Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

WHSSC Joint Committee Meeting held in public
Tuesday 15 December 2020 at 15:30 hrs

Microsoft Teams

Agenda

Item		Lead	Paper / Oral	Time
1.	**Preliminary Matters**			
1.1	Welcome, Introductions and Apologies	Chair	Oral	15:30 – 15:35
1.2	Declarations of Interest	Chair	Oral	
2.	**Items for Consideration and/or Decision**			
2.1	Report from the Managing Director	Managing Director	Att.	15:35 – 15:45
2.2	Resource Utilisation for Value - Options 2020-21	Director of Finance	Att.	15:45 – 16:25
3.	**Concluding Business**			
3.1	Any Other Business	Chair	Oral	16:25 – 16:30
3.2	Date of next meeting (Scheduled) - 26 January 2021 at 09:30 hrs	Chair	Oral	

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

		Agenda Item	2.1
Meeting Title	**Joint Committee**	Meeting Date	15/12/2020
Report Title	Report from the Managing Director		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

Purpose	The purpose of this report is to provide the Members with an update on key issues that have arisen since the last meeting.			
RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☐	INFORM ☒

Sub Group /Committee	Not applicable	Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the contents of this report.		

Considerations within the report (tick as appropriate)

	YES	NO		YES	NO		YES	NO
Strategic Objective(s)	✓		Link to Integrated Commissioning Plan	✓		Health and Care Standards	✓	
Principles of Prudent Healthcare		✓	Institute for HealthCare Improvement Triple Aim		✓	Quality, Safety & Patient Experience	✓	
Resources Implications		✓	Risk and Assurance	✓		Evidence Base		✓
Equality and Diversity		✓	Population Health	✓		Legal Implications		✓

1. SITUATION

The purpose of this report is to provide the members with an update on key issues that have arisen since the last meeting.

2. UPDATES

2.1 MAJOR TRAUMA

The first South Wales Major Trauma Network Commissioning Delivery Assurance Group meeting was held on 25 November 2020 where the group received a report from the Operational Delivery Network and the Major Trauma Centre on the key highlights from the first six weeks of operation of the major trauma network. The report is attached as Appendix A for information.

The subject will be an agenda item for the January 2021 Joint Committee meeting. Joint Committee members, however, will wish to note the positive start to the commencement of the Network.

3. RECOMMENDATIONS

Members are asked to:

- **Note** the contents of this report.

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Not applicable
Institute for HealthCare Improvement Triple Aim	Not applicable
Organisational Implications	
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.
Resources Implications	There is no direct resource impact from this report.
Risk and Assurance	The information summarised within this report reflect financial, clinical and reputational risks. WHSSC has robust systems and processes in place to manage and mitigate these risks.
Evidence Base	Not applicable
Equality and Diversity	There are no specific implications relating to equality and diversity within this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications	There are no specific legal implications relating within this report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Not applicable		

South Wales Trauma Network

Operational Delivery Network

Quarterly Delivery Assurance Group Report (amended for Joint Committee)
November 2020

This document has been shared, reviewed and approved by the South Wales Trauma Network Clinical & Operational Board on 12th November 2020 and was presented to the Delivery Assurance Group on 25th November 2020.

Introduction

The South Wales Trauma Network (SWTN) went live on September 14th 2020. A decision was made in March 2018 to proceed with the development of a major trauma network to cover South Wales, West Wales and South Powys. The following 2 years were spent preparing the programme business case and an initial date for go live was set for April 2020. This was delayed due to the COVID-19 pandemic. The system, however, was ready to go live by April 2020 and therefore the opportunity was taken to go live in September, after the first peak in COVID-19 cases.

Clinical & Operational Data

The data presented below represents the first 6 weeks since go live. The data will mature over time, with the development of the network dashboard including oversight of the entire patient pathway.

The information being received through TRiDs (Trauma Datix) and the GREATix reports are being used to guide lessons learnt as well as feeding into the network education plan. These are discussed both at the quarterly network governance meeting in detail and summarised at the monthly clinical and operational board.

South Wales Trauma Network Activity between 14th September and 31st October 2020. Data extracted from the Major Trauma Database on 1st November 2020

DEMOGRAPHICS

128 patients admitted to the MTC with an incident date between 14th Sep & 31st Oct 2020. Of these patients, 66% were adults, 7% were paediatric patients and 27% were aged 65+.

* Note that all this information has been extracted from the Major Trauma Database. It includes stays at UHW and CHW. It is worth noting that the Major Trauma Database is a new system and will take time to become fully operational.

