

South Wales Trauma Network, serving South Wales, South Powys and West Wales

Frequently Asked Questions

General information and structure of the network

What is Major Trauma?

'Major trauma' is multiple and serious injuries that could result in disability or death. These may include serious head injuries, multiple injuries caused by road traffic accidents, industrial accidents, falls, knife and gunshot wounds. Major trauma is the leading cause of death in people under the age of 45 and is a significant cause of disability or poor health.

What is a Major Trauma Network?

A major trauma network is a group of hospitals, emergency services and rehabilitation services that work together to make sure a patient receives the best care for life-threatening or life-changing injuries. Within the network there is a major trauma centre, trauma units, local emergency hospitals and rural trauma facilities, supported by other hospitals within the region. There is strong evidence that a major trauma network saves lives and provides better outcomes for patients, including rehabilitation as close to home as possible.

What is the Major Trauma Centre and where will it be?

The Major Trauma Centre for adults and children is located at the University Hospital of Wales (UHW), Cardiff. As major trauma is uncommon and complex to manage, the services provided in the major trauma centre are highly specialised and it collaborates with and supports other hospitals in the network.

What is a Trauma Unit?

The major trauma centre is supported by a number of trauma units. Trauma units are important in providing immediate life-saving services to patients who, because of their injuries, are not stable enough to travel to the major trauma centre and, following which, will transfer them quickly to the major trauma centre.

What is a Trauma Unit with Specialist Services?

A trauma unit, with specialist services, at Morriston Hospital, Swansea, provides specialist support to the major trauma centre and provides specialist surgery for patients who do not have multiple injuries, but need burns, plastic, spinal and cardiothoracic surgery. Also, the trauma unit at the Royal Gwent Hospital, Newport, will provide spinal surgery.

Where will the other Trauma Units be?

In addition to the trauma unit at Morriston Hospital, there will be five trauma units at the following locations:



- UHW, Cardiff
- Royal Gwent Hospital, Newport, (until the Grange University Hospital is fully operational, planned for November 2020, at which point it will become the designated Trauma Unit for Aneurin Bevan University Health Board)
- Prince Charles Hospital, Merthyr Tydfil, and Princess of Wales Hospital, Bridgend
- Glangwili General Hospital, Carmarthen.

What is a Local Emergency Hospital?

There are Local Emergency Hospitals at the Royal Glamorgan Hospital, Llantrisant, and Nevill Hall Hospital, Abergavenny. A Local Emergency Hospital does not routinely receive major trauma patients. However, it has processes in place to ensure that if this does occur, patients are appropriately managed and transferred to the Major Trauma Centre or nearest Trauma Unit. However, these hospitals will continue to receive both moderate trauma and isolated orthopaedic trauma. Royal Glamorgan Hospital will maintain a 24/7 Emergency Department with associated acute services. The Local Emergency Hospital at Nevill Hall Hospital will be maintained until the Grange University Hospital is opened, planned for November 2020, at which point Nevill Hall Hospital will provide a minor injuries service.

What is a Rural Trauma Facility?

There are rural trauma facilities at Bronglais General Hospital, Aberystwyth, and Withybush General Hospital, Haverfordwest. Hywel Dda University Health Board is committed to ensuring these hospitals maintain the ability to assess and treat major trauma patients, given their relatively unique geographical locations. These two hospitals currently receive and manage major trauma and are now better supported in doing so and face fewer issues with referral and onward transfer.

What do you mean by 'South Wales'?

When we say that the major trauma network will cover 'South Wales', we are talking about the broad geography of Wales split into two regions — north and south. The South Wales Trauma Network will cover the whole of the South Wales region, which includes the counties of: Blaenau Gwent, Bridgend, Caerphilly, Cardiff, Carmarthenshire, Ceredigion, Merthyr Tydfil, Monmouthshire, Neath Port Talbot, Newport, Pembrokeshire, Rhondda Cynon Taf, Swansea, Torfaen and the Vale of Glamorgan. It will also cover the South of Powys, which is the part of the county largely south of Newtown.

