Meeting Date	**26 July 2022**	**Agenda Item**	**6.1**
Report Title	**Update from the South Wales Major Trauma Network**		
Report Author	Andrea Bradley (Network Manager, SWTN)		
Report Sponsor	Sian Harrop-Griffiths (SRO, SWTN)		
Presented by	Andrea Bradley (Network Manager, SWTN) Dinendra Gill (Network Clinical Director, SWTN)		
Freedom of Information	Open		
Purpose of the Report	To provide Quality and Safety Committee with an updated position from the South Wales Trauma Network (SWTN) Operational Delivery Network (ODN).		
Key Issues	Nil issues at ODN level. Any South Wales Trauma Network issues updated and included via the Delivery Assurance Group (DAG) report (**Appendix 1**) and the governance section of the report.		

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☒	☐

Recommendations	Members are asked to: 1. **Note** content of report. 2. **Note** continuing excellent progress across the work through quarter 4 of the ODN establishment 3. **Note** the key actions for the next quarter. 4. **Note** the SWTN mitigation and impact around the recurring risks 5. **Note** that there are no risks to Swansea Bay as host organisation of the ODN

Overview of the Operational Delivery Network for the South Wales Trauma Network

1. INTRODUCTION

The South Wales Trauma Network (SWTN) went live on September 14th 2020. The availability of one year's operational activity and data for the SWTN enables the formal evaluation programme for the operational network to begin. The external Peer Review process began during November 2021 where evidence gathering was required across all participant organisations and culminated with the peer review interview process that took place in late March 2022. TARN data for the full year effect was made available in early March 2022 and alongside other measurable metrics informed both the peer review and will be used for the formal one-year evaluation being carried out in collaboration with Swansea University.

The Operational Delivery Network (ODN), Major Trauma Centre (MTC) and orthoplastic services are commissioned by WHSSC. WAST and EMRTS Cymru are commissioned by EASC. The remainder of the service is commissioned by LHBs.

SBUHB (as the host of the network) has an MOU in place with all organisations and the ODN discharges its clinical governance responsibilities and 'operational authority' (in relation to patient flows) through its clinical and operational board to WHSSC (via the SWTN Delivery Assurance Group). It also reports into the SBUHB Management Board and Quality and Safety Committee respectively. The role of SBUHB is described in detail in the MOU with organisations. It has been agreed that quarterly update reports will be provided to the Quality and Safety Committee as part of the governance process.

2. BACKGROUND

Some key points to note from Q4 are set out below, the detailed information is contained in **Appendix 1**.

- There continues to be a high number of patients accessing the MTC either by a primary or secondary transfer
- Almost 79% of admissions are due to road traffic accidents and falls (inc falls below and above 2 meters)
- Just 16% of patients discharged from the MTC required repatriation to their local Health Board hospital
- Compliance against the daily sitrep remains variable. The network team are working with the sites who have poor compliance
- 38 TRiDs were submitted with a wide variety of themes

There are still some IT links that are required to allow the pre hospital data to link with the major trauma database. This will enable a clearer view of the whole patient pathway.

The information being received through TRiDs (Trauma Datix) and the GREATix reports are being used to guide lessons learnt as well as the network education plan.

3. GOVERNANCE AND RISK ISSUES

There is a live risks and issues log that is presented to the Clinical and Operational Board meetings. The latest Risk and Issue Registers are attached as **Appendix 2 & 3** respectively.

There are currently 26 risks identified. The ODN team have committed to undertaking a review of the risks & Issues logs both to ensure all are still relevant for the SWTN, removing those that have reduced and/or can be considered at a level to tolerate and providing a reflection of the outcomes from the recently undertaken peer review process. This review will have been completed by the next Clinical and Operational Board (21/7/22).

There are three risks that are currently highlighted as a red RAG rating. These are regarding:

- **WAST Trauma Desk**- Staff absence in WAST Trauma Desk team has led to a lack of resource to cover the Trauma Desk as originally proposed resulting in requirement for EMRTS to provide unplanned cover resulting in a negative impact on performance

Mitigation- Resilience resolution being explored within WAST. Likely advert for a 6-month secondment position at a cost pressure to cover the 1 x long term sickness. Post out for advert (May 2022), awaiting update from operational managers in WAST on further solution.

This risk is currently owned by WAST however is reflected in the SWTN risk register as has an impact on the trauma desk function across the overall South Wales Trauma Network. The risk is currently being treated by WAST putting in mitigations to reduce the impact of the risk to the SWTN.

When the mitigations are realised the risk will reduce significantly, however will remain as a tolerated risk due to the fragility of the current WAST trauma desk model.

The timeframe around completion of the risk is dependent on the WAST appointment into the role i.e. fixed term/secondment.

- **Sharing of Clinical Images & Information across SWTN-** Lack of access to imaging and clinical results for patients repatriated from MTC will appear to those looking at the patient's digital record that the imaging and/or diagnostics did not occur, resulting in a misrepresentation and misinformation regarding a patient's care and clinical journey prior to transfer.

Mitigation- ODN have formally requested that C&VUHB reconcile NHS numbers for major trauma patients for any investigations on all digital systems including those investigations performed on 'unknown' patients in order to mitigate data quality issues

where possible. This SWTN specific mitigation and continuation of the mitigating practice at C&VUHB will reduce the risk to a moderate/low level while awaiting the completion of the National resolution. The MTC have confirmed this part of the mitigation is consistently underway locally within C&V UHB and started in March 2022.

The risk is owned by DHCW who are leading on a national stream of work that will address the risk. The risk is reflected in the SWTN risk register as has been experienced within the network due to the movement of major trauma patients across various health boards as part of their major trauma journey.

The SWTN Informatics clinical lead is included in the National work stream and is progressing SWTN specific mitigations and updating on the National resolution via the SWTN Informatics group quarterly- latest update provided in the May 2022 meeting.

When a national resolution is found this risk will be terminated- DHCW indicated timescales for this risk are 2023. The network will follow-up to determine a more precise date from DHCW and will require support from SBUHB Informatics to progress this. The SWTN will evaluate this risk at 3 monthly periods as a part of the SWTN governance mechanisms.

- **Major Trauma ICU Capacity-** 3 ICU beds were commissioned as part of the SWTN however, due to various demands in UHW, ICU capacity transfers have taken place across the network in order to meet UHW ICU capacity requirements.

  Each of the transfers require investigation regarding the requirement for MTC rehabilitation requirements post patient ICU admission and an evaluation regarding major trauma patients transferred from MTC ICU to TU ICU including their rehabilitation requirements when ICU admission has been stepped down to take place. A pilot has been run aligned to the generic repatriation policy but covering the nuances of ICU>ICU repatriations (commenced Nov 2021). This is now being evaluated to formally embed in the repatriation policy. Alongside this the generic repatriation is undergoing a full evaluation.

Mitigation- SWTN Lead AHP assessing all MT patients transferred from MTC ICU to TU ICU (24 patients). The following metrics are being evaluated-

- Length of stay on MTC ICU- this will be accompanied by a benchmarking exercise of the same measurement from comparable MTC's in trauma networks throughout the UK
- Rate of survival
- Functional outcomes for patients

The evaluation is currently taking place across all SWTN provider Health Boards. Results will be analysed collaboratively with MTC ICU, the critical care network and the ODN. Results will be presented through the SWTN governance processes to all key stakeholders, WHSSC and Welsh Government. The outcome of the evaluation will provide the direction of development of the ICU>ICU repatriation policy and

adherence to said policy. This will enable plans for active mitigation of the risk and risk reduction to be developed.