Median age 51

66% male

Busiest day: 20% of incidents on a SATURDAY

* 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

42 (33%) CAVUHB*
24 (19%) ABUHB
27 (21%) CTMUHB
13 (10%) SBUHB
10 (8%) HDUHB
6 (5%) PTHB
6 (5%) Out of network

* We currently cannot distinguish between MTC and TU patients for all patients in CAVUHB since go live, however, during October this functionality was added to the database.

N% MTC patients

N% TU patients

* We won't have these figures until system integration has occurred across the network

41% NHS number assigned

83% TARN eligible

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MECHANISM OF INJURY

52 (41%) vehicle incident

28 (22%) fall < 2m

23 (18%) Fall > 2m

5 (4%) stabbing & weapon

<5 suspected self harm

<5 blow(s)

<5 suspected high risk behaviour

<5 amputation (partial)

<5 sport

<5 inconclusive

11 (9%) other

<5 alleged assault

HOSPITAL

Median LOS at MTC 6 days

* Approximate as end date uses sign off date. Early estimate as only includes those already discharged

OUTCOMES

So far 105 discharges:

72 patients discharged home /temp accommodation

17 patients repatriated

11 other

5 transferred for orthoplastic specialist care

South Wales Trauma Network Activity between 14th September and 31st October 2020. Data extracted from Trauma desk data, sitrep and TARN

TRAUMA DESK, WAST & EMRTS

12 median number of calls connected per day. 3,956 incidents (including providing advice to crews, arranging transfers and checking the call stack).

75 trauma tool positive incidents

45% advice given MTC

25% advice given TU

* Rest of data either blank or advice not required/NA

46 silver trauma tool positive incidents

<11% advice given MTC

63% advice given TU

* Rest of data either blank or advice not required/NA

72 primary transfers to MTC involving EMRTS

N primary transfers to MTC by WAST – this requires data linkage between Major Trauma Database and WAST data using NHS no

<5 pathway 1 (Hyperacute) transfer discussed

8 pathway 2 (Emergency) transfers discussed (TTL consulted every time)

0 pathway 3 transfers discussed (Isolated injuries requiring non-time critical specialist care)

5 incidents escalated to EMRTS Top Cover Consultant

<5 incident escalated to EMRTS ECCH

Icons by icons8.com

SITREP COMPLIANCE SINCE GO LIVE

3 days where sitrep was completed by all providers between go live and 31st October. Aim for 90% compliance.

BGH	EMRTS	GGH	MH	PCH	POW
77%	40%	88%	77%	88%	69%

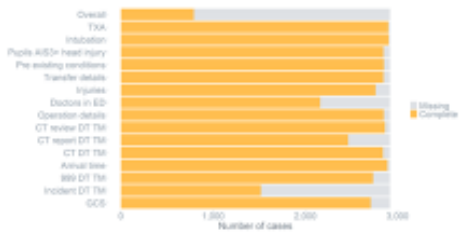
RGH-CTM	RGH-AB	UHW	WAST	WGH
69%	85%	79%	96%	98%

TARN DATA QUALITY

2,919 Cases submitted with admission dates between 1st April 2019 and 31st March 2020 (data extracted 20th October 2020). Q1 data to be discussed in December.

Clinical report 2 indicated an average case ascertainment of 90% across the network (target 80%), an improvement of 9% compared to the year before and data accreditation was 91.9% (target 95%) with no change from the previous year.

Main sources of missing data:
- Incident DT TM
- Doctors in ED
- CT report DT TM



South Wales Trauma Network Activity between 14th September and 31st October 2020. Data extracted from Induction, Sharepoint, Twitter, GREATix and TRID

EDUCATION

1,514 views of the guidelines and policies held in induction

2 x policies updated:

- COVID & Major Trauma Surge plan
- Repatriation Policy

2 x guidelines being updated:

- CG01 Emergency Anaesthesia
- CG13 Vascular guideline

1,912 sharepoint site visits in the last 30 days

1 conference poster accepted (HEIW)

LESSONS LEARNT BULLETIN & COMMS BRIEFS

2x clinical comms briefs (early learning for trauma desk calls, extra clinical sections on induction and sharepoint)

2x operational comms briefs (trauma desk occurrence log, trauma desk support to SAR (Bristow))

1x lessons learnt bulletin released on 19th October 2020.