Why establish a trauma network for South Wales, West Wales and South Powys?

Why do Major Trauma Services need to be changed?

Recent studies across the NHS in England have shown that 20 per cent more patients survive severe trauma since the introduction of major trauma networks.

There is evidence that, in some cases, that is best done by concentrating specialist services into fewer centres. In Wales, there are many specialist services which are already provided from a single



hospital, this includes brain surgery and burns and plastic surgery. Major trauma is one of these specialist services.

What happens elsewhere in Wales?

North Wales is part of the North West Midlands and North Wales Major Trauma Network and has access to the major trauma centre in Royal Stoke University Hospital, North Staffordshire. Patients in North Powys also benefit from being part of the North West Midlands Major Trauma Network via the trauma unit in Royal Shrewsbury Hospital. Powys patients also access the Birmingham, Black Country, Hereford & Worcester Trauma Network.

Who has been involved in developing the South Wales Trauma Network?

Doctors, nurses, therapists and managers from across the health boards in South Wales, West Wales and South Powys, along with ambulance staff, have all taken part in developing the new arrangements for the major trauma network for South Wales, West Wales and South Powys. We also asked patients about their experience of the current system and how this could be improved, and this was taken into account in the service design.

How many people are likely to suffer a major trauma?

There are over a million attendances to Emergency Departments across Wales in a year and in 2016, the Welsh Ambulance Service attended approximately 800 emergency calls across Wales per day. The expected number of moderate and major trauma cases per year across the population of South Wales, West Wales and South Powys is 2,100, therefore, major trauma represents a small proportion of the emergency care workload.

What are the benefits of the South Wales Trauma Network?

Evidence shows that patients with severe/multiple injuries will have a better chance of, and a much better recovery and quality of life for the future, if they are treated within a major trauma network. Benefits include:

- Improved survival rates
- Speedier recovery for patients
- Reduced disability
- Patients able to live more independently following their recovery
- More patients able to return to work and activities they enjoyed before being injured
- Specialist major trauma care available 24 hours a day and 7 days a week.

What about my Local Emergency Department?

You will continue to go to your local Emergency Department if you are seriously ill or have an injury which does not need the highly specialist services only available at the major trauma centre. The new arrangements for major trauma are for those patients with multiple and serious injuries that



could result in disability or death. These may include serious head injuries, multiple injuries caused by road traffic accidents, industrial accidents, falls, knife and gunshot wounds.

There will be processes in place to make sure that if you arrive at the local Emergency Department with a major trauma, you are transferred rapidly to the major trauma centre or trauma unit.

What will the patient journey through the new service look like?

During the design of the South Wales Trauma Network, we asked patients about their experience of the current system and how this could be improved, and this was taken into account in the service design. The following diagram describes, from a patient perspective, the journey through the pathway from the point of injury to discharge home or closer to home.







If I have a major accident will I have to travel further for treatment?

The ambulance crew assesses you and if your injuries are serious and if they think you need to be in a major trauma centre you will be taken by ambulance or helicopter to the major trauma centre, this may mean driving past another hospital. If, however, your life is in danger the ambulance will take you to the closest trauma unit where you will be treated and your condition will be stabilised before



you are then transferred to the major trauma centre for specialist care. As soon as you are fit enough you will be moved from the major trauma centre to a hospital closer to your home.

If I have to travel further are the paramedics trained to look after me when I am in the ambulance?

All paramedics are trained to provide lifesaving interventions for patients who have suffered suspected major trauma. Also, as a part of this development, paramedics have received additional training to ensure their skills are developed to the highest possible levels. Furthermore, there is a trauma desk staffed by specialist paramedics 24 hours a day, which helps in identifying patients who need to be immediately taken to the major trauma centre. The trauma desk is co-located with air ambulance desk at ambulance control.

Will I have to stay in the major trauma centre for all my treatment or will I be transferred closer to home?

Under these new arrangements as soon as you are fit enough you will be moved from the major trauma centre to a hospital closer to your home.

What about rehabilitation services?

