

SOUTH WALES TRAUMA NETWORK  
**ODN ANNUAL REPORT**



2022/2023



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## DIRECTOR'S FOREWORD

This report not only highlights where we have come as a network but also signifies the amount of work that has been undertaken to achieve our goals. This work has happened across the Operational Delivery Network (ODN) and the health boards with one aim: To improve major trauma patient outcomes, experience and reduce inequity.

The past year has been extremely busy and turbulent for the network. The whole team from the ODN to the health boards have worked incredibly hard to ensure we deliver excellent care to trauma patients, and that this quality is not impacted by post code.

2022 saw the originator of the South Wales Trauma Network leave for a new start in Australia. We would like to wish Dr Dindi Gill a wonderful time on your new adventure and acknowledge that he is a loss to the people of South Wales but a huge gain to the people of Tasmania.

During the period of 2022-2023 we saw the excellent work carried out by Ms Loz Harry as interim Clinical Director of the network before standing down during the spring of 2023. Thank you once again for all of your efforts.

At the start of 2023 we saw our Senior Responsible Officer Sian Harrop-Griffiths move on to retirement and new adventures. Thank you for your service with us and we welcome Nerissa Vaughan into the role with challenging times ahead.

The network is never stagnant, and evaluation, reflection and progression is never far from our agenda. In 2022 a full external peer review deemed our service to be progressing well with



some concerns highlighted. The ODN welcomed the feedback and noted many of the concerns raised have been reported in far more mature trauma networks much later on. I am so proud at the response from health boards to acknowledge these concerns, and strive towards rectifying them. Some have provided more of a challenge than others but the desire still burns strong.

With the network and ODN achieving a steady state and "business as usual" the opportunity arises to ensure we are delivering what we set out to deliver with a gateway 5, benefits realisation review scheduled for spring 2024. This will allow Welsh Government to hold the whole network to account in a supportive environment. We welcome this opportunity to test ourselves and parade excellent developments across the board.

With the financial state of affairs across the UK being stretched and a well-documented cost of living crisis and significant interest rate rises, funding in all sectors is increasingly restricted. The repeated message is that there is extremely limited extra funding available and that innovation

with existing resources is paramount. We look forward over the coming months to see such innovation and share success stories across the network.

Finally please let me thank all of the practitioners involved in delivering the care we provide, for always striving for better and for ensuring the people of South, Mid and West Wales get the major trauma care they deserve.

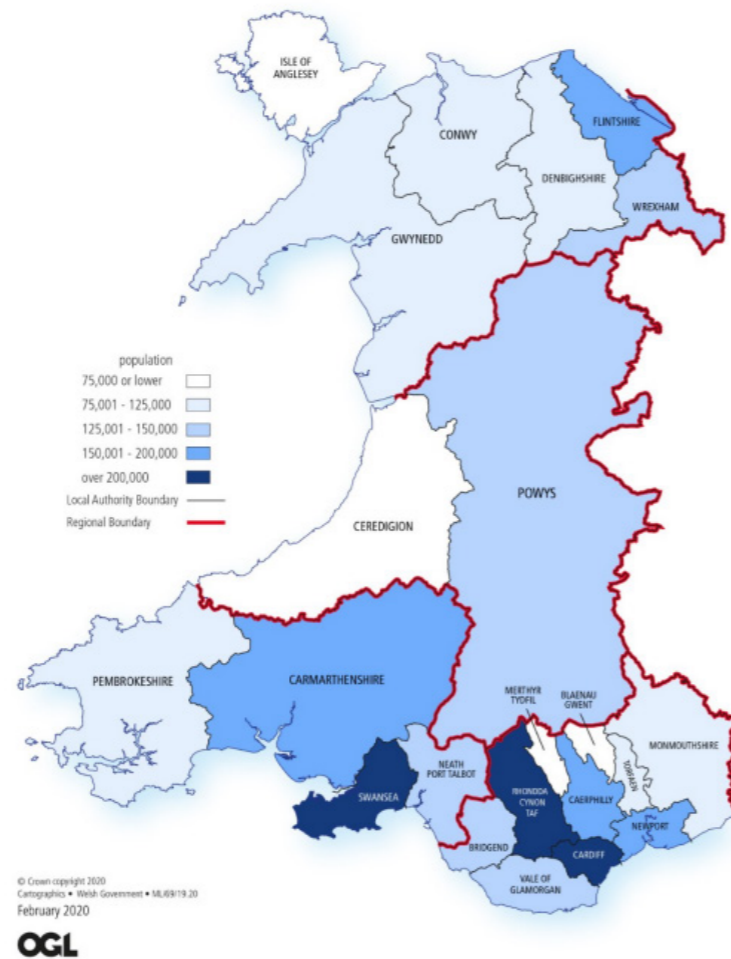
**Dr Jonathan Lambley**  
**Interim Clinical Director**  
**South Wales Trauma Network**

# SERVICE OVERVIEW



## OUR VISION

The vision for the South Wales Trauma Network (SWTN) is to enhance patient outcomes and experience, across the entire patient pathway from the point of wounding to recovery and also including injury prevention. The network will improve patient outcomes by saving lives and preventing avoidable disability, returning patients to their families, work and education. The network will be a partnership between participating organisations, working collaboratively to achieve this common goal and purpose. The aim is for an inclusive, collaborative, world leading trauma network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.