The totality of this evaluation (incl. the generic repatriation process and ICU>ICU process) will be completed by September 2022, with a paper on the effectiveness of the generic repatriation process being submitted to the Clinical and Operational Board in July 2022 and the Delivery Assurance Group in August 2022.

There are currently 8 live issues.

Four issues are high priority, and the mitigations can be found in the attached Issue Register as **appendix 3**:

- **Nursing/therapy T&E in relation repatriation of complex patients**

Mitigation- A priority for the SWTN Workforce & Service Development working group is to explore and progress a SWTN wide honorary contract solution for all staff, across the SWTN stakeholder organisations in order to seamlessly enable staff to visit/care for/undergo training with patients in settings other than that of their parent Health Board (within which these staff members will be contracted). As this is progressed, this issue will reduce to a risk status.

- **Sharing of patient related images via non-health approved communication apps e.g. WhatsApp, resulting in medicolegal vulnerability**

Mitigation- The issue is owned by DHCW who are leading on national stream of work that will address the problem. The issue is reflected in the SWTN issue log as it has been experienced within the network due to the need for communication and image sharing of injuries sustained by major trauma patients across various health boards as part of their major trauma journey. SWTN Informatics lead is included in the National work stream and is progressing SWTN specific mitigations and updating on the National resolution via the SWTN Informatics group. When a national resolution is found this issue will be reduced to a risk until managed/tolerated at a national level.

- **Rehabilitation Service Provision across SWTN**

Mitigation- All SWTN participating Health Boards have now committed to providing Rehabilitation Consultant Medicine sessions (since April 2022). The SWTN Rehabilitation Clinical Lead is now working collaboratively with the ODN and rehabilitation medicine colleagues across Wales to develop a delivery plan for rehabilitation medicine for major trauma patients to all HB's. When this plan is in place this issue can reduce to a risk and when plan realised the risk will be tolerated/terminated as appropriate in response to the resilience of the proposed model.

- **WAST Transport- Secondary Transfers**

Mitigation- This issue is owned by WAST. The national transfer and discharge model is being designed and procured by WAST in collaboration with EASC with a timeframe

of Summer 2022. This issue will reduce to a risk in response to the development of the WAST model. The ODN are awaiting an update from planning colleagues at WAST in DAG in August 2022.

4. FINANCIAL IMPLICATIONS

There are no direct financial implications of this report.

The ODN holds the budget for the ODN element of the South Wales Trauma Network only. This is broken down into the following elements-

Pay

All staff are in post.

Informatics

All informatics support and software solutions are now in place or have plans to come online as described within the Programme Business Case.

Training and Education

The Level 1 Emergency Department adult and paediatric nursing competency portfolio, answer book and clinical skills sessions were launched across the SWTN in November 2021. Evaluations collated to date are very positive. We will continue to monitor evaluations both from delegates and facilitators. Operational constraints continue for training across the SWTN, largely due to access block and pressure across the health boards.

Level 2 Emergency Department adult nursing training has commenced via TNCC. More training will be required over the coming months. The ETC course will be commenced by the MTC in June 2022. This should allow for further level 2 emergency nursing experience.

The Level 1 Ward nursing competency requires scoping, this should commence in the MTC. This work should provide the framework to allow the ward nurse competencies to be identified and expanded to the trauma units. There is a national plan for e-Learning development in progress which we would hope to adopt across the SWTN.

The MTP and RC induction folders have been developed and shared for feedback with MTC and RC colleagues to be released for use imminently.

Damage control surgery and damage control orthopaedic surgery courses have taken place with positive evaluation by all delegates.

The training & education IT platform is currently out for testing for those areas which are live. This will be for wider release following evaluation.

The virtual reality 360° videos for trauma team leaders (TTL) require further post-production work prior to release. The clinical skills videos, Level 1 ED nursing

resources, TREATS and other education resources remain accessible on the SharePoint site until testing is complete.

A SWTN conference is in planning for early Autumn of 2022.

Next Steps

1) The South Wales Trauma Network peer review process took place during the week commencing 21st March 2022. During this week, each of the partaking organisations attended an interview-based discussion with external peer reviewers led by the NHSE Quality Surveillance and Nursing National Specialised Commissioning Team.

   The Peer Review Team have committed to providing formal reports to each of the partaking organisations by the end of May 2022. In the interim, the Head of the NHSE Quality Surveillance and Nursing National Specialised Commissioning Team has formally written to all Organisation's CEO's detailing the high-level findings including the detail of serious concerns that have been received by some organisations. Prior reviews undertaken by the peer review team have resulted in several Major Trauma Networks having had immediate concerns raised in the past. Therefore, assurance has been provided by the NHSE Q&S Nursing team that having some serious concerns at this stage, is not unusual, given the infancy of the network.

   There have been no immediate concerns raised across the Network. Moreover, the peer review process will help guide how we improve SWTN pathways and processes in the future to ensure the overarching strategic direction of the network is achieved.

   Each member organisation for the SWTN are required to formulate an action plan in response to the formal peer review reports when received. The action plans will be overseen and monitored by the ODN in the regular organisational catch up meetings. The ODN will monitor local delivery against the action plans beginning in July 2022 on a bi-monthly basis with an in-depth review of delivery against actions to take place in February at 6 months.

2) The WHSSC CIAG process for funding requirements 2023/24 will begin during spring/summer 2022 with deadline for the receiving of WHSSC CIAG proposals on 8th July 2022. The ODN are enacting the SWTN process for the service development of all Health Board providers via the Workforce & Service Development Group in keeping with the timelines required for commissioning requests. Andrea Bradley, operational manager for the ODN is leading this initiative. The SWTN process determines the requirements for each of the SWTN partaking organisations in order to offer support, an evaluation perspective and to ensure the requirements support the overall direction of travel for the SWTN as described in the five-year plan of the Programme Business Case while ensuring local requirements as a result of the lived

experience are also incorporated. Health Board commissioning takes place via local IMTP processes.

3) The capture of PROMS across the SWTN is due to launch imminently in a phased roll out programme led by the temporary appointment of a project support manager. The project support manager will begin their appointment in June 2022 and will be in post for 12 months. The programme is a collaboration between the SWTN, Value in Health Wales Team and TARN.

   The phased approach will initiate the capture of MTC patients initially to pilot the project, refine any issues and/or identify improvements of delivery and will roll out across all other providers thereafter over the 12-month period. The project is being led by the ODN team and will report into the ODN governance mechanisms. The project will undergo regular evaluation by the ODN to ensure delivery against the timescales.

4) The Veteran Trauma Network Wales (VTN Wales) has been successful in the submission of an application with the Covenant fund to secure funding for a Veteran Health post based in the Veteran Trauma Centre (VTC) in C&VUHB though the individual will work with the VTN Wales Nationally. In addition, a working relationship has been developed with the Defence Medical Welfare Service (DMWS) resulting in further support being offered in the form of a DMWS Officer. Both roles will be based at the Veteran Trauma Centre in UHW however will outreach across the SWTN as required and support the management of VTN Wales referrals. Colleagues in the VTC are leading on the appointment of both positions with regular updates being provided to the VTN Wales Clinical lead and managerial team.
5) Dr Dindi Gill (Clinical Director of the SWTN) will be leaving to undertake a secondment in Tasmania for 1 year. A recruitment process is underway as a secondment opportunity.

5. RECOMMENDATION

The Quality and Safety Committee are asked to:

- Note content of report
- Note continuing excellent progress across the work through quarter 2 of the ODN establishment
- Note the key actions for the next quarter
- Note the SWTN mitigation and impact around the recurring risks
- Note that there are no risks to Swansea Bay as host organisation of the ODN

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High-Quality Care	☒
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☒
	Individual Care	☐
	Staff and Resources	☐

Quality, Safety and Patient Experience

Delivery of a major trauma network that fits with the ethos of saving lives, improving outcomes and making a difference.