Topics covered include:

- Haemorrhagic shock and traumatic brain injury
- Paediatric trauma
- Chest drain insertion
- Rib fractures and rib fixation
- Repatriation and communication
- Golden nuggets of learning

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TRID SUMMARY

17 TRIDS reported to the network (11 Open, 6 Closed)

- 3 clinical issues
- 1 operational issue
- 6 issues with flows into the MTC
- 7 delayed repatriations

TRAUMA DESK OCCURRENCE LOG

26 trauma desk occurrence log entries (4 open, 22 closed).
6 x unable to connect to TTL phone, 8 x trauma desk not contacted by crew, 4 x secondary transfers issues, 3 x incorrect use of trauma desk, 2 x technical issues, 2 x TTL not available, 1 x other

GREATix

5 nominations for teamwork, support, leadership and communication:
1 x use of Clinical Pathways
4 x support to colleagues

MEDIA & SOCIAL MEDIA

774 followers
44.9K impressions since 14th September
24.1K impressions to SWTN is live tweet

2 Media stories on launch day:
walesnewsonline.com 'South Wales Trauma Network launched today'
southwalesargus.co.uk 'Plan to save more lives of severely injured patients in Gwent'

South Wales Trauma Network Activity between 14th September and 31st October 2020 summary and actions

SUMMARY

Major Trauma Database:
1. Currently, only patients who have been admitted to the MTC can be added to the database
2. Proportion of patients with NHS number recorded is low. This is important for exporting a data extract to SAIL database in the future and for linking to WAST data
3. Outcomes can be difficult to extract

Trauma Desk
1. Very useful data flowing in from the Trauma Desk. Work needed to summarise Trauma desk and WAST data into dashboards
2. Pathway 3 not being discussed with the trauma desk

Sitrep
1. Compliance was initially low but improving – only 3 days where sitrep was completed by all providers

TARN
1. Average case ascertainment across network is above the target, average data accreditation across the network is slightly below target with Incident date and time, Doctors in ED and CT report date and time being the most difficult to collect

Media
1. Little media coverage of Go Live.

ACTIONS

Major Trauma Database:
1. Agreement from CAV to support the integration work
2. Discuss the NHS number issue with the team in C&V and find solution.
3. Work with the team in C&V to simplify outcomes in the discharge document

Trauma Desk
1. Work with Trauma Desk staff to create useful and meaningful dashboards
2. Ensure that staff have gone through and understand Network infographics and pathways

Sitrep
1. Send weekly update of sitrep to managers

TARN
1. Currently in the process of developing a powerBI dashboard using WAST and trauma desk data to help with TARN submissions. Ongoing discussions with NWIS regarding data flows and IG around this work. In the interim, an online data request form for trauma desks/WAST data is being developed to help with missing data queries.

Media
1. Increase portfolio of patient stories

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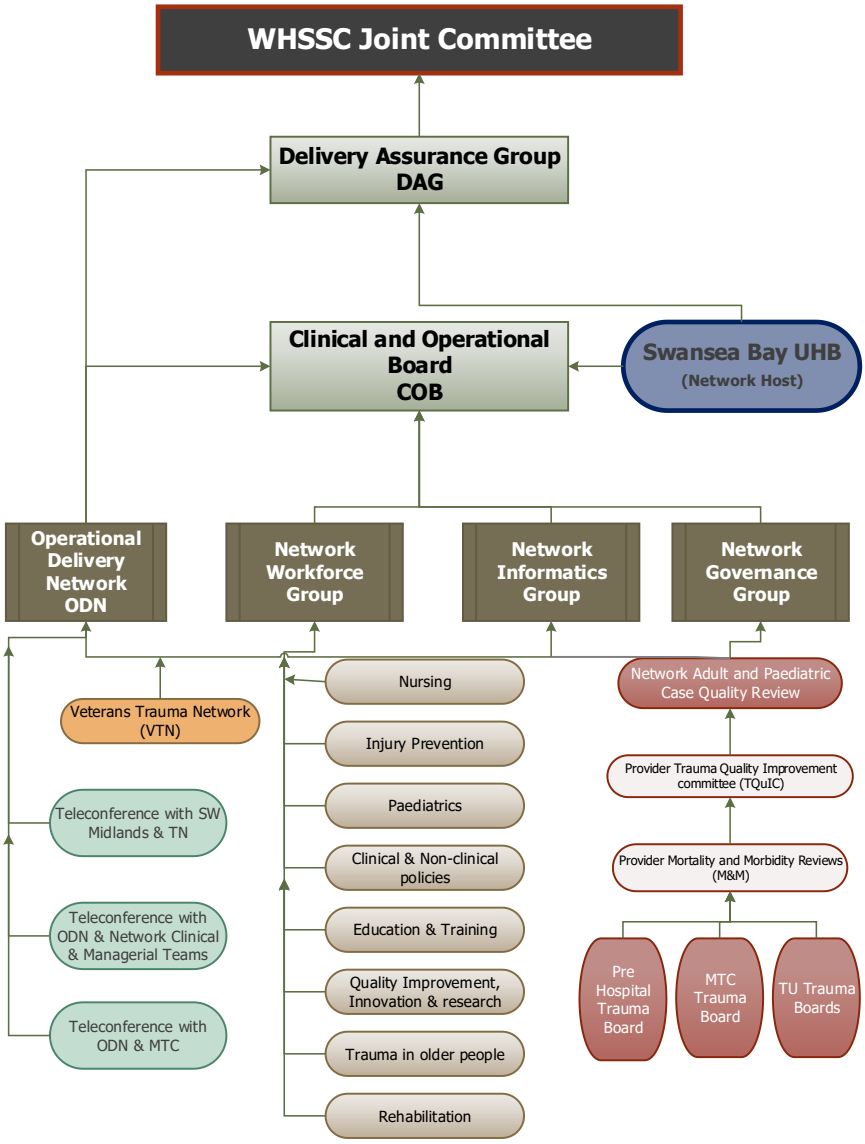
Governance