Source: Mid-year population estimates, Office for National Statistics

*Saving Lives, Improving Outcomes, Making a Difference.*

## OUR SERVICE

In 2020, the total population of Wales was approximately three million people, excluding transient populations. The population of South Wales, West Wales and South Powys was 2.5 million people. The map shows population density and breakdown per health board. The graphic illustrates that the population of South Wales is concentrated in the densely populated urban areas of Cardiff, Newport and Swansea, with a spread across more sparsely populated rural areas. It was forecast that major trauma would follow this distribution, being concentrated in more urban areas of higher population density. This has been proven to be true although the South East has yielded more major trauma than the South West during the first 2 years.

The figure below demonstrates that Wales has a similar population structure to the rest of the UK, but with slightly more elder people and fewer younger working age adults aged 30-50

years. Moreover, in the last 10 years, the population of Wales has become older with a 54% increase predicted in the over 65s by 2036.

**3,169,586** people in 2020

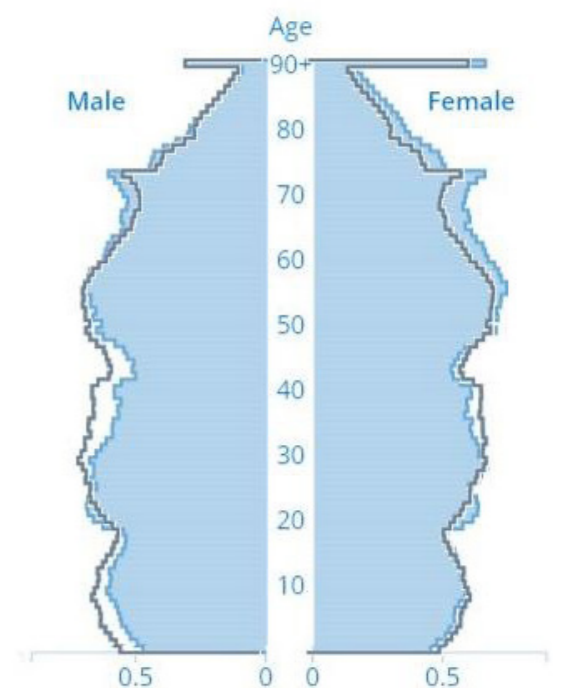
All ages

1,563,524 males

49.3%

1,606,062 females

50.7%



■ Wales  
■ United Kingdom



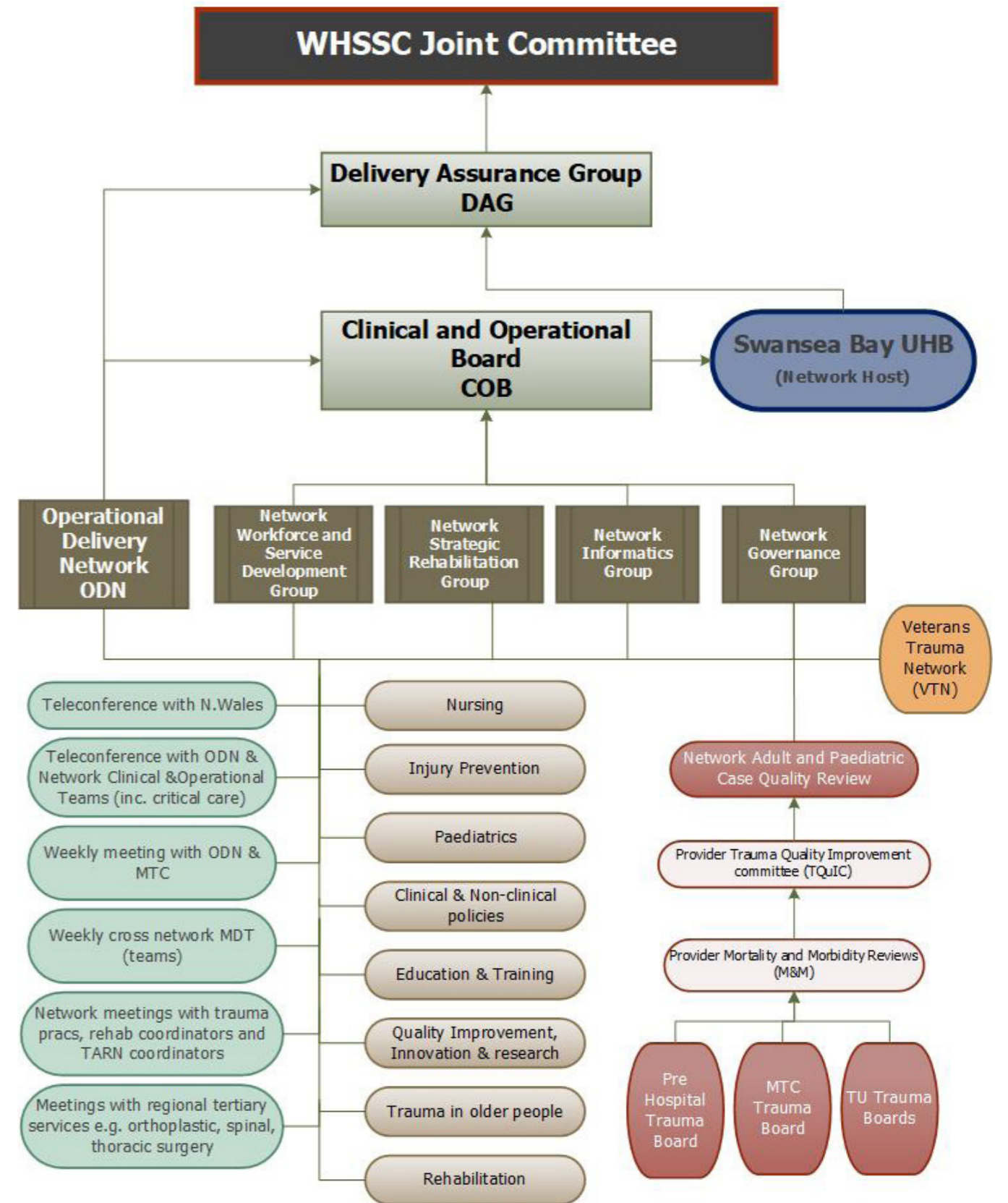
## GOVERNANCE STRUCTURE

The SWTN Operational Delivery Network (ODN) has developed a robust system of organisational and clinical governance. This is exemplified by a report of significant assurance by an early audit of the ODN by NHS Wales Shared Services.

The Service is hosted by Swansea Bay University Health Board (SBUHB) and is commissioned by the Welsh Health Specialist Services Committee (WHSSC). The organisational governance structure consists of a strategic Delivery Assurance Group (DAG). The DAG is responsible for the delivery, direction and performance of the Network. The ODN is accountable to the DAG for the

delivery and performance of the Service and to the SBUHB Chief Executive for organisational and clinical governance.

Internal governance is led by the SWTN Clinical and Operational Board (COB) which is attended by all members of the ODN, clinical and operational colleagues from all stakeholder organisations, and manages clinical and operational issues relating to delivery of the network. The COB meets on a quarterly basis and is supported by the work of several specialist sub-groups, as illustrated in the flowchart.





## CLINICAL AND OPERATIONAL GOVERNANCE

Clinical and operational governance within the SWTN is a continuous ongoing and hugely important aspect of the Major Trauma Network. Functional and active governance of clinical and operational activities ensures that best practice is supported, maintained and distributed to all parts of the network.