Financial Implications

There are no financial implications from this paper. The ODN is hosted by SBUHB with the budget being set by WHSSC. The current budget has been guaranteed for 5 years from April 2020.

Legal Implications (including equality and diversity assessment)

There are no known legal or equality and diversity impacts over and above those developed within the original PBC.

Staffing Implications

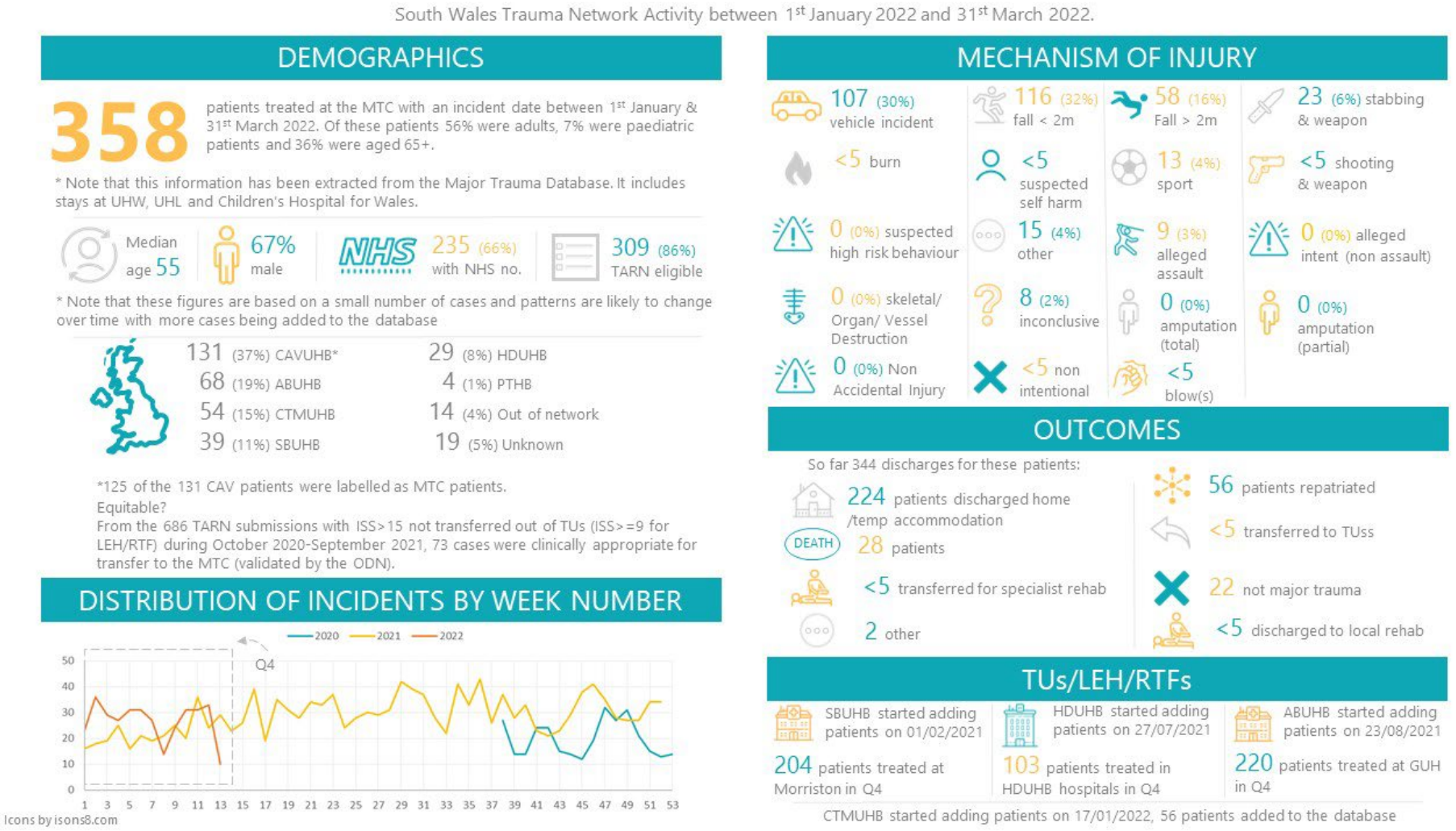
There are no current staffing implications. The ODN team is fully recruited into. The network manager is currently also supporting the NHS Wales vaccination programme and has been released 50% to the All Wales Programme. The ODN has recruited to a 6-month Senior Nurse post to provide expertise with the development of the e-learning platform, the feedback requirements of an on line learning environment and support the training and education for nurses.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

- **Long Term** – The SWTN business case incorporates a 5-year plan for development of the network.
- **Prevention** – The development of the injury prevention working group will support the prevention of injuries.
- **Integration –** Clinical pathways are delivered across the network.

○ **Collaboration –** The SWTN works in collaboration with all HBs in Wales as well as with WAST. ○ **Involvement –** all HBs are involved in the network alongside 3rd sector groups	
Report History	The ODN last reported into SBUHB Quality & Safety in February 2021.
Appendices	Appendix 1- SWTN Detailed Activity Q4 (2021-22) Appendix 2- Network Risk Register Appendix 3- Network Issue Log

Appendix 1


South Wales Trauma Network Activity between 1st January 2022 and 31st March 2022.
DEMOGRAPHICS
358 patients treated at the MTC with an incident date between 1st January & 31st March 2022. Of these patients 56% were adults, 7% were paediatric patients and 36% were aged 65+.
* Note that this information has been extracted from the Major Trauma Database. It includes stays at UHW, UHL and Children's Hospital for Wales.
Median age 55
67% male
NHS 235 (66%) with NHS no.
309 (86%) TARN eligible
* Note that these figures are based on a small number of cases and patterns are likely to change over time with more cases being added to the database
131 (37%) CAVUHB*
68 (19%) ABUHB
54 (15%) CTMUHB
39 (11%) SBUHB
29 (8%) HDUHB
4 (1%) PTHB
14 (4%) Out of network
19 (5%) Unknown
*125 of the 131 CAV patients were labelled as MTC patients.
Equitable?
From the 686 TARN submissions with ISS>15 not transferred out of TUs (ISS>=9 for LEH/RTF) during October 2020-September 2021, 73 cases were clinically appropriate for transfer to the MTC (validated by the ODN).
DISTRIBUTION OF INCIDENTS BY WEEK NUMBER
2020
2021
2022
Q4
50
40
30
20
10
0
1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53
Icons by isons8.com
MECHANISM OF INJURY
107 (30%) vehicle incident
116 (32%) fall < 2m
58 (16%) Fall > 2m
23 (6%) stabbing & weapon
<5 burn
<5 suspected self harm
13 (4%) sport
<5 shooting & weapon
0 (0%) suspected high risk behaviour
15 (4%) other
9 (3%) alleged assault
0 (0%) alleged intent (non assault)
0 (0%) skeletal/ Organ/ Vessel Destruction
8 (2%) inconclusive
0 (0%) amputation (total)
0 (0%) amputation (partial)
0 (0%) Non Accidental Injury
<5 non intentional
<5 blow(s)
OUTCOMES
So far 344 discharges for these patients:
224 patients discharged home /temp accommodation
DEATH 28 patients
<5 transferred for specialist rehab
2 other
56 patients repatriated
<5 transferred to TUss
22 not major trauma
<5 discharged to local rehab
TUs/LEH/RTFs
SBUHB started adding patients on 01/02/2021
204 patients treated at Morriston in Q4
HDUHB started adding patients on 27/07/2021
103 patients treated in HDUHB hospitals in Q4
ABUHB started adding patients on 23/08/2021
220 patients treated at GUH in Q4
CTMUHB started adding patients on 17/01/2022, 56 patients added to the database

South Wales Trauma Network Activity between 1st January and 31st March 2022. Data extracted from Trauma desk data, sitrep and TARN

TRAUMA DESK, WAST & EMRTS

13 median number of calls connected per day. 2,247 incidents (including providing advice to crews, arranging transfers and checking the call stack).

