters being consulted on relate to how this should be achieved. Ensuring value for money and optimising the quantum spent on trauma will be subject to further scrutiny through the commissioning process.
**Key Themes** | **Area for consideration** | **Information for boards (specific mitigations in bold)**
---|---|---
**Financial resources (continued)** | Concern about whether there is enough money to implement the Major Trauma Network and Major Trauma Centre and to provide 24/7 365 day service provision. | The rationale outlined by the Independent Panel has been reconsidered and endorsed. **WHSSC has been identified to lead the development of a commissioning framework for the major trauma network.** Detailed capital costs will be developed for inclusion in the business case to Welsh Government. See section 9 for further information about proposed financial arrangements.

Need for detailed costs and to understand what money will health boards contribute towards the Major Trauma Centre and how WG will support this. | **WHSSC has been identified to lead the development of a commissioning framework for the major trauma network.** Detailed capital costs will be developed for inclusion in the business case to Welsh Government. See section 9 for further information about proposed financial arrangements.

Need a national approach to commissioning, including new SLAs, recognising that this would not all be new work at UHW. | |

**Workforce requirements** | Concern about the network’s ability to ensure adequate staffing and adequate training for staff. | **A workforce plan, including any arrangements for staff rotation across the network, will need to be developed as part of the business case for the major trauma centre and network.** A network provides real opportunities for greater sharing and training across the region. One of the responsibilities of a major trauma centre is education, with plans being developed to share information, run joint study days and move of staff around the network to support professional development. The experience in England has shown this is hugely beneficial to recruitment, as staff are attracted to the opportunities provided by working in a network. The establishment of a network will give consideration to the needs of the whole system and the importance of giving trainee doctors, nurses and the professions allied to medicine the opportunity to rotate and learn across the sites. Another benefit is that currently military clinicians/nurses in training cannot work in a non-networked system so NHS Wales does not benefit from their involvement in Wales. This will change if a MT network is developed.