The SWTN continues to work with all stakeholder organisations to ensure the mechanisms in place provide assurance of the quality and delivery of clinical policies & pathways and monitors the performance of clinical services from the point of injury through acute admission and rehabilitation to the return of a patient to the highest achievable levels of functional ability.

## ACHIEVEMENTS

1. Continued support of now well established M&M and TQuIC processes across the network including reporting into the network
2. Ongoing delivery of quarterly network adult and paediatric Case Quality Reviews (CQRs) and clinical governance meetings
3. Ongoing quarterly Health Board Feedback with review of outcomes and supportive suggestions for improvement including best practice examples
4. Quarterly lessons learnt bulletin issued across the network
5. Ongoing continuous review and update of the SWTN clinical guidelines and operational policies based on CQR/Clinical Governance meeting feedback and clinical outcomes

Some aspects of clinical governance are covered in the following sections.

## DIGITAL

Digital services are integral to delivery of clinical services. Despite a challenging resource envelope, the network has engaged with partners to ensure digital services are considered in every step of the trauma patients pathway, from initial injury through to recovery. This involves working with health boards, trusts, Digital Health and Care Wales (DHCW) and national programmes to leverage existing and future opportunities.

The key digital services that enable the network to function include;

1. Major trauma network database, hosted and developed by CAV UHB
2. Induction app to provide a repository of information to clinical staff
3. Microsoft Office 365 services including

bespoke TRiD system to encourage reporting of incidents.

4. Multi-source data analytics
5. Support of digital educational and training platforms

In conjunction with the Value in Health programme there is also an ongoing workstream to enable digital collection of PROMS/ PREMS. Looking forward we hope to review current use of digital systems and review areas where they can enhance clinical delivery and support improvement of patient outcomes. In particular this includes the standardisation, interoperability and adoption of electronic referral systems across the component specialities of the network.





## EDUCATION

The training and education group of the South Wales Trauma Network has continued to support the educational needs of the South Wales Trauma community from before its inauguration

In response to one of our major challenges the SWTN Education Platform was launched in Autumn 2022. The Trauma Team Member (TTM) 360 scenarios are live and accessible, alongside various clinical skills videos and training presentations for all colleagues across the Network to access. The development of e-learning content for the Trauma Team Leader scenarios continues.