112 trauma tool positive incidents

60% taken to UHW

40% taken to TU/LEH/RTF

110 silver trauma tool positive incidents

19% taken to UHW

81% taken to TU/LEH/RTF

* Note that Trauma desk data is at incident level. Therefore, in an RTC, multiple patients would have the same Incident number and we would not be able to differentiate between patients, and trauma tool usage can only be recorded once

8 primary missions to MTC, 159 primary missions overall 7 secondary transfers to MTC (4 were ACCTS) involving EMRTS

N primary transfers to MTC by WAST – this requires data linkage between Major Trauma Database and WAST data. Awaiting access to new ePCR data. NHS number completion on MTD is currently at 66% which is required for data linkage. TARN MTC data for first year shows that 77% of direct admissions had a mode of arrival of ambulance. Once the pre hospital form is completed on the Major Trauma Database, this will help measure primary transfers.

8 pathway 1 (Hyperacute) transfers to MTC

14 pathway 2 (Emergency) transfers to MTC

<5 pathway 3 transfers to UHW recorded

<5 pathway 3 transfers to Morriston recorded

* Note that the figures are under-reported as further cases of secondary transfers are recorded in the Trauma Database

<5 incidents escalated to EMRTS Top Cover Consultant

TCC consulted via callsign: 1x Pathway 2

Icons by isons8.com

SITREP COMPLIANCE

Aim for 90% compliance.

MH	EMRTS	BGH	RGH	WGH	PCH
98%	94%	92%	92%	92%	87%

UHW	WAST	GGH	POW	GUH
86%	79%	64%	61%	40%

TARN

TARN data quality covering first year from go live from TARN Analytics below.

South Wales Trauma Network Activity between 1st October and 31st December 2021. Data extracted from Induction, Sharepoint, Twitter, GREATix and TRID

TRID SUMMARY

38 TRIDS:

- 8 referral
- 0 automatic acceptance
- <5 pathway awareness
- <5 inappropriate transfer
- 20 delayed repatriations
- 0 delayed transfers
- 0 Trauma Desk contact
- 0 no transport available
- <5 other
- 0 comms
- 7 clinical issues

* Some TRIDs have more than one issue therefore above counts of themes do not sum to the total of 38

TRAUMA DESK OCCURRENCE LOG ENTRIES

22 2x Bronglais CT scanner, 1x Glangwili divert, 3x pathway 3 transfer, 1x refused transfer to MTC, 1x POW CT scanner, 1x silver trauma call, 1x Private Ambulance Provider, 2x Pathway 1 transfer, 5x no trauma desk cover, 1x control room computers, 2x no call to trauma desk, 1x everlight reporting, 1x anticipated delayed transfer

GREATix

0 nominations for teamwork, support, leadership and communication

RESEARCH/QI/AUDIT/INJURY PREVENTION

Available SAIL data has been provisioned for the TEAR Cymru project. TARN ready to send refreshed extract to SAIL.

MEDIA & SOCIAL MEDIA

1,153 followers

1.4K impressions to SWTN a year on Statement from Health Secretary tweet

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EDUCATION

1,625 views of the guidelines and policies held in induction

6,267 sharepoint site visits in the last 90 days

SWTN training platform is now available but needs period of testing before wider release to the network. Sharepoint resources remain available in the meantime

Review and editing of TTL and pre-hospital scenarios ongoing

Network TNCC Course was hosted by POW in January 2022

ETC Course planned for June 2022

LESSONS LEARNT BULLETIN & COMMS BRIEFS

1x lessons learnt bulletin

1x clinical comms brief

2x operational comms briefs

MEETINGS

1x Clinical & Operational Board Meeting (February 3rd)

South Wales Trauma Network Activity between 1st October and 31st December 2021 summary and actions

SUMMARY

Major Trauma Database:

1. Addition of pre hospital form on the major trauma database
2. M&M form on the database

ACTIONS

Major Trauma Database:

1. Draft version of form available on test database
2. M&M form will be finalised on the database so that the forms can be completed electronically. Nursing and AHP sections added to the form

Appendix 2

SWTN Risk Register June 2022.pdf

Appendix 3

Appendix 3- Network Issue Log M

Rhwydwaith Trawma De Cymru
South Wales Trauma Network

South Wales Trauma Network Risk Log

Sponsor:	SRO	Complied by:		BH & DG

Please do not adjust the formatting / layout of this log

Remember! *A risk is an uncertain event that, should it occur, will have an effect (negative or positive) of the achievement of objectives*