There has been 1 adult and paediatric case quality review (CQR) meeting (discussing cases that pre-dated the network), followed by a formal governance meeting. This was held on 16th September 2020. These meetings will take place quarterly with the second meeting planned for 17th December 2020. The CQR will identify cases that have been discussed within Health Board Trauma Quality Improvement Committees (TQuIC). Cases to be discussed at the CQR meetings are determined by the network governance lead. This is based on specific themes or cases which could provide relevant learning across the network. Any actions and learning from the CQR meeting are formulated at the governance meeting. A lessons learnt bulletin is generated after the governance meeting based on the learning accumulated in the last quarter and disseminated to the network. Urgent matters arising between meetings are addressed through clinical and operational communications briefs

SWTN Governance Structure



Core groups – Current status of the network governance structure

Meeting	Frequency
Clinical & Operational Board	2 meetings held since go live. Monthly meetings for first 6 months and then quarterly.
Governance group meeting/CQR	Established and running quarterly
Workforce group	To be established
Informatics group	To be established

Network Working Groups

Meeting	Frequency
Paediatric	Running via teams monthly
Clinical and non-clinical policies	Reinstated as required when new guideline/policies development required
Training and education	Running via teams monthly
Rehabilitation	Weekly MDT in place. Formal meetings to be reinstated monthly
Research and QI	To be established
Injury prevention	To be established after 6 months
Silver trauma	To be established after 6 months

Teleconferences

Meeting	Frequency
ODN and MTC	Weekly meetings with formal action log
ODN and TUs	Monthly meetings with formal agenda and action log
Teleconference with North Wales and West midlands network	Bimonthly virtual meeting. 1 meeting held to date
Trauma desk	Monthly meetings on Teams with occurrence log
Rehabilitation coordinators / trauma practitioners	Weekly meeting on Teams and occurrence log
TARN coordinators	Weekly meetings cross network on Teams
Veterans Trauma Network	To be handed over to the SWTN ODN (see below)

Major Trauma Centre (MTC) Update

The Centre had discharged 105 patients as of 1st November 2020. Positively, 17 patients were successfully repatriated back to neighbouring Health Boards/Major Trauma Units, which is a testament to the collaborative working across the region. The majority of other discharges were direct to the patient's home / temporary residence.

Positive signs in the initial weeks post go-live indicated a median length of stay of around 6 days at the Major Trauma centre. This is expected to increase with the impact of Covid-19, in particular for those patients requiring repatriation.

Major Trauma Rehabilitation MDT has been in place for over two months, which is well established. Likewise, the Network Rehabilitation meeting continues to be well supported by Major Trauma Units and have been critical in the success thus far around unlocking daily operational tasks such as repatriation.

Whilst in its infancy, monthly mortality & morbidity meetings are operational. Trauma Quality Improvement Committee meeting had been stood down during the initial Covid-19 lockdown period. This has been revisited and will recommence in month.

The Covid-19 pandemic has added significant obstacles for most services, the Polytrauma Unit itself has needed to restrict admissions on the back of patients and colleagues presenting with and testing positive with the virus.

Furthermore, specialist services such as spinal rehabilitation face additional challenges as a result of the Covid-19 pandemic and the enhanced infection control requirements.

The team continue to work collaboratively with colleagues across the region to address nursing/therapies skills gap. Engagement has been positive, however, the challenge still remains.

The additional resuscitation bay within the Emergency Unit has been formally handed over to the Emergency team. The team are currently undergoing final scenario based checks before launching as a clinical area.

Major Trauma Database

The database is operational and the team are working closely with the Network and colleagues in neighbouring Health Boards to troubleshoot whilst in its infancy. The next step is to rollout the database to Major Trauma Units.