Peer review in spring 2022 highlighted the requirement of Level 2 training for nursing colleagues across the network, with access to courses causing challenges following the pandemic. The SWTN are working in collaboration with Cardiff University to design and implement a regional course to meet the needs of the Level 2 requirements. Peer review of learning materials will commence in Spring/ Summer 2023 with the first courses running in Autumn 2023. This will pull on local expertise for faculty experience, and the expectation is to be able to train a higher volume of nurses across South Wales over the coming year.

### Achievements

#### Overarching

- Bespoke website now live and available with ongoing commitment to add further content as SWTN matures.
- SWTN Inaugural Conference held November 2022 with great engagement and success.

#### Rehabilitation

- Insight Development Days booked to further support individuals and team working.
- Funding for rehabilitation colleagues to attend external courses.

#### Definitive care

- Damage control surgery course continues to be supported.
- Funding of TCAR/PCAR courses for ward nurses across SWTN
- Funding of Spinal Injury Association courses for ward nursing across SWTN

#### Reception

- Collaboration with Cardiff University to develop Level 2 ED nursing course.
- Level 1 ED nursing portfolio being developed into e-learning to link with staff myESR records – in progress.
- 360 TTM scenarios now hosted on education platform
- 360 TTL scenarios edited and now in e-learning development phase

#### Pre-hospital

- 360 pre-hospital scenarios in editing phase.

## QUALITY IMPROVEMENT & RESEARCH

The SWTN Quality Improvement & Research portfolio focusses on multiple elements. The following major achievements and focused work streams were developed and progressed over the last year and will continue to progress throughout 2023.

### Data Quality

- Appointed Network TARN Support Manager, who is driving improvements in TARN data quality across the Network, supporting colleagues in the MTC and TUs and will do a comparative audit of data on SWTN patients from various datasets.

### Quality Improvement

- Rolled out regular reports of Time-to-CT visualisation
- QI projects ongoing on:
  - seniority of doctors seeing patients in the

### ED

- quality of radiology reports
- M&M processes
- Completed the First Year evaluation of the network. This was a huge piece of work with the development of innovative analyses to measure performance against the benefits realisation plan.

### Research

- Initiated the NIHR-funded EDVIPE & VPT projects looking at violence reduction teams in Cardiff and Swansea
- Continued out long term partnerships (Trauma Mortality Prediction Model group and Cardiff Business School)





## TRAUMA IN OLDER PEOPLE

We have moved away from the term 'Silver Trauma' in favour of 'Trauma in Older People'.

With a Geriatrician in place in the MTC, patients admitted to the Polytrauma Unit are reviewed within 72 hours for initial medical review and clinical frailty scoring. A Comprehensive Geriatric Assessment is performed during their admission.

There are no Geriatricians specifically working within Major Trauma across the TUs, therefore standards to improve the care of older people have been published and rolled out across the network.

The service is under constant evaluation via quality improvement work and audit of adherence to TARN standards (such as Clinical Frailty Scoring

within 72 hours of admission). This allows ongoing development of the service where needed.

Workforce training has been underway, with education for practitioners regarding common medical complications seen in the older patients. There are plans to expand these education sessions by hosting away days for all members of the UHW trauma multidisciplinary team. We should aim to expand this education across the network in the near future.

An expansion of the Care of the Elderly team would be very welcome and is much needed to ensure equity of care to all patients admitted to the MTC and the network beyond.

## PAEDIATRICS

Following on from our handlebar patient safety notice released with Welsh Government (WAG) last year we this year turned our attention to button batteries and magnets as we had several cases of children ingesting these with quite serious medical complications in Spring 2022. Working with both the Major Trauma Centre and public health we were lucky to have some parents who were willing to participate in a publicity campaign and managed to get an article on BBC news and in Wales Online December 2022. We are hoping to get a patient safety notice finalised with WAG for magnets and button batteries soon.

We had several paediatric Trauma pathways breeches during Easter 2022 so issued an operational comms brief 25th April regarding paediatric secondary transfers and making the trauma desk the first call. We have provided 6 teaching sessions around South Wales on trauma pathways and tricky cases plus we were lucky enough to get

the opportunity to talk on Trauma at the All Wales Paediatric Grand Round in September.

Teaching on level 1 and level 2 nursing competencies remains ongoing. Teaching has been provided in both the MTC and DGHs and the Network remains committed to ensuring both ED and the Wards in trauma Units meet their competencies.

The Paediatric Spinal Injury pathway has been rewritten and is now just awaiting modification from a rehabilitation perspective.

We have been working with WHSSC to Develop paediatric rehabilitation within the MTC (and appropriate guidance throughout the Network) aiming to build more resilience into the paediatric rehab model as neuro rehab service currently part time.