Risk ID	Risk Category	Risk Title	Cause	Event	Effect	Current Risk Score / Severity			Management & Mitigation	Since Last Review	Post Mitigation Expected Risk Score / Severity			Risk Owner	Risk Response	Comments & Updates	Date raised	Date for review	Date for completion of risk
			"If xxx (cause) occurs"	"then xxx (event) may happen"	"which will result in xxx (effect)"	Consequence	Likilhood	Total			Consequence	Likilhood	Total	Named person					
Risk Identifier	*Choose category the risk falls into*	*Staff engagement (Example Risk)*	*If staff are not fully engaged in the programme*	*Then there may be resistance to the upcoming changes*	*Which will result in a slowing of progress and changes not being accepted.*	*Assign Score 1-5 (see guidance)*	*Assign Score 1-5 (see guidance)*		*Choose how the risk is going to be dealt with (see guidance for definitions)*	*State direction of travel since last review*	*Assign Score 1-5 (see guidance)*	*Assign Score 1-5 (see guidance)*		*Joe Bloggs*	*22/02/18 - Discussed at workstream meeting and assigned owner with list of mitigating tasks.*	*Describe actions undertaken to control and mitigate the risk*	*20/02/2018*	*20/03/2020*	*20/03/2020*
ODN 012	Operational	COVID-19 Recovery	COVID-19 impact	has forced the reorganisation of services locally and enforced relocation of services locally within MTC & TU sites	resulting in the requirement and excecution of a comprehensive recovery plan within HB's & commissioned services prior to SWTN launch	4	3	**12**	Treat containment	↔	2	3	**6**	HB's & ODN	For major trauma to feature as part of organisational recovery plans, rather than seperately and investment has been made already in major trauma services across the system. Major Trauma is an essential service and as such needs to feature in all recovery plans	COVID recovery ongoing. Major Trauma is an essential service, therefore will need to be maintained through COVID surges. Will monitor Health Board issues through network meetings. 9/12/21- There is a risk around critical care capacity linked to increased demand associated to the COVID 19 pandemic specifically with regards to sudden surges in activity linked to the pandemic- recorded on MTC risk register **30/05/22**- Inpatient COVID recovery is ongoing throughout NHS Wales and is progressing. The redesign of major trauma services, specifically the 'landing pad' model is being explored at a local level in order to develop mitigation plans and progress through the upcoming IMTP process. **Local HB plans are required by the ODN for inital evaluation by September 2022.**	20/03/2020	23/06/2022	01/10/2022
ODN 013	Operational	COVID-19 Implication on training	COVID-19 impact	COVID-19 escalation took place during the beginning of the comprehensive training plan organised by the SWTN	resulting in no current improvement of the training gap identified in order to go live	4	2	**8**	Treat containment	↔	2	1	**2**	ODN	ODN creating remote training packages to meet training requirements while ensuring pandemic clinical management and social distance conditions are met.	Development of E-Learning platform. Filming complete for TTM course along with clinical skills. TTM and rehab filming planned for Oct/Nov. 1/12/2020 - due to COVID no further filming able to take place. 10/3/21- Filming and creation of TTL training planned to take place in July 2021- covid restrictions pending 4/6/21- TTL & pre-hospital filming take place w/c 21/6/21, which has now taken place 8/9/21- Education platform to be launched by time of Governance. Clinical Skills available in the initial launch to be followed by scenario based learning in the Autumn 2021. 9/12/21- Issues with ePlatform being approved by cyber security & IG- being escalated by ODN. Mitigation to launch scenarios via SWTN Teams page in December 2021. 28.1.22 - DR still working with HEIW and DCHW to resolve platform issues. Aim to go live with team marvel 7/2/22 **07/04/22- All T&E material available via SharePoint at present. IG issues with IT platform resolved- platform in state of testing with operational memebers of major trauma teams to identify any anomilies prior to launching. Launch due for April 2022.**	28/03/2020	23/06/2022	12/05/2022
ODN 017	Clinical	Face to face training for WAST Operational staff	Inability to undertake face to face training due to COVID.	Road staff may not have the abequate skills to manage major trauma patients as per network guidelines.	Major trauma patients not being recognised or treated in accordance with guidelines	4	3	**12**	Escalate	↔	2	2	**4**	WAST	Discussions ongoing via the ODN with WAST regarding the dvelopment of an E-Learning platform	Meeting with education lead. WAST onclick training - 800 staff tranined. Plans being put in place for e-learning 10/3/21- WAST scenarios to be part of SWTN filming schedule to take place in July 2021- covid restrictions pending, this has taken place 08/09/21- WAST scenarios in post production phase , to be launched on SWTN eduation platform in Autumn 2021 by June 2022 9/12/21- Scenarios due to be launched via SWTN Teams page in December 2021 07/04/22- Scenario's launched via MS Teams and SharePoint pages in January 2022. **30/05/22- Evaluation of access to/completion of this training will reduce the risk- evaluation to be carried out by ODN T&E lead in June 2022 at 6 months post launch**	10/08/2020	23/06/2022	01/09/2022
ODN 27	Human Resources	Resilience within TARN Coordinator service across the SWTN	If one or more TARN coordinators were to be absent from work for a prolonged time period	there is currently little or no provision within Health Boards or across the network to backfill or subsidise the service	resulting in a delay and/or omittance of TARN data input and case ascertainment for HB's across the Network	3	4	**12**	Treat contingent	↔	2	2	**4**	Network and HB's	ODN currently exploring mitigations for this including potential cross cover between TARN coordinators across the network	4/6/21- TARN Coordinator in AB retiring therefore risk in AB has increased. C&V- new resource to be recruited & trained. CTM- TARN Coordinator vacancy 30/6/21- New TARN Coordinator x1 at RGH, x2 at UHW. Advert at ABUHB recently closed and recruitment to be confirmed imminently. 8/9/21- TARN coordinator service in place within all HB's however resilience remains a risk in some HB's due to single roles and no network cross cover arrangements. 07/04/22- As above **30/05/2022- ODN exploring the development of a Network Wide TARN coordinator role. To be progressed through the WHSSC CIAG process in July 2022- If approved, this will mitigate the risk to a tolerated level**	03/02/2021	23/06/2022	01/04/2023
ODN28	Financial	No orthopaedic capacity commissioned to meet orthoplastic demand	No orthopaedic capacity commissioned to meet orthoplastic demand	Challenge of supporting current levels of orthoplastic activity when elective work recommences. Lack of specialist trauma orthopaedic surgeon support for orthoplastics	resulting in reduced available orthoplasitc activity and potential delays in patient care across the network	3	2	**6**	Treat containment	↔	3	2	**6**	SBUHB & Network	ODN currently working alongside SBUHB to mitigate prior to the returning elective activity. Year 2/3 SWTN orthoplastic plans and submission to WHSSC 2022/23 CIAG process to mitigate	Year 1 cover has been bridged by utilising vacant orthopaedic posts to appoint trauma specialist consultants. This is in lieu of elective sessions that will be required for orthopaedic recovery. That is likely to come on line in Q3/4 2021/22 via modular theatre proposal in NPT, pending recurrent solutions via WG capital business case process (SOC stage at present) 8/9/21- Awaiting feedback from WHSSC JC with regards to allocation of 2021/22 underspend. 9/12/21- WHSSC funding approved and allocated to mitigate risk for 21/22 financial year-risk may increase in new financial year (2022/23) due to WHSSC funding being non-recurrent. ODN awaiting information regarding SBUHB mitigation for April 2022 onwards. 28.1.22 final JC committee decision due early Feb 07/04/22-New resource and additional session funded by WHSSC. ODN A/W SBUHB delivery plans for assurance. ODN met with HS to discuss on 07/04/22 **30/05/22- Funding allocated via WHSSC commissioning intention. Service required to write a Business Justification Case to release funding at a HB level, process underway locally, due to be completed by June 2022. Six months lead in time expected for recruitment therefore risk due to be mitigated in January 2023.**	22/02/2021	23/06/2022	01/01/2023