Next steps for the MTC

- **Formalise the resuscitation area as a clinical area**
- **Conclude capital works to unlock defined MDT working space**
- **Recruit to final posts**

Veterans Trauma Network (VTN)

VTN Wales went live in October 2019 and is currently hosted by the Major Trauma Directorate within the Specialist Services Board of Cardiff & Vale UHB. The SWTN ODN will become the host organisation within the next few months.

VTN Wales accepts referrals from across Wales. The network ensures that Veterans across Wales, who suffered severe physical injury during their time in Service, are able to access the timeliest and most appropriate expert care for their injuries. VTN Wales is a central service to assist these patients, as well as healthcare professionals and the third sector, with advice on how to access the service most appropriate for their needs as quickly as possible. It complements the existing mental health services provided by Veterans NHS Wales.

Trauma Audit Research Network (TARN)

TARN was established in 1990 and is the largest trauma registry in Europe. The database is used to measure and monitor care processes and patient outcomes and can demonstrate the impact of changes in practice. TARN's secure online data collection system allows easy case submission and data validation. TARN coordinators collect the data required for each submission; this includes information on the incident, pre-hospital data, Emergency Department data, Imaging data, information on operations, Critical Care data and information on rehabilitation prescriptions. It can be challenging to collect all of the required data and numerous data sources are utilised including pre hospital patient care records, patient notes, clinical systems and sometimes clinical expertise is required to assist with aspects of the submissions. Live case identification is critical to ensure timely Clinical Governance interventions and reporting into the ODN. For the purposes of the Network we would consider all trauma cases with an Injury Severity Score >8.

The data within the TARN database is used to provide statistics on the epidemiology of trauma and to present comparative statistics in relation to institutional performance. The data is also used for clinical audit purposes. Three clinical reports are published every year; previous reports have included: Orthopaedic Injuries, Head & Spinal Injuries and Thoracic & Abdominal Injuries 3+ Rib Fractures & Patients in Shock. TARN also publish quarterly MTC and TU dashboards which allows effective benchmarking between comparable hospitals in relation to Data Quality and System Indicators. Self-service online reports allow regular review and measurement of data quality (Case Ascertainment target 80%+, Data Accreditation target 95%+) and allows performance review. Clinical report 2 (released August 2020) indicated an average case ascertainment of 90% across the network between June 2019 and May 2020 (target 80%), an improvement of 9% compared to the year before and data accreditation was 91.9% (target 95%) with no change from the previous year.

TARN analytics is a PowerBI dashboard providing a dynamic way of viewing the Network's data as can be seen in **Appendix 1**

Feedback

TRiDs

The TRiD (Trauma Reporting Incident Database) was set up within the DATIX system to allow any incidents that occur anywhere in the network to the reported and investigated. It is the individual organisations responsibility to investigate their aspects of the incident and in doing so discharge their governance responsibilities within their own organisations. The ODNs responsibility is to ensure that investigations have been completed appropriately and that any learning and actions arising have been disseminated. In addition the ODN has a role in ensuring any actions are completed and have had a positive impact

September 2020

There were 8 TRiDs raised in September 2020:
3 x delayed repatriations
3 x clinical
2 x flow across network

October 2020

There were 9 TRiDs raised in October 2020:
4 x delayed repatriations – 2 out of network, 2 in network
4 x pre hospital / pre MTC
1 x operational

Occurrence logs

Occurrence logs have been set up within the SWTN MS Teams page. Currently these are within the Trauma Desk group and trauma practitioners / rehab coordinator group. Any staff can add to an occurrence log and its aim is to identify any minor issues and incidents that require more formal reporting. Some of these then become formal TRiDs, and others are managed locally. The aim will be to role this facility out to other groups as required. The ODN review any additions to the logs daily and refer on for any additional investigation required.

Trauma desk

26 entries since go live which includes a combination of operational issues and pathway issues, including primary and secondary transfers.

Rehabilitation coordinators and major trauma practitioners

The occurrence log for the rehabilitation coordinators and major trauma practitioners has been used for identifying suggested changes to the major trauma database. So far, 28 entries have been made. These are then rated as red, amber or green depending on importance.

GREATix

The GREATix initiative formally acknowledges examples of good practice. The idea is to recognise and celebrate when a team or person has performed well and to promote learning from this. GREATix forms are filled out by any member of staff when they see something which has made a positive difference to patientcare either directly or indirectly. We share GREATix information and specific learning points at M&Ms and educational meetings **(See appendix 2)**

Concerns: Organisational and Clinical

Any concerns that are raised are reviewed by the ODN team. Actions could be the submission of a TRiD, advice, specific support or for more complex issues, the development of a specific workplan.