## REHABILITATION

The SWTN provides rehabilitation to all major trauma patients throughout their patient journey. This process is supported by the following individuals:

- SWTN Rehabilitation Medicine Consultants
- SWTN Consultant AHP
- SWTN Rehabilitation Coordinators in the MTC & TUs

Since the launch of the SWTN in September 2020 effective communication strategies have been developed across the network, thus ensuring patients rehabilitation needs are met seamlessly across the patient journey through the SWTN and into the community setting.

The above process is facilitated via:

- Weekly network MDT
- Bi-weekly informal catch up
- Bi-Monthly Strategic Rehabilitation Group (SRG)

The SRG will provide a multidisciplinary forum for strategic support for adult and paediatric rehabilitation across physical and psychological health. The group will inform and supports the SWTN in relation to major trauma rehabilitation provision and acts as a broad source of clinical expertise. The group will link in with external stakeholders to ensure the guidance and policy followed by the SWTN is aligned with best evidence and practise. The SRG will facilitate the development of rehabilitation services related to trauma and support the pathways to ensure equity of care across the MTC/TUs/LEH & RTFs.

The group will link in with the SWTN education group and represent the SWTN at National rehabilitation groups.

In collaboration with the SWTN training & education clinical and nursing leads the rehabilitation leads have created a suite of clinical skills videos that are now available across the region. The completed videos have addressed some focussed areas of requirement within the SWTN provider organisations during its inaugural year of operational activity. The rehabilitation service has focused on cervical collar care and

management and will continue to build this library so that network colleagues are able to access a library of skills at any time when required.

### Achievements

- Delivered clinical skills training videos
- Delivered theoretical skills via recorded presentations
- Offer advice and support across the SWTN as required to provide specialist rehabilitation advice to the MTC and TUs, facilitate complex discharge planning and support with patient and family education in relation to their injuries.
- Refined the rehabilitation prescription. This is an ongoing progressive journey in order to develop the rehabilitation prescription into a patient facing document to aid the patient's rehabilitation journey in the community setting.
- Rehabilitation mathematical modelling. The SWTN rehabilitation leads are working with mathematical modellers in the Delivery Unit to use SWTN evidence based data in order to develop a usable mathematical model to forecast the requirement of rehabilitation services (hours) across both secondary and community care for major trauma patients in order to influence the strategic rehabilitation model.
- The SWTN rehabilitation team contribute to the weekly educational slot prior to the weekly network MDT.
- The rehabilitation training needs across the the teams based in the MTC and the TUs are regularly reviewed and focussed training needs identified and delivered. e.g recent spinal injury education sessions
- The SWTN rehabilitation team have been working closely with WHSSC and specialist rehabilitation services across paediatrics and adults to ensure that these services provide seamless and thorough care for our patients throughout their rehabilitation journey.
- Delivered an educational day for Rehabilitation coordinators and Major Trauma Practitioners to emphasise operational and service development educational needs.



## INJURY PREVENTION

To support the governance arrangements of the South Wales Trauma Network, a quarterly injury prevention bulletin has been developed to provide a summary of the key issues identified from the collation of data from the Major Trauma Database. There will be patient facing documents to signpost to resources shared via social media.

In collaboration with the team at the MTC and Public Health Wales, a press release on the dangers of mini magnets on 20th December 2022 had a reach of 1.43 million from broadcasted items and upwards of 20 million from print and online stories.



It's been a pleasure working with @CAVUHB @cavmtc and @PublicHealthW to promote this message ahead of the Christmas period #InjuryPrevention

[walesonline.co.uk/news/health/fi...](https://walesonline.co.uk/news/health/fi...)



bbc.co.uk  
Merthyr Tydfil: Toy beads warning after boy, 4, nearly died  
Jude was in hospital for weeks and almost died after swallowing the popular mini magnets in August.

## PROMS & PREMS

As part of continued improvement to patient care the SWTN is embarking on ambitious programmes of work to enhance rehabilitation of patients using digital technology. It is also vital that we understand the outcomes of the network through the collection of patient-reported outcome measures (PROMs).

As part of the commitment to continuously improving patient care the Operational Delivery Network (ODN) have embarked on a structured programme of work to deploy PROMs across the SWTN. We are doing this by utilising a digital platform and performing a detailed analysis of these results via published Trauma Audit Research Network (TARN) data.

A key driver for this is the SWTN commitment to look at patient outcome to help assess existing

and subsequent investments in the rehabilitation model. The identification of functional outcomes is also an important part of assessing value for money as part of realising benefits, as described in the programme business case.