ODN29	Premises Operational Risk	Orthplastic Trauma Activity in SBUHB	Significant numbers of cases requiring freeflap surgery via the MTN and no dedicated orthoplastics theatre capacity at Morriston	however, orthoplastic trauma theatres not originally commissioned in Morriston as part of MTN development	resulting in an impact on ortho trauma and plastics trauma lists. This affects local and national patients from accessing theatre in an efficent & timely manner.	3	2	6	Treat contingent	⟷	3	2	6	SBUHB & Network	ODN currently working alongside SBUHB to mitigate prior to the returning elective activity	Year 2/3 MTN plans for dedicated orthoplastic theatre proposed via workforce & service development group for support and in WHSSC 2022/23 CIAG sumbissions 8/9/21- Awaiting feedback from WHSSC JC with regards to allocation of 2021/22 underspend and/or development of IMTP submissions for 2022. 9/12/21- WHSSC funding approved and allocated to mitigate risk for 21/22 financial year- risk may increase in new financial year (2022/23) due to WHSSC funding being non-recurrent. ODN awaiting information regarding SBUHB mitigation for April 2022 onwards. 28/1/22 - final JC decision due early feb 07/04/22- Theatre capacity and resource funded by WHSSC. ODN A/W SBUHB delivery plans for assurance. ODN met with HS to discuss on 07/04/22, further orthoplastic services meeting due to take place on 20/04/22 **30/05/22- Funding allocated via WHSSC commissioning intention. Service required to write a Business Justification Case to release funding at a HB level, process underway locally, due to be completed by June 2022. Six months lead in time expected for recruitment therefore risk due to be mitigated in January 2023.**	22/02/2021	23/06/2022	01/01/2023
ODN30	Premises Operational Risk	Location of flap monitoring unit	Flap monitoring unit for orthoplastic cases. Capacity is required for 'green' elective free flap cases	Not enough capacity for orthoplastic free flap and elective free flap post op monitoring.	the commissioning of separate trauma & elective areas will have to be considered with subsequesnt space and staffing requirements	4	3	12	Treat contingent	⟷	3	3	9	SBUHB	SBUHB investigating locally. Awaiting resolution or mitigation.	Year 2/3 MTN plans for dedicated orthoplastic flap monitoring unit proposed via WHSSC 2022/23 CIAG Process 8/9/21- Awaiting feedback from WHSSC JC with regards to allocation of 2021/22 underspend and/or development of IMTP submissions for 2022. 28/1/22 - flap monitoring unit requested as additional WHSSC funding for 22/23. JC decsion due early feb 07/04/22- Flap monitoring unit supported by WHSSC. ODN A/W SBUHB delivery plans for assurance. ODN met with HS to discuss on 07/04/22, further orthoplastic services meeting due to take place on 20/04/22 **30/05/22- 4 ring-fenced beds commissioned by WHSSC for management of SWTN patients for flap managment & monitoring. Business Justification Case required to release the current allocated WHSSC funding and detailed review of the requirement being undertaken by local HB orthoplatic service. Funding allocated for January 2023 onwards therfore risk mitigation unkliey to be realised until June 2023 due to estate requirement s and lead times for appointments.**	22/02/2021	23/06/2022	01/06/2023
ODN31	Programme	Strategic Benefit of Equity to be further developed	Current benefits realisation plan to be reviewed	in response to Network having been live for six months	particularly in terms of building upon the strategic benefit of equity	3	3	9	Treat contingent	⟷	2	3	6	ODN	ODN currently working through and updating the overarching programme position and plan. This will be taken through the full SWTN governance structure for ratification. To be evaluated in the SWTN 1 year evaluation- due to begin in Feb 2022 when 1 year TARN data available	4/6/21- Question of Equity raised at DAG due to LHB distribution of MTC patients in first 6 months of SWTN. ODN comparing opeartional data with predicted data from PBC. To be re-reviewed incrementally as network grows, more data available and lockdowns lift 15/9/2021 – undertaking ISS review >15 for patients to remain local plus outcomes as part of quarterly reporting, equity will be looked at as part of 1 year evaluation and benchmarking against other networks as to whether additional metrics exist to look at equity, outcomes and distance from MTC. **07/04/22- ODN Data Analyst, Quality Improvement & Research clinical lead undertaking focused evaluatiuon in collaboration with SAIL & Swansea University via the 1yr evaluation of activity, due to be produced by September 2022. SWTN Data Analyst looking at distribution of major trauma across SWTN and access to the MTC by geography of incident. This work is currently ongoing.**	04/03/2021	23/06/2022	01/10/2022
ODN32	Governance	TARN PROMS & PREMS	PROMS & PREMS to be launched throughout SWTN	potential of incorrect data representation	resulting in a risk during the launch and embedding stage	3	3	9	Treat contingent	⟷	2	2	4	HB's & ODN	1 year baseline TARN data to be in place prior to launch of PROMS & PREMS Benefit to be monitored & realised in Year 2. Arranging meeting with TARN to enable TU submission of PROMS/PREMS.	4/6/21- Meeting with TARN to take place. Currently TARN provide PROMS for MTC's only, solution for TU PROMS required Added to Issue Log due to the above 30/06/2021- TARN have agreed to roll out PROMS to all TU's in SWTN for 12 motnths free of charge as a trial, currently awaiting launch. ODN working with National PROMS Programme to look a ways of jointly supporting this initative with a proposed start date of January 2022. Downgraded from issues log back to Risk Register as a result of SWTN meeting with TARN. To be monitored as a risk until launched and reviewed. 9/12/21- Project support manager appointed to facilitate the roll out of PROMS in January 2022. 07/04/22- Project support manager role re-advertised. Ongoing work with ViH and Neuroproactive taking place via ODN Team. **30/05/2022- Project support manager role appointed, work to begin in June 2022 when new appointment starts in post and progress with pace. MTC patients to be focus of pilot to develop working model then roll out to all HB's thereafter. Risk to reduce throughout the 12 month secondment however to be terminated at point of full launch of roll out.**	04/03/2021	23/06/2022	01/05/2023
ODN33	Operational	Repatriation	Any surge or increase Covid 19 cases or increase in significant operational pressures in hospitals	could potentially cause a delay in repatriation to LHB	resulting in potential capacity issues for MTC	3	3	9	Treat containment	↓	3	2	6	HB's & ODN	Enact surge plan in event of increased Covid cases Maintain close contact with HB's Maintain early identification of potential repatriation requirements from MTC to LHB's.	Downgraded from an Issue to a risk at Network Governance Day 18/03/2021- to be monitored by ODN via TRIDs and operational catch ups with Health Boards 28/1/22 - some HBs having delays with repatriations due to operational pressures 07/04/22- Operational pressures increased across Wales currently resulting in delayed repatriations across the SWTN. **30/05/2022- This is consistently monitored by the ODN. At time of review timely repatriations have improved and risk reduced.**	18/03/2021	23/06/2022	01/07/2022
ODN35	Human Resources	WAST Trauma Desk	Staff absence in WAST Trauma Desk team	has led to a lack of resource to cover the Trauma Desk as originally proposed	resulting in requirement for EMRTS to provide unplanned cover resulting in a negative impact on performance	4	4	16	Treat containment	⟷	3	2	6	WAST	Resilience resolution being explored within WAST. Likely advert for a 6 month secondment position at a cost pressure to cover the 1 x long term sickness. ODN & WAST to meet to discuss.	ODN awiting formal update from WAST. Being monitored via TRID's/Occurance Log 8/9/21- Secondment position filled, currently yet to commence in post 9/12/21- secondment position in place however further resignations received. WAST going out to advert for permenant position to replace resignation W/C 13/12/21 28/1/22 - 1 x vacancy with Trauma desk. mitigation put in place over Christmas due to rota gaps. waiting for outcome of replacement post **07/04/22- Remains a problem at present. EMRTS Desk covers when able. Awaiting long term resilience plan from WAST, to be discussed at next WAST meeting due early May 2022.**	30/06/2021	23/06/2022	01/07/2022