Risk and Issues log

There is a live risks and issues log that is presented at the clinical and operational board meetings.

There are currently 11 risks identified, none of which are red.

There are 5 live issues. 1 at amber and 4 at red:

Case Studies:

A number of case studies are highlighted which look at different pathways within the network and identifies how the changes to flows due to the commencement of the South Wales Trauma Network has improved the care for patients.

The first 4 cases presented to the Delivery Assurance Group focused on :

- Secondary Emergency Transfers to the MTC
- Pre- hospital incident and transfer to the MTC
- Orthoplastic Trauma
- Early rehabilitation and discharge home

Training and Education

The planned training programme pre COVID-19 has been restructured with a focus now being placed on the development of a virtual learning environment. The work being undertaken is unique and not been done before within Wales. The team are developing interactive scenarios filmed with a 360 degree camera that allows for a fully immersive experience and can also be viewed in virtual reality. There scenarios are interactive with the

learner being required to decide the treatment pathway for the patients. There are also clinical skill films and links to the guidelines and policies that underpin treatment. The first module is filmed and in final edit. There are plans to undertake further modules to cover the pre hospital environment, the complex role of the trauma team leader and the rehabilitation of patients. The team are linking in with HEIW and NWIS to ensure the final product is able to be hosted in a format that allows the highest user experience, and that it meets the needs of the learners. There are future plans to get the work university accredited to allow learners to gain formal CPD **(See Appendix 3).**

Service developments since go live

- Set up of a formal process for Search and Rescue (SAR) to access the trauma desk and landing site at Cardiff Heliport.
- Rehabilitation consultant sessions commenced in SBUHB, HDUHB and CTMUHB (2 sessions per HB initially, moving up to 4 sessions by 6mths)
- Major trauma practitioners and rehabilitation coordinators in place in all HBs.
- 4 nations trauma meeting commenced
- E-learning platform in development and filming completed for first module (trauma team member)
- Clinical and Operational Communication briefs process developed
- SWTN website in progress and soon to be live

Outstanding Service Specification

- Workforce - some vacant posts remain within the MTC. Mitigation plans in place to manage any gaps.
- Training & Education – still need to film further modules to ensure learning can continue across the network. This is delayed due to current COVID restrictions.
- Integration of the major trauma database and patient held records.
- Rehabilitation medicine consultant sessions uplifted to 4 sessions per week per HB.

Achievements

- Poster acceptance for HEIW conference in relation to the development of the 360 interactive learning modules.
- Development of patient focused rehabilitation prescription by the rehabilitation team in the MTC
- Role out of the GREATix system across the network

Recommendations

Delivery Assurance Group (DAG) are asked to:

1. Note the content of this report and provide feedback on the structure of subsequent reports.
2. Note the excellent progress over the first 6 weeks since the SWTN went live across the region.
3. Identify any risks or issues from this report that require escalation / action or otherwise by DAG members.

Appendix

Appendix 1- TARN analytics

Appendix 2- GREATix

5 GREATix Received

October 2020

1 CLINICAL GREATix

They have supported the rest of our team through some challenging times, educating the newer colleagues and inducting us into our role. They have demonstrated the values of the health board in taking personal responsibility for her work, showing resilience under great pressure from wider teams to deliver excellent patient care.

Excellent collaborative working between the trauma desk, WAST crew, CTL and the staff within a minor injury unit. The joined up working allowed for enhanced patient care, access to advice and support and a rapid transfer of the patient to the MTC where they could receive definitive treatment. This incident demonstrated the power of what can happen when services from across different specialties work together

They have become the linchpin in developing and creating a major trauma database which is adaptable for a multi-professional team whilst ranging across the different Health Boards for South Wales. Their support has been invaluable and continues to go the extra mile. They have been extremely accepting during our learning journey, often correcting our mistakes without question or judgement, this allows people to develop confidence and competence without any added pressure during the familiarisation phase of the database.

www.

4 SUPPORT GREATix

They have overseen the full clinical and operational implementation in developing the Health Board's role within the Trauma Network and steered the Health Board through this process with unwavering professionalism, positivity and attention to detail. Their communication and enthusiasm has been paramount in ensuring the Health Board is committed to supporting the ethos of the Network and providing a better service across Wales.

Their extended knowledge of TARN is so impressive and I know that if I have a query they will advise me. I was fortunate to have some TARN training back in February which was invaluable. Their expertise, experience and knowledge is vast and I feel they deserves some recognition for the support she has given not just to me but others too.