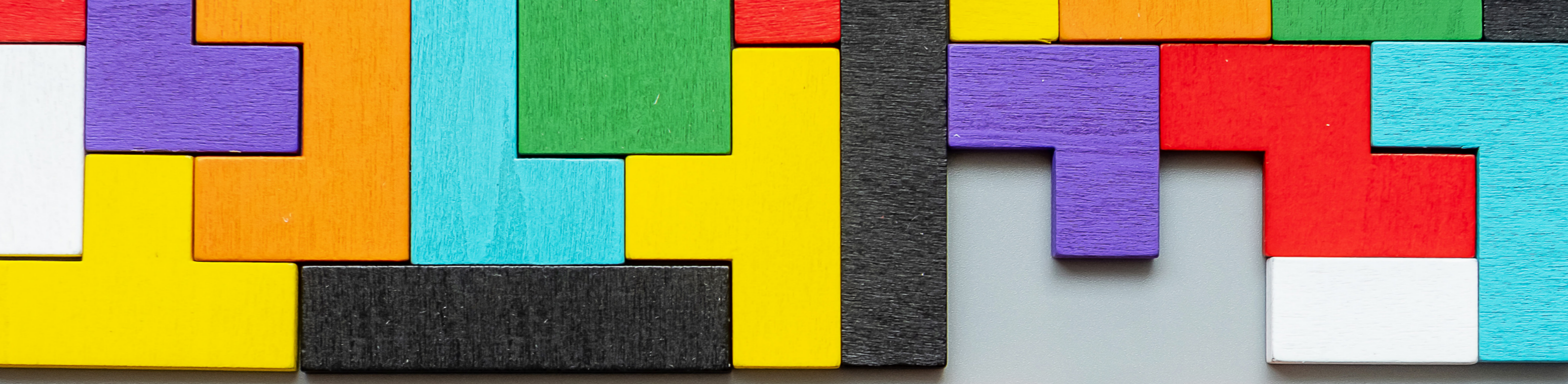
Within the SWTN there is one Major trauma Centre (MTC), 1 Trauma Unit with specialist services (TUss) and 5 Trauma Units (TU) including the TU at the University Hospital of Wales where the MTC is located. It is acknowledged that there are also two Rural Trauma Facilities and one Local Emergency Hospital, however, the initial support for roll out of PROMS has been agreed for the MTC and TUs only.



## VETERAN TRAUMA NETWORK WALES

The major developments in the Veterans Trauma Network this year were new appointment. In partnership with the Defence Medical Welfare Service, a Veterans Support Worker has been appointed in Cardiff & Vale. As well as supporting veteran inpatients at C&V, he will act as VSW for VTN referral patients, carrying out an holistic assessment and allowing us to fully participate in the VTN MDT process, in partnership with VTN England. Cardiff and Vale and Betsi Cadwalladr UHBs have both

been awarded LIBOR funding to appoint Armed Forces Covenant and Veterans Healthcare Collaborative Leads. These colleagues will help drive forward the whole agenda of veterans health. The C&V appointee will also carry out a review of the VTN, in particular its advertising and referral models, to ensure we are delivering the best possible service to all who require it.



## ODN KEY CHALLENGES AND LEARNING

### Industrial action

During the winter months numerous Industrial Action incidences have taken place by both Nursing and WAST colleagues. The industrial action has impacted on the ability to drive many of the anticipated projects forward, however maximum planning and implementation of mitigation resulted in minimal disruption of the operational delivery of major trauma services. The development of the industrial action through the Winter months resulted in the SWTN Trauma Desk no longer being considered a derogated service. In response, an urgent task and finish group was assembled with membership from all key stakeholders in order to deliver suitable mitigations. The ODN continues to work with all stakeholders to ensure impact on patient care is minimal and a long term and resilient solution is developed and can be enacted as required in the event of any future suspension of the Trauma Desk service.

### Mass Casualty Plan

The ODN is currently in the process of meeting with all EPRR representatives from Wales, EMRTS, WAST, and Public Health Wales via the National Mass Casualty group in order to ensure the recently updated National Mass Casualty Plan includes the major trauma pathways with regards to patient flow. This was an area of focus highlighted in the recent peer review recommendations and is a Major Trauma Quality Indicator

currently not met by the ODN. Due to the impact of the industrial action the originally planned table top exercise with EPRR Leads and the National Mass Casualty group needed to be postponed due to the requirement for planning and mitigation to the industrial action taking priority.

### Rib fixation

The ODN is still committed to engaging and providing support to the rib fixation pathway work stream within South Wales. The MTC have recently highlighted this is a service that currently requires improvement from a major trauma perspective to ensure patients receive the highest standard of care across the SWTN. As a network we continue to ensure the highest quality major trauma service is delivered. A major trauma related task and finish group has been set up by the ODN with representation from the MTC, SBUHB and the National Thoracic Programme in order to explore the required pathway for a rib fixation service for major trauma patients.

### Direct access to Orthoplastic service

The phase two investment funding release for the major trauma Orthoplastic Surgery service has recently been approved by WHSSC. Direct access to the Orthoplastic service in Morriston Hospital for the isolated open fracture pathway is progressing. The ODN recently facilitated a workshop with key stakeholders that was positively received. All

agreed with the desire to deliver a gold standard of patient care and meet the GIRFT standard. The model of maintaining a ring-fenced bed within the plastic surgery unit has been agreed in principle although concerns were raised about the ability to maintain the principle when the pressure is high at the 'front door' although all agreed this would allow appropriate patients access to the highest standard of care directly from the scene of an incident. Research demonstrates that by having direct access, the patient benefits from a reduced length of stay, reduced visits to theatre and a better outcome.