ODN37	Operational	WAST Transport- Repatriations	Lack of availability of WAST transport vehicles	causing a delay in repatriations to resident health boards	resulting in operational capacity issues in MTC	3	4	12	Treat containment	↔	3	2	6	WAST	WAST NEPTS working internally to address WAST capacity issues	Highligted a COB on 8/7/21- ODN awaiting formal update from WAST. Being monitored via TRID's. ODN imminently setting up a working group with WAST & MTC to address this risk. 8/9/21- Trauma Desk to support complex transfers and pathway 3 transfers with theatre time target- to be reviewed & monitored via weekly ODN/MTC meetings 9/12/21 Repatriation information has been analysed by the ODN and presented to Health Boards in letters to the SRO's and major trauma teams. Focused meetings with SRO's have been arranged with health boards with increased delays in repatriation. 9/12/21- Meeting held between WAST, ODN & EASC to discuss- actions from meeting to be carried out and follow up meeting arranged where updated position on the discharge transport model will be provided by WAST & EASC. 07/04/22- Repatriation continues to be monitored by the ODN via TRID's and escalated where required and via ODN & WAST/EASC meetings. WAST currently looking at a private provider, ODN awiting update at meeting scheduled with WAST & EASC for May 2022. **30/05/2022- WAST developing the national Transfer & Discharge model. Presentation to be delivered at DAG in August 2022.**	08/07/2021	23/06/2022	01/04/2023
ODN38	Management of Information & Data	Sharing of Clinical Images & Information across SWTN	Lack of access to imaging and clincial results for patients repatriated from MTC	will appear to those looking at the patient's digital record that the imaging an/or diagnostics did not occur	resulting in a misrepresentaion and misinformation regarding a patient's care and clinical journey	4	4	16	Treat containment	↔	3	2	6	HB's / DHCW	ODN to formally request that C&VUHB reconcile NHS numbers for any investigations on all digital systems including those investigations performed on 'unknown' patients.	8/9/21- to be monitored via TRID's 28/1/22 - ongoing work nationally with an aim to resolve **07/04/22- As above- Informatics clincal lead working with DHCW for input into national work stream**	28/07/2021	23/06/2022	01/04/2023
ODN39	Clinical	Appropriate local management of repatriated patients requiring complex management & rehabilitation medicine consultant dedicated sessions	Patients repatriated to ABUHB with complex injuries	may be repatriated to an inappropriate ward for the care needs required	resulting in patients receiving sub-optimal care as a result of being bedded on an inappropriate ward, creating an inequity for patients across the SWTN	4	3	12	Treat containment	↓	3	2	6	ABUHB	Original agreement in ABUHB was for patients to be managed by specific consultants on identified wards however capacity on wards not available therefore access to services an issue. Being escalated to Assistant Medical Director and Director of Therapies team.	15/9/2021 – ODN have met with ABUHB MD/planning leads to discuss need and requirement for rehab medicine to support management and discharge of complex patients. Plan for in year resourcing. Follow-up required to determine status. 28/1/22 - agreement by AB to fund 4 sessions of rehab medicine. network rehab lead aware and incorportating these sessions into plan going forward **07/04/22- As above, further detail to be provided as available.**	08/09/2021	23/06/2022	01/12/2022
ODN40	Governance	Engagement of specialities in local major trauma governance processes	If key specialties do not engage with the local major trauma governance processes in place	this will make it harder to ensure improvements are made and key lessons are shared across the organisation	Which will lead to an increased number of clinical incidents and issues arising	3	3	9	Treat containment	↓	2	2	4	HB's	Continue to engage local specialites in governance process. ODN monitoring via bi-monthly catch ups with health boards.	**07/04/22- Improved position represented by all Health Boards at Peer Review sessions.**	08/09/2021	23/06/2022	01/06/2022
ODN41	Human Resources	TTL provision in MTC	There is a risk around the Trauma Team Leader rota	and the teams' availability to sustain its 24/7 requirement	whilst supporting the wider demands of an exeptionally busy Emergency Unit	3	3	9	Treat containment	↔	3	2	6	CAVUHB	An SBAR has been assembled to describe the problem, along with opportunities to support the wider service and integral rota. Adaptations to the rota being considered to enhance the profile of the role. Rota requires support from the wider SWTN to provide resillience.	Emergency team in MTC refining SBAR for wider sharing to describe specific asks of the UHB and SWTN to share with the ODN	08/09/2021	23/06/2022	12/05/2022
ODN42	Operational	Availability of CT in TU	Only one emergency CT scanner available in TU in HDUHB	allowing no resilience in the event of breakdown or during maintenance	resulting in patients having to travel elsewhere across the SWTN if likely to require a CT scan	3	2	6	Treat contingent	↓	2	2	4	HDUHB	Local action plan to be prepared outlining approach to patient disposition in the even of no CT avialability. Local Major Trauma team added to circulation list for notifiocation of CT down time to allow prompt communication to the Trauma Desk and Sitrep.	Discussion with SBUHB for formal TU mutual aide plan. **07/04/22- Further CT scanner is now available in HDUHB. ODN to link with HDUHB and SBUHB to determine future mutual aid plans.**	08/09/2021	23/06/2022	01/09/2022
ODN43	Clinical	ICU > ICU transfers across SWTN	Failure to secure appropriate lines of communication between critical care units and major trauma teams	can cause delayed trransfers and delayed engagement with the local major trauma team	resulting in sub-optimal management of patient from a rehabilitation and/or major trauma services point of view	3	4	12	Treat containment	↔	2	3	6	ODN & All HB's	ICU > ICU repatriation policy being developed by SWTN in conjunction with TU ICU and Major Trauma representatives, Critical Care Network & MTC.	Due for sign off and circulation for pilot period of 6 months in October 2021. Launched in November 2021- being monitored by the ODN via TRIDs and operational catch up's with Health Boards 28/1/22 - review of all ITU-OUT repatriations for major trauma patients being undertaken 30/05/22- Formal evaluation of all ICU > ICU transfers being undertaken by ODN AHP lead. To be formally reported in June 2022	08/09/2021	23/06/2022	01/07/2022
ODN44	Programme	Level One ED Training	All HB's required to reach 80% level 1 ED training	in order to provide proficient major trauma care	that meet the standards of the SWTN and National Trauma Network Quality Indicators	2	3	6	Treat contingent	↔	2	2	4	ODN & HB's	Most HB in a relatively good position. Some will struggle. Level 1 resources being provided by Network end of September – plans to help design delivery with individual HB's as required.	If not attained 80% by peer review, will certainly be under good progress. 9/12/21- All training materials shared with Health Boards & train the trainer sessions completed.	08/09/2021	23/06/2022	01/03/2023
ODN45	Programme	Level One Ward Training	SWTN Education lead & Senior Matron to scope Level 1 ward competency expectations in order to set requirements for SWTN ward based learning criteria	however, lack of educational roles for supporting roll out of education in TU's.	will result in non compliance for major trauma ward based care across the SWTN	3	4	12	Treat containment	↔	3	3	9	ODN & HB's	SWTN Senior Matron to approach national group regarding clarity on Level 1 ward competency expectations in TU's. SWTN to consider local stance/expectations and set own requirements/expectations. There is National recognition of Level 1 competence if modular approach taken depending on ward area/patient cohort.	SWTN wide scoping excersise to take place in early 2022 facilitated by SWTN Matron & AHP lead.	08/09/2021	23/06/2022	12/05/2022
ODN46	Clinical	Speciality Rehabilitiation provision for SWTN patients	Closure of Neurorehabilitation Unit at Llandough	due to a Klebsiella infection outbreak	has resulted in complex patients waiting for specialist rehabilitation for extended periods in both the MTC and TU's	3	4	12	Treat containment	↓	3	2	6	CAVUHB	Formal response from CAVUHB that unit will be open to admissions from 9/9/21. Staggered patient admission planned for all patients waiting (6 patients across spines & neuro at present after 2x admissions on 7/9/21).	15/9/2021 – Proposal for spinal nursing/therapy outreach developed by spinal rehab consultants. Route of approval for this to be defined. 9/12/21- Proposal for spinal nursing/therapy outreach currently sat with clinical board in C&VUHB, ODN awaiting update 30/05/22- Proposal due to be shared with WHSSC, ODN still awaiting sight of proposal.	08/09/2021	23/06/2022	01/04/2023
ODN47	Management of Information & Data	E-Referral Software	Some organisations using the H2H software	feel it is not fit for purpose	and are therfore not willing to go live with the software iteration	2	3	6	Treat containment	↔	2	3	6	All / DHCW		7/04/22- Dependent on work stream of National Group via DHCW	19/01/2022	23/06/2022	01/04/2023
ODN48	Operational	Major Trauma ICU Capacity	3 ICU beds were commissioned as part of the SWTN however, due to various demand in the MTC ICU capacity transfers have taken place	these require investigation regarding the requirement for MTC rehabilitation requirements post patient ICU admission	and an evaluation regarding major trauma patients transferred from MTC ICU to TU ICU including their rehabilitation requirements when ICU admission has been stepped down to take place	4	4	16	Treat containment	↔	4	3	12	MTC & ODN		02/02/22- SWTN Lead AHP assessing all MT patients transferred from MTC ICU to TU ICU and their rehabilition requirements and outcomes (24 patients). 07/04/22- The above evaluation is ongoing. Update to be provided June 2022.	02/02/2022	23/06/2022	01/04/2023
ODN49	Clinical	Escalation of patients for secondary transfer into the MTC	Adherence and/or interpretation of the Automatic Acceptance policy	can result in the lack of acceptance of secondary transfer patients into the MTC	meaning that unsuitable patients remain in local DGH's and do not receive the benefit of MTC holistic care	4	3	12	Treat containment	↔	4	2	8	All	Review of automatic acceptance policy to clarify process Automatic Acceptance policy reviewed at COB and ready for circulation. Automatic Acceptance policy circulated, to be reviewed further in August/September 2021. 9/12/21 Automatic Acceptance policy reviewed and to remain the same for a further time period of 6 months- formal letter from SWTN regarding the Automatic Acceptance Policy shared with all HB's to be disseminated locally to all speciality teams.	09/12/21- Reduced from an issue to a risk at Governance and COB. 07/04/22- Decline of secondary transfers by the MTC continues to reduce. ODN to monitor via TRID's and re-review of Automatic Acceptance policy to take place in June 2022.	09/12/2021	23/06/2022	01/09/2022
ODN50	Clinical	Psychology Provision for Major Trauma Patients	There is an inequity of liaison psychiciatry/psychology provision for major trauma patients in the MTC	as Liaison Psychiatry input varies based on parent health board	MTC Psychologist has facilitated discussions between mental health services supported by other MTC clinicians as an interim solution.	3	4	12	Treat contingent	↑	3	3	9	All	Network wide meeting being convened to discuss this with mental health services for long term strategy		07/04/2022	23/06/2022	01/04/2023