Concern about the ability to recruit and retain staff (including doctors) away from the Major Trauma Centre. | |
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| Workforce requirements (continued) | How will staff be occupied if they are not dealing with a major trauma?                 | The Major Trauma Centre will meet the service specification set for staffing. It would be up to the Major Trauma Centre how they achieve this.  
**The majority of staff involved in initial trauma care would have other duties in the hospital from which they can be rapidly released when a trauma is admitted.**  
As in other major trauma networks it is likely that some substantial or even full time roles would be required to manage trauma patients - e.g. major trauma practitioners who coordinate and review major trauma patients in the Major Trauma Centre on a daily basis. |
|                                    | Adequate training, staffing, resources to support air ambulance if they need to make further/longer journeys. | If the proposal is supported, EASC as the commissioner for Welsh Ambulance Service trusts and Emergency Medical Retrieval and Transfer Service will identify detailed training requirements for the workforce. This will then be part of the commissioner intentions for the service. |
| Transport and infrastructure requirements | Road infrastructure and public transport requirements. | There are various patient transfer options that will be used with the proposed major trauma network. Travel times were considered by the Independent Panel. Public transport is not a major consideration in the location of the Major Trauma Centre, as trauma patients would not use public transport. Nevertheless, it is recognised that there will be an impact on families and carers who might have to travel further while the patient is being treated in the Major Trauma Centre. It is important to note, however, that patients would typically only spend a short period of time in the Major Trauma Centre itself, before being repatriated.  
**Appropriate arrangements for supporting families and carers will be developed and implemented as part of the overall implementation of the network and development of the Major Trauma Centre.** |
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<td>Access and support for families</td>
<td>There is a need to ensure that the relatives of patients are adequately supported, in terms of provision of information, transport, accommodation at the Major Trauma Centre, parking etc.</td>
<td>The rationale outlined by the Independent Panel has been reconsidered and endorsed. Candidate centres were asked at the Independent Panel to outline how they would address support for families. Patients will typically only spend a short period of time in the Major Trauma Centre itself, before being repatriated to their local hospital for ongoing care and rehabilitation if required. <strong>Appropriate arrangements for supporting families and carers will be developed and implemented as part of the overall implementation of the network and development of the Major Trauma Centre.</strong> It should be noted that patients are already transferred to UHW from across the whole region for some highly specialised services and there are arrangements in place to support families where appropriate. This will be considered further as part of the overall implementation of the network and development of the Major Trauma Centre. <strong>A new charity-funded building providing accommodation and facilities for families whose children are receiving treatment in UHW has recently been opened. Some accommodation is also available on the UHW site for families of adult inpatients.</strong></td>
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<td>Role of the Emergency Medical Retrieval Service (EMRTS) and Ambulance Service (WAST)</td>
<td>EMRTS/Air Ambulance does not operate 24/7 and cannot operate at night.</td>
<td>At present, the Emergency Medical Retrieval Transfer Services (EMRTS) and Wales Air Ambulance operate a 12-hour service from 8AM to 8PM. If during this time it is dark, the Wales Air Ambulance charity helicopters are able to transfer patients between hospitals where approved landing sites with lights are available. Otherwise a specialist car known as a rapid response vehicle will attend the scene of the incident. Cardiff and Vale UHB has recently been granted a 24/7 landing licence by the Civil Aviation Authority. <strong>Future operational arrangements of EMRTS and the Wales Air Ambulance will be reviewed during implementation. This will include consideration of both demand and cost/benefit, taking into account any additional survival benefit associated with additional operational hours. Operational hours will be reassessed in the light of this assessment. Further advice about operational procedures will also be taken during implementation, informed by experience elsewhere in England and Wales.</strong> Any constraints in coverage will apply irrespective of the location of the Major Trauma Centre.</td>
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<tr>
<td>Key Themes</td>
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<td>Information for boards (specific mitigations in bold)</td>
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<tr>
<td>Role of the Emergency Medical Retrieval Service (EMRTS) and Ambulance Service (WAST) (continued)</td>
<td>The impact of the major trauma network on the WAST and EMRTs.</td>
<td>The rationale outlined by the Independent Panel has been reconsidered and endorsed. WAST and EMRTS presented at the Independent Panel and outlined the impact the Major Trauma Centre would have on them if located at either Morriston Hospital or UHW. If the proposal is supported, <strong>EASC as the commissioner for Welsh Ambulance Service trusts will do detailed modelling work which will form part of their future commissioning intentions from health boards.</strong> As part of the next phase, further work will be undertaken to develop pathways and the commissioning framework. From an emergency standpoint, these patients already exist and are already managed by WAST and EMRTS/Wales Air Ambulance on a day to day basis. The actual increase in ambulance work is only likely to reflect the small number of patients who travel a short additional distance to reach an Major Trauma Centre, rather than being taken to their local hospital.</td>
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<tr>
<td>Accessibility of air ambulance when Swansea based helicopter is committed elsewhere.</td>
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<td>This is already a constraint and would remain so however trauma services are configured.</td>
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<td>May need to re-assess the way in which ambulance calls are currently prioritised given that the proposal will rely on patients being transferred on occasions from one hospital to another within the network.</td>
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<td><strong>This will form part of the implementation plan.</strong></td>
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<tr>
<td>Lack of evidence</td>
<td>Is there sufficient evidence to demonstrate that the current situation disadvantages patients? Major trauma is rare and has been treated well in the present centres.</td>
<td>The rationale outlined by the Independent Panel has been reconsidered and endorsed. 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.</td>
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<tr>
<td>Consultation process</td>
<td>Politically motivated decision.</td>
<td>Arrangements for an Independent Panel of experienced experts in the field of major trauma (predominantly from outside Wales) were agreed by health boards January 2017 (see section 3.3). The Independent Panel undertook its deliberations and developed its recommendations free from political interference. The decision to consult on the recommendations was taken by health boards and health boards will make final decisions, informed by the report of the consultation.</td>
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<td></td>
<td>The terms of the consultation, might be seen as implying a level of approval by NHS Wales of the recommendations of the expert group. Would have been more appropriate if the public had been invited to comment upon how the expert group had assessed the pros and cons of three options – Bristol, UHW and Morriston.</td>
<td>The report of the Independent Panel was considered by boards in public in September 2017. Boards accepted the recommendations subject to formal public consultation. The use of the Major Trauma Centre in Bristol was considered in the option appraisal conducted in June 2015 (see section 3.2). To support a population of approximately two million (deemed to be the critical mass for sustainability) the network would need to be supported by a Major Trauma Centre located within the region. This ruled out the option of relying on services from the Bristol Major Trauma Centre. The 2015 option appraisal workshop included health boards and the Welsh Ambulance Service Trust. Patient representatives from voluntary and charity support groups from across the region were invited. The CHCs were also invited to observe. A consultation exercise has been conducted that meets the requirements of the applicable Welsh Government guidance.</td>
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<td>Final details for the consultation only became clear in October, concern not widely publicised and great reliance on social media and Christmas period.</td>
<td>The timescale for the consultation was agreed with CHCs. A period of 12 weeks (as opposed to the required eight) was adopted to allow for the impact of the Christmas period.</td>
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<td>Roles of two sites not clearly defined in layman’s terms.</td>
<td>The roles of the Major Trauma Centre and trauma units were clearly described in the consultation material.</td>
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<tr>
<td>Consultation process (continued)</td>
<td>Concern about whether the consultation has been genuine and extensive and has complied with the Gunning principles.</td>
<td>In line with the Gunning principles, the consultation process was reviewed against consultation and engagement guidance by health boards and CHCs at mid point. No further changes were advised. Conscientious consideration was given to the outcomes of the consultation process at all relevant times.</td>
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<td></td>
<td>Insufficient information to base a decision on the location of the Major trauma Centre.</td>
<td>Web page provided the technical documents considered by the Independent Panel. All the relevant criteria on which to base the decision were made clear during the consultation process.</td>
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<td></td>
<td>Not enough publicity has been given to the public meetings or the consultation. Request for extension/rerun of consultation process due to poorly advertised/attended public meetings.</td>
<td>Health boards ran a public meeting in each district. Individuals/organisations were able to respond to the consultation via Freepost, online, email. Each health board agreed the local arrangements with its local CHC.</td>
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<td></td>
<td>Should be a decision of the population.</td>
<td>A formal public consultation was undertaken from 13 November 2017 until 5 February 2018, in conjunction with CHCs and in accordance with Welsh Government guidance.</td>
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<td></td>
<td>Further information would have been welcome in relation to the geographical spread of incidents resulting in major trauma in recent years and how well the network is working in North Wales.</td>
<td>It is considered that the information provided during the consultation was adequate.</td>
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### Key Themes