### TARN data quality

TARN is an essential modality for understanding performance of the network and identifying areas of improvement. It was highlighted in the Delivery Assurance Group (DAG) meeting that there had been a significant drop in case ascertainment due to significant issues across South & West Wales around TARN audit staff. It was previously agreed by DAG to support the appointment of a TARN Support Manager as a proof-of-concept role to the ODN to support improvements in TARN data. A nine-month fixed term/secondment post is now in place. The role has had a very positive impact since the appointment and is a positive step to ensure the SWTN continue to strive towards the highest quality of data to develop our future for the network.

### Trauma Team Activation

We acknowledge the variable compliance of hospitals within the network in Trauma Team Activation, as previously reported upon. Data presented to Governance gave evidence of the positive correlation of activation of a full team to a trauma in ED, with reduced times to CT scanning and time reviewed by a consultant. We are now auditing this in all trauma delivery facilities to ask why some patients received a trauma call and others did not. This is part of a programme of work to address the ODN peer review recommendation to review and audit all the clinical guidelines and policies.

### Rehabilitation

It has been a challenge to address the need in rehabilitation medicine across the network. We are still committed to providing a network solution for the 4 funded sessions by ABUHB, and there continues to be engagement, with mitigation in place for rehabilitation of AB patients provided by the MTC consultants. This model is also provided currently for CTMUHB, but with the numbers of consultants involved, is not sustainable. A further substantive job has been advertised, but recruitment for specified rehabilitation sub specialties such as trauma is difficult, because of the lack of trainees in the specialty.

# FINANCIAL STATEMENT

Details of the ODN budget are included in the table below. The SWTN met its financial target in

2022/23 by delivering a service against its revenue funding allocation as detailed below.

Major Trauma Provider:	Allocation £M	Forecast Spend £M	Variance £M
Swansea Bay ODN	0.633	0.633	0



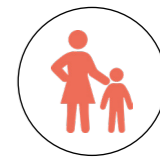
# ACTIVITY DATA

# 4596

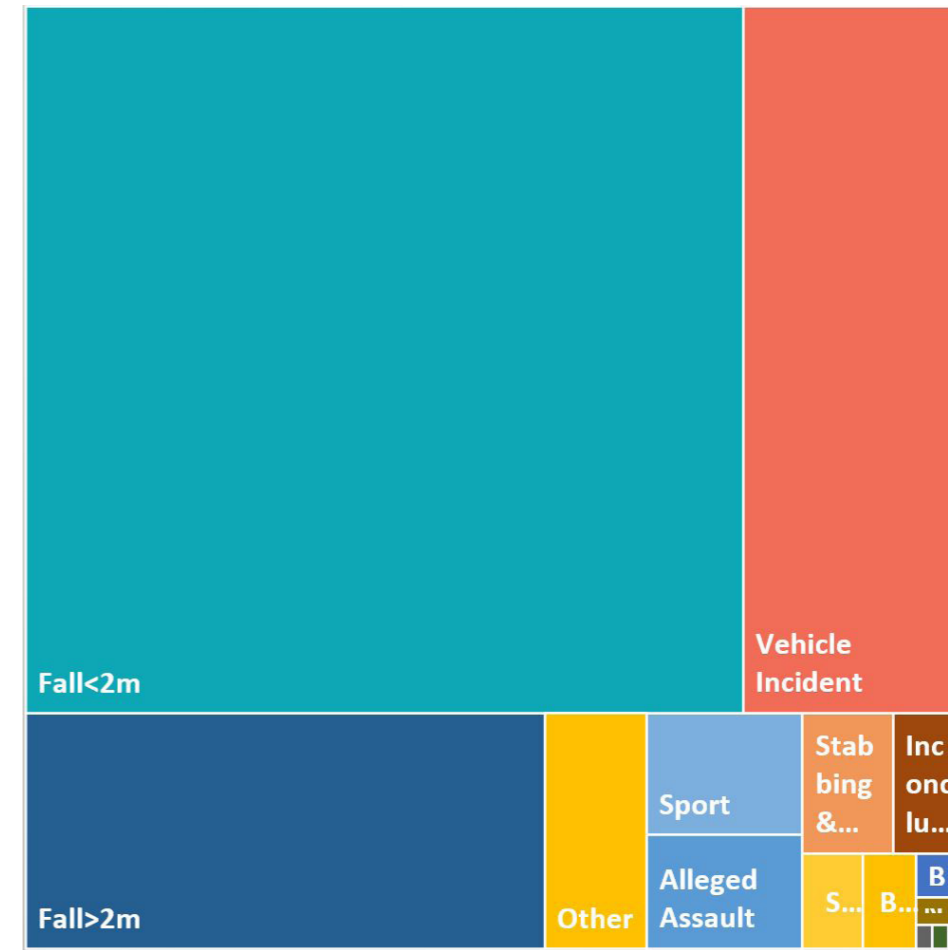
patients treated across the network during 2022/23 financial year.