ODN51	Clinical	Provision of Community Neurorehabilitation Services	The funding for community neurorehabilitation services	is due to cease at the end of March 2023	resulting in the loss of community rehabilitation services that support major trauma patient discharge and rehabilitiation in the community	3	4	**12**	Treat contingent	↑	3	3	**9**	All	Network wide meeting being convened to discuss this and work with NCIG thereafter to develop a strategy.		21/04/2022	23/06/2022	01/04/2023

South Wales Trauma Network Issues Log

Sponsor:	SRO	Complied by:	ODN

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Remember! *An issue is a relevant event that has happened, was not planned, and requires management action*

Issue ID	Priority - *High, Medium or Low*	Description & Impact of Issue	Mitigating Response	Issue Owner	Est. Resolution Date	Escalation required?	Comments & Updates
ODN. 012	High	Nursing/therapy T&E in relation repatriation of complex patients (incl. collar care)	Requires further discussion at COB and network governance meeting	All	Unknown at present	No	Consultant AHP role being recruited to, need for some short training videos in progress, optmisation of repatriation process through regular feedback sessions at weekly MDT 4/6/21- Focused rehabilitation teaching to be filmed June 21 to be shared on training platform 30/6/21- Focused rehabilitation videos filmed and currently in post production with external film company. 8/9/21- Above to be shared via online learning platfrom before Governance meeting. Required to secure further sessions with film company to achieve further focused rehabilitation training. 15/9/2021 – Proposal for spinal nursing/therapy outreach developed by spinal rehab consultants. Route of approval for this to be defined. 9/12/21- Support with T&E requirements across the SWTN being supported by SWTN senior matron and AHP lead. Network wide honorary contracts being explored to ensure barriers to cross training between health boards are managed. **07/04/22- Network wide honorary contracts being progressed as a priority via the WF&SD workstream (next meeting 21st April 22 with workforce representation requested by all HB's). Any areas identified that require focussed training being addressed by the SWTN Senior Matron & AHP Lead.** **Focused videos regarding rehabilitation available to all - provided via sharepoint.**
ODN. 013	Medium	Lack of awareness of secondary transfer pathways	Network interactive scenario based training being developed, ED charge nurse training and further role defining of trauma desk in secondary transfer pathways	All	Unknown at present	No	Workplan developed and Interactive quiz being delivered throughout March 2021. Currently HDUHB training completed and handed over to the MTP's (HDUHB) to progress further. Quiz rolled out to all HB's- training to take place locally 8/9/21- Being monitored via TRID's and HB's required to provide detail on number of courses delivered & attendee's. 9/12/21- Continues to be monitored as above 07/04/22- continues to be monitored via TRID's and Occurance Log entries. ODN to recommend a further roll out of the interactive training and provision of education & training in focus areas as required. **28/04/22- Downgraded to a Medium Issue as insidence numbers reducing and training ongoing**
ODN. 015	High	Sharing of patient related images via non-health approved communication apps e.g. WhatsApp, resulting in medicolegal vulnerability.	NHS Wales solutions already in place. Education/Training & monitoring required to resolve.	All	Unknown at present	No	Priority for SWTN Informatics agenda. MTC plans to progress, updates to provided by other HBs. 15/9/2021 – Clinical Image Sharing Guideline provided to network and present on Induction/SharePoint. **07/04/22- Remians a priority for SWTN Informatics group. Dependent on National work taking place led by DHCW- SWTN Informatics clinical lead involved at DHCW level.**

ODN. 016	High	Rehabilitation Service Provision across SWTN	SWTN Rehabilitation Clinical Lead working with HB's across SWTN to develop a working solution	ODN/HB's	ASAP	No	ODN working with SWTN Rehabilitaion clinical lead to author a suitable comms brief for Health Boards. 8/9/21- Network wide rehabilitation model being developed by SWTN Rehabilitation clinical lead to include ABUHB as requirement for support has resulted in HB beginning business case process internally. Lack of Rehab service recognised on ABUHB local risk register. 9/12/21- Confirmation received from ABUHB for inclusion of 4 sessions in SWTN rehabilitaiton consultant model- SWTN Rehabilitation Lead progressing **07/04/22- All SWTN participating HB's now committed to providing Rehabilitation Consultant Medicine sessions. SWTN Rehabilitation Clinical Lead working to develop a delivery plan for rehabilitation medicine to all HB's.**
ODN.017	High	WAST Transport- Secondary Transfers	Highligted at COB on 8/7/21- ODN awaiting formal update from WAST. Being monitored via TRID's/escalation to SWTN. ODN imminently setting up a working group with WAST to address this risk.	WAST/EASC	ASAP	No	Escalated to commissioners via DAG (5/8/21). EASC & WAST to meet and infrom SWTN of mitigation plan ASAP, prior to Autumn/Winter 9/12/21- Meeting took place 6/12/21. WAST developing mitigations and to provide feedback to SWTN in follow up meeting on 26/1/22 **26/1/22- Follow up meeting- private providers are being recruited to support inter hospital transfers, this process should develop over the next 12 months. Next meeting to take place in May 2022**
ODN.018	Medium	Challenges in pathway 3 requests for rib fixation accepted/transferred	Initial meeting held to discuss development of a regionalised rib fixation service, baseline questionnaire completed by all organisations and follow-up meeting planned 24/9/2021	ODN/HB's	ASAP	No	9/12/21- Ongoing work being developed through rib fixation working group. **07/04/22- As above and HD UHB face difficult referrals however await reports from Peer Review**
ODN.021	Medium	Inaccuracy of TARN data from annual clinical report	highlighted to TARN and discussed at Governance	ODN	ASAP	Yes	escalated to TARN lead and all health boards Jan 2022- chaser email to TARN for resolution **07/04/22-Escalate via TARN- no solution found to date**
ODN.022	Medium	Trauma Team activation	ODN has startted a process of benchmarking across other MTNs around 2 tier trauma team activations	ODN	Jul-22	No	Health boards requested review of truama team activation. ODN benchmarking. Potential to run a workshop (cross network) **07/04/22- ODN to progress trauma team activation stream of work post peer review process.**