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Appendix 3- HEIW 'Looking Forward' Conference Poster

South Wales Trauma Network

Serving the Population of South Wales, West Wales & South Powys

The aim of the South Wales Trauma Network is to enhance patient outcomes and experience, across the entire patient pathway from the point of wounding to recovery and includes injury prevention.

Major trauma interactive 360 degree immersive learning scenarios

Dr Bethan Sian Morgan (MBChB, FRCEM), Dr Sue West-Jones (FRCEM, MRCS, MBChB, BSc, Dip Med Tox, Dip Med Ed), Rachel Taylor (MSc, BN (hons)), Emily Rogers, Angharad Walters (MSc), Dr Dinendra Gill (BMedSci, MBChB, MRCS, FRCEM, FIMC, DIP RTM, PGCert Leadership (QI))

Background

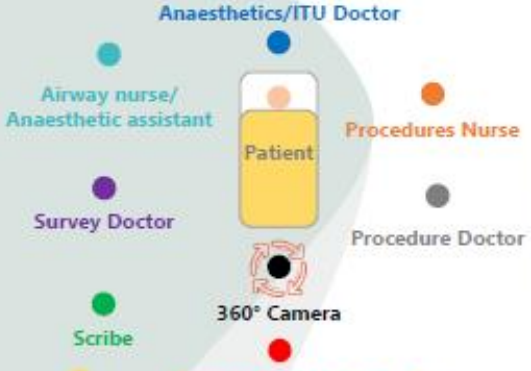
The South Wales Trauma Network (SWTN) has developed an immersive 360 degree scenario based education programme for a multidisciplinary group of staff in the initial management and treatment of major trauma patients.

Summary of work

The SWTN went live in September 2020 and there was a requirement for staff to achieve specific levels of learning. It very quickly became apparent that this would not be achieved through traditional "study days". The TREATS and Trauma Team Member (TTM) courses were developed into 4 interactive scenarios using 360 degree filming.

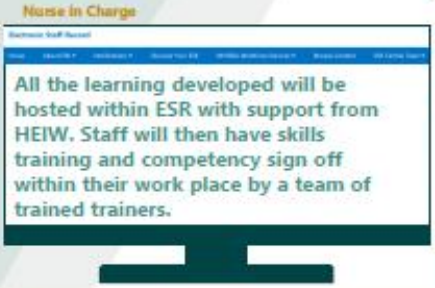
Summary of results

360° filming enables you to look around the room and see everyone who is part of the clinical team and using virtual reality headsets gives a true immersive experience. As the scenario plays out, learners are required to make decisions about the next aspect of care. There are also embedded clinical skills.



Discussion and Conclusion

There are plans to further develop this work and the next learning to be developed is in conjunction with the Welsh Ambulance Service where the same 4 scenarios will be filmed in the pre hospital setting. There will then be a more in depth learning module for staff who will become trauma team leaders. These will focus on more complex decision making, human factors and communication.



All the learning developed will be hosted within ESR with support from HEIW. Staff will then have skills training and competency sign off within their work place by a team of trained trainers.

Thank you to all the volunteers and the film company Media Borne for their incredible patience and professionalism whilst filming for the SWTN e-learning platform

Media BORNE

GIG CYMRU NHS WALES
Rhwydwaith Trawma De Cymru
South Wales Trauma Network

Contact the South Wales Trauma Network:
TraumaNetwork@wales.nhs.uk @SWTraumaNetwork

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

		Agenda Item	2.2
Meeting Title	**Joint Committee**	Meeting Date	15/12/2020
Report Title	Resource Utilisation for Value - Options 2020-21		
Author (Job title)	Director of Finance		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	The purpose of this paper is to provide an update to members on the improving financial position and the options to deploy a proportion of the surplus to mitigate the impact of the worsening waiting list position on specialised services patients, deliver service improvement and innovation.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	X	X	☐	☐

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	07/12/2020
Recommendation(s)	Members are asked to: • **Approve** authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction. In the interests of time these plans will be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.		

Considerations within the report (tick as appropriate)								
Strategic Objective(s)	YES ✓	NO	Link to Integrated Commissioning Plan	YES ✓	NO	Health and Care Standards	YES ✓	NO
Principles of Prudent Healthcare	YES ✓	NO	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES ✓	NO
Resources Implications	YES ✓	NO	Risk and Assurance	YES ✓	NO	Evidence Base	YES	NO
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO

Commissioner Health Board affected												
Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓

Provider Health Board affected (please state below)
To be determined but likely to include Cardiff & Vale UHB, Swansea Bay UHB, Betsi Cadwaladr UHB.