55% male



Median age 66



71% of incidents were due to falls, 57% were due to falls less than 2m. 18% of patients had a vehicle incident.

# TRIDS & GREATIX

# 239

trauma related incidences recorded.

# 38

nominations for team work, support, leadership and communication

## PATIENT STORY

### Setting the scene:

Patient J is from Dolgellau he hit his head on a gate when trying to get off a trailer to rescue a dog. He was airlifted to the MTC due to his traumatic brain injury. He had emergency neurosurgery and was on ITU, T4 then B4.

At the time of this patient story he was non-verbal so this story was carried out with his Mum (A) answering but J was present and consented to the process.

### Can you tell me about your experiences at the Major Trauma Centre?

A: Umm mix of emotions, throughout it all we were very well cared for, you know with a lot of help. We were held up emotionally and practically.

We were allowed to Facetime as soon as he was settled on ITU J which it was nice to be able to see him when he came out of surgery. It was a very traumatic time we are so thankful you know that he's home with us now. The care and attention we had made the traumatic experience easier. We were told everything, we felt part of everything. COVID restrictions were increased whilst he was in due to a late break out. That was quite distressing you know not knowing if we were going see him or not but then you know with hindsight you know we understand it was necessary.

### You talked about your experience and you touched on J's care. Can you tell me about the care he received?

A: His care when he was in intensive care of course he was one to one nursed. We knew he was in the best hands. We were told right from the early days it was touch and go it wasn't sugar-coated, we knew exactly what was happening, we didn't always understand the extent of the damage but bit by bit by bit we did start to realise. But the care in intensive care was very personal, he was very challenging trying to jump out of bed there was always somebody with him he couldn't come to any harm, we were happy. You know we felt reassured you know that he was you know being really well cared for. It was fantastic,

fantastic care. And then of course then he went to T4 then onto B4.

He came on in leaps and bounds once he got onto B4, feeding tube taken out, catheter out, into a wheelchair and then off the ward with us, he came out in a wheelchair and we went down for coffee and that was amazing that was absolutely we were elated, it was absolutely fantastic that day.

We went through such a range of emotions, it was lovely being able to ring you know whenever we wanted for an update you know I was ringing half past 6 in the morning for an update and you know and then mid-morning and then later on and through none of it I didn't get any kind of feeling like I was being a pain or anything, everybody was so accommodating it was, it was lovely. We felt you know that the communication was brilliant and, Rhian the, the TBI nurse, you know I had contact with her she was brilliant you know all throughout you know all of you, absolutely brilliant, I couldn't fault their service.

### Tell me a little bit more about the rehabilitation he had?

A: The therapy side, was doing him a world of good, we saw a difference in him straight away and he was looking forward to his mornings and that was one of the first things we were chatting about 'have you had your speech therapy'. The difference in, some of the words, you know even though they were mumbles right at the beginning he was quite incoherent, there was a marked improvement on mornings where he had had speech and language. It got better and better and better therapies, brought him forward so much.

### Tell me, is there anything that we could have done better?

Um no, other than when he was assessed for DOLS on the ward I wish he was assessed differently, because, J is shy and has suffered from OCD and sometimes doesn't feel like he can answer he goes shy, maybe how you assess people could maybe be a bit more relaxed.

When he was assessed outside with the OT and



with yourself he was, different, to how he would have behaved on the ward. So, going forward I think the assessment side of things which is quite important, different not ward based, in a more relaxed, environment, maybe with family or maybe at least after having seen family, or you know relaxed and then assess, I think that would make a huge difference.

### Anything else you would like to discuss?

No, I don't think so, other than thank you all so much for everything you've saved his life even though it was really stressful at the time, in the grand scheme of things it's only a short period of time. We thank you, really from the bottom of our hearts for everything you've done, brilliant.

### Could you tell us about the discharge, the process and decisions around discharge?

Initially, elation because you think right we're going home, but you've got to as well be mindful that going home isn't the be all and end all. You

think 'oh we're going home' and people at home seem to think 'oh he's home he's right he's well', and you're not, it's a very long road. After a few days once we settled into home again, we did get concerned, scared maybe, that we were so far away. There were some complications when we went home, we contacted the ward and went for a re-scan it was dealt with appropriately but it was scary and you panic.

The community therapy package that was set up when we were discharged was brilliant we knew it was done especially for him and that people treated him as an individual, because we live on the border of health boards and networks services were pulled in from different places. The communication between the team at the MTC and the teams was brilliant.

All these milestones were communicated really well, he always felt really cared for, it was really genuine care for him. Thank you!

## NEXT STEPS/THE FUTURE

The South Wales Trauma Network will continue striving to meet the overall strategic requirements, direction and overview while aligning to the Benefits Realisation Plan and the trajectory of services as described in the Programme Business Case.

The content of this report illustrates the positive evolution of the South Wales Trauma Network since its launch in September 2020.