Rehabilitation is the process of helping a person who has suffered an injury restore lost skills and so regain maximum self-sufficiency.

Rehabilitation services are vital to the care of patients following a major trauma. Major trauma practitioners and rehabilitation coordinators are new roles in the health boards and are vital in ensuring seamless care and are key points of contact for patients returning from the major trauma centre to a trauma unit or the community. We believe rehabilitation as close to home as possible is an important element to an effective major trauma network. Specialist rehabilitation will continue to be provided from Rookwood Hospital in Cardiff and Neath Port Talbot Hospital. As part of the ongoing development of the network, and subject to approval, there will be further improvements of local and community based rehabilitation including core therapy roles as well as some specialist roles.

Does this development require new investment?

Yes, there has been investment in a new network of trauma services across South Wales, West Wales and South Powys to improve the chances of survival for patients with major trauma injuries, reduce disability, and ensure speedier recovery.

Major trauma and the COVID-19 pandemic

When will the new arrangements start?

The South Wales Trauma Network was scheduled to start from Spring 2020. However, due to the COVID-19 pandemic, the introduction of the new arrangements was delayed. Following reassessment of each health board's and the ambulance service's readiness to 'go live' a revised go live date of Monday 14th September 2020 has been agreed, subject to any significant further surges of COVID-19 across the region.



Why is it important that the trauma network is introduced as soon as possible?

It is recognised that the healthcare system is Wales is facing significant challenges and uncertainty in relation to the COVID-19 pandemic. However, there are a number of reasons why the trauma network should commence as soon as possible:

- 1. Major trauma is recognised as an essential service during the COVID-19 pandemic alongside many other services. This means that services should continue to be maintained to care for major trauma patients during this time.
- 2. Major trauma has continued to occur during the COVID-19 pandemic and so an opportunity exists to improve the care of seriously injured patients.
- 3. There has been significant money invested into buildings and staff. There are risks that without the timely establishment of the network, this investment will not add value to care of major trauma patients and their outcomes.
- 4. NHS Wales is prepared for further surges of COVID-19 and in the event the network goes live and further surges occur, the network has developed plans to ensure it continues to run, whilst ensuring those who most need specialist care are able to benefit from it in a timely way.
- 5. There is strong support from doctors, nurses and therapists across the region to establish the network.

Has the structure and what will be delivered changed due to the COVID-19 pandemic?

No, the network arrangement broadly remains the same. However, the way in which care is delivered to individual patients may change. During the initial stages most patient care will be delivered face-to-face, however, in the later stages it may be delivered virtually. This includes outpatient appointments and input from rehabilitation specialists.

In addition, patients may also notice increased infection control procedures (such as the use of personal protective equipment by staff and patients), but this is no different than for non-trauma patients.

Will it be safe for a major trauma patient to be moved to the Major Trauma Centre during the COVID-19 pandemic?

Yes, the benefit of being treated in a specialist centre (such as the major trauma centre) will be greater than the risk of contracting COVID-19. Infection control measures will reduce the chances of being infected. It should be noted that during the COVID-19 pandemic, patients have continued to be transferred to specialist centres across the region.



Will it be safe for a major trauma patient to be transferred back to their nearest Health Board once their care is complete in the major trauma centre?

Yes, return of patients (or repatriation) to their nearest Health Board is an important part of the patient journey and recovery process. The benefit of returning for care closer to home will be greater than the risk of contracting COVID-19. Infection control measures will reduce the chances of being infected. It should be noted that during the COVID-19 pandemic, patients have continued to be transferred across the region.

What are the arrangements for relatives/friends visiting the major trauma centre or a trauma unit?

The major trauma centre or trauma unit provides information for relatives and friends regarding the facilities and support available at each hospital. During the COVID-19 pandemic, limitations have been placed on the ability of relatives and friends to visit wards and stay on site. However, key workers do their best to keep relatives and friends updated and facilitate where appropriate virtual contact with patients. Relatives may be asked to call the trauma centre or unit before attempting to visit the site to confirm local arrangements which may change at short notice.