1. SITUATION

The financial position of WHSSC has improved materially on a non-recurrent basis during 2020-21 as a result of the effects of the current pandemic. The main reasons for this improvement include the reduction in activity levels which have removed the risk of contract overspending in specialised services in both England and Wales and led to contract underspending. In addition the significant development programme for the year has slowed as specialised providers have focused on COVID-19 related activities. In parallel the financial position of health boards has improved significantly as a result of the additional comprehensive funding measures put in place by Welsh Government in response to the pandemic.

The favourable financial position that has arisen is material but many specialised services are left with a legacy of increasing waiting lists in addition to historic underlying service risks and pressures. There is a non-recurrent opportunity to deploy an element of the financial underspend in a variety of innovative ways to mitigate the service risks facing specialised services if WHSSC is able to act with pace and deliver measures in quarter 4 for 2020-21.

2. BACKGROUND

Joint Committee was informed of the improving financial position and the probability of further material improvement at the meeting on 10 November 2020. The reported position for month 6 was a forecast outturn underspend of £9.8m and members were alerted to the month 7 improved position of £13.2m. As at the time of writing the current reported position for month 8 is underspend of £14.4m. The reported position has taken a prudent position as a number of uncertainties remain concerning how activity levels will behave in the last 4 months of the year and in particular the residual impact of the second wave of COVID-19 on specialised capacity. The best assessment is that the position could further improve by between £2m and £4m in addition to the improvement seen in month 8. At this point the direction of nearly all potential risks is favourable.

However, the situation in respect of specialised services is less favourable. Many services were impacted severely in the first wave of COVID-19 with capacity naturally re-directed towards the direct management of the pandemic. This has resulted in growing waiting lists for many specialised services and with no clarity as to when normal operating capacity will return. As this is a national UK position it will be essential to be able to maximise access to any limited additional elective capacity that becomes available, particularly in our NHS England providers.

The third dimension of the problem is that the pace of potential innovation in specialised services remains and is likely to present quickly as services stabilise. The WHSSC ICP for 2021-22 is already highlighting a number of legacy issues that need to be addressed particularly in respect of the critical mass of specialised services delivered in Wales across a range of specialties, notably specialised paediatrics. The need to take early action to stabilise such services is more important than ever.

3. ASSESSMENT

The proposition is that WHSSC should develop a plan for innovative use of surpluses above the reported level for month 7 of £13.2m to be used to create value by being directed towards mitigating the developing waiting list pressures, address critical service stability issues and deliver service improvements.

The principles that will underpin and inform this plan will be driven by ensuring best value for the resources available and will include:

- Reviewing all opportunities for technical management of the financial position
- Bringing forward essential service expenditure that can mitigate future years
- Exploring with providers all reasonable options to manage the waiting list position including:
    - Additional direct capacity – within current providers or externally
    - Initiating value based assessments of the current waiting lists in the context of likely extended waiting times
    - Indirect or displacement solutions including service moves to enable specialised delivery
    - Pathway disrupting pilots using value based healthcare principles to review waiting lists, review access policies, support alternative pathways that bring forward care for patients – for example, using frailty assessments that could inform more appropriate pathways informed by individual preferences
- Pilot service innovation that may require pump priming resources
- Target service risks and pressures already identified in existing plans
- Target new service risks and pressures included as priorities in the 2021-22 ICP
- Spend to save initiatives that could have benefits in future years
- Invest in service quality initiatives including:
    - Quality measurement
    - Quality improvement

- Invest in commissioning evaluation including:
    - Development of evaluation methods
    - Development of external academic evaluations of key initiatives to inform future value – examples include, funding an evaluation of the AWMSG WINGS service which provides early genetic diagnosis for acutely unwell children; and funding an evaluation of CAR-T ATMPs at the CVUHB service to develop methods of future targeting of new therapies to improve value

By the time this initiative is approved by the Joint Committee there will be 3.5 months to implement such a programme and hence the approach approved will need to be highly agile and WHSSC will need to be given the appropriate autonomy to commission and spend in time.

4. RECOMMENDATIONS

Members are asked to:

- **Approve** authorisation of the WHSS Team to deploy additional surpluses over and above the month 7 level of £13.2m towards mitigation of waiting lists, service improvement, innovation and risk reduction. In the interests of time these plans will be undertaken by Chair's Action and reported to the next available Management Group and Joint Committee meetings.

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Implementation of the Plan
Health and Care Standards	Safe Care Effective Care Choose an item.
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	
Resources Implications	
Risk and Assurance	
Evidence Base	
Equality and Diversity	
Population Health	
Legal Implications	

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	07/12/2020	Supported
Choose an item.		