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<tr>
<td><strong>Role of the Independent Panel</strong></td>
<td>Concern that the independent panel was not independent and not in touch with patients. Arrangements for an Independent Panel of experienced experts in the field of major trauma were agreed by health boards in January 2017. Panel members were selected to provide specific professional expertise. It was not part of the role of the panel to be representatives of patients. CHCs were observers at the meeting of the Independent Panel (see section 3.3 for additional information about the Independent Panel and its composition).</td>
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<tr>
<td><strong>Terms of reference were too limited, requiring the Independent Panel to assess the current clinical capabilities of two hospitals. They should have advised whether South Wales needs to have an Major Trauma Centre and if so to assess where this would be best located in order to complement existing range of Major Trauma Centres in England and so strengthen the major trauma coverage for populations within England and Wales as a whole.</strong></td>
<td>An option appraisal in 2015 agreed that, to support a population of approximately two million (deemed to be the critical mass for sustainability) the network would need to be supported by a major trauma centre located within the region. This ruled out the option of relying on services from the Bristol major trauma centre. The potential for a dual site solution was considered, but subsequently eliminated based on the fact that the critical mass for sustainability could not be delivered through such an arrangement.</td>
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<tr>
<td><strong>Needs based decision</strong></td>
<td>Should look at the needs of the community, current services and demographics. The rationale outlined by the Independent Panel has been reconsidered and endorsed. The Independent Panel considered evidence compiled across the life of the project, including travel, demographics and service provision.</td>
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<td>Social and economic impact</td>
<td>No political guidance was given regarding the wider strategic direction e.g. should broader economic and social considerations have been taken into account and should Welsh government have chosen to see any major trauma centres sites in south Wales as needing to complement existing chain of Major Trauma Centres operated by NHS England – upon which Welsh residents currently rely.</td>
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<td>There are concerns about the social and economic impact of further investment in Cardiff at the expense of other areas.</td>
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<tr>
<td>Decision making process</td>
<td>Were the options considered subject to a Health Impact assessment (HIA) as part of the work carried out by the panel in arriving at its recommendations. Suggestion that one is carried out before recommendations are progressed.</td>
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<tr>
<td>Implementation of the Major Trauma Network</td>
<td>Concerns about why it has taken this long to develop proposals for a Major Trauma Network for the region.</td>
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<td></td>
<td>Whatever service results it is fully accessible for people who are deaf or have hearing loss. The care they receive and co-produce is as dignified and clinically optimal as that of a hearing person. Currently a stream of work going around on accessibility for people with sensory loss in each health board and it is a priority each health board reports back to WG on.</td>
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<td>There is a need to ensure that the therapy professions are appropriately involved in the implementation of the network.</td>
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<td>The Royal College of Midwives should be part of the major trauma network.</td>
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<tr>
<td>Implementation of the Major Trauma Network (continued)</td>
<td>There is a need to ensure that there is excellent communications between professionals and with the public during the implementation and delivery of the network.</td>
</tr>
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<td>Delays in repatriation may be exacerbated by the increased numbers of patients coming to UHW if it were the Major Trauma Centre.</td>
<td>The rationale outlined by the Independent Panel has been reconsidered and endorsed. Health boards will need to agree and implement a patient flow policy which supports ‘automatic acceptance’ at the centre and ‘repatriation’ as soon as possible.</td>
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<td>There is a need to ensure that digital solutions are used where possible.</td>
<td>The need to make appropriate use of technology in implementing the Major trauma Network is accepted.</td>
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<td>There is a need to ensure that implementation proceeds quickly once the decision has been made.</td>
<td>An appropriate and measured implementation plan will be developed.</td>
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<tr>
<td>Effectiveness of moving to the model advocated will need to be monitored. Has consideration been given to deriving an appropriate methodology by which this can be done should the network be established. It would be necessary to assess the effectiveness based on outcomes.</td>
<td>The rationale outlined by the Independent Panel has been reconsidered and endorsed. TARN is an outcome based monitoring tool, used for management of major trauma across England and Wales. All health boards subscribe to this.</td>
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## Supporting Documents

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<td>Supporting Document 3</td>
<td>Independent Panel Terms of Reference</td>
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<td>Independent Panel Agenda</td>
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<td>Independent Panel Report</td>
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<td>Supporting Document 6</td>
<td>Board Report – September 2017</td>
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<td>Consultation Plan</td>
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<td>Supporting Document 12</td>
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<td>Supporting Document 13</td>
<td>Post Consultation Equality Impact Assessment (EqIA)</td>
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