

Data Provision Notice

National Major Trauma Registry for NHS Wales

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Background

Section 255 of the Health and Social Care Act 2012 (the Act) enables any organisation that can meet the requirements of the Act (including a devolved authority) to request that NHS England establish and operate an information system for the collection or analysis of information described in the section 255 request.

Where it has accepted a valid section 255 request, under section 259(1)(b) of the Act, NHS England may request information from any person that holds information that NHS England considers is necessary or expedient for it to have to fulfil the section 255 request.

The data, as specified by NHS England in this published Data Provision Notice, is requested to support a non-mandatory request under section 255 of the Act from Digital Health and Care Wales (or Iechyd a Gofal Digidol Cymru) to NHS England. Therefore, organisations that are in scope of the notice are legally requested, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Requesting organisation

Digital Health and Care Wales (DHCW) is a Special Health Authority established under section 22 of the National Health Service (Wales) Act 2006 (the 2006 Act) and by the Digital Health and Care Wales (Establishment and Membership) Order 2020 (Establishment Order). DHCW was created to take forward the digital transformation needed for better health and care in Wales, making services more accessible and sustainable while supporting personal health and well-being.

Purpose

The NMTR was formally known as the Trauma Audit and Research Network (TARN) data collection and is an established national clinical audit for trauma care across England, Wales and Northern Ireland. In Wales, the data set supports the NHS Wales Health Boards who deliver direct care by providing each site with case mix adjusted outcome analysis, performance of key process measures and comparisons of trauma care. Trauma is defined as serious injuries that could result in death or a life-changing disability.

NHS England will collect, analyse, link and disseminate information on trauma patients treated in Wales as requested under section 255 of the Health and Social Care Act 2012 (**2012 Act**) for the purposes of improving clinical safety, patient outcomes and reducing variation in clinical practice.

The NMTR for NHS Wales will be managed by NHS England's Outcomes and Registries Programme which was established in 2022 to consolidate and standardise outcome registries in response to the [Independent Medicines and Medical Devices Safety Review: First Do No Harm \(Cumberlege Review\)](#) and [Paterson Inquiry \(Independent Reviews\)](#). Recommendations from these reviews were accepted by the government in their [update report on government implementation](#), which named the Outcomes and Registries Programme as the means to deliver 'a central patient-identifiable database' to enable a unified model of finance, governance, technical development, data linkage and access.

Benefits

Traumatic injury is a global burden and contributes largely to death and disability across the UK. For every trauma death at least two people are left with severe and permanent disability and the effects of traumatic injury have considerable long-term implications upon the quality of life of its survivors. As a result of traumatic injury, there is also a significant impact upon the associated costs to the NHS.

Benefits realised by the successful collection and use of the NMTR for NHS Wales data by trauma receiving hospitals (including clinical audit / effectiveness departments, Emergency Departments and all other departments and specialties involved with the management of major trauma patients) include:

- Encourage best practice within the emergency care setting by monitoring standards recommended by NICE, the Royal College of Surgeons and the British Orthopaedic Association.
- Provide participating Local Health Boards with an assessment of the procedures and treatment administered to the injured patient.
- Produce analysis for clinical and epidemiological data and thereby provide a statistical base to support clinical audit.
- Support multidisciplinary clinical audit by analysis of case management.
- Provide comparative statistics to clinicians and clinical governance upon patient outcome performance.
- Allow the Welsh Ministers, commissioners and the Local Health Boards to monitor trauma load and measure quality of care.
- Support trauma care system development.

Legal basis for collection, analysis, publication and dissemination

Collection and analysis

NHS England has been requested by Digital Health and Care Wales under section 255 of the Health and Social Care Act 2012; to establish and operate a system for the collection and analysis of the information specified for this service. The request and accompanying requirements specification are published on the NHS England website: [National Major Trauma Registry \(NMTR\) for NHS Wales Request 2024](#).

This information is requested by NHS England under section 259(1)(b) of the Health and Social Care Act 2012.

Publication

In accordance with section 260(1) of the 2012 Act, NHS England has a legal duty to publish all information it collects by complying with a request unless it falls within section 260(2) of the 2012 Act.

The following public-facing NMTR aggregate anonymous, small number suppressed, reports will be published:

- Performance comparisons detailing data quality, Ws (outcome statistic) and comparison to standards of care, such as time to CT scan. Reports will be updated quarterly and contain 4 years' worth of trend data
- Biennial reports detailing comparison and outcome data for older people and children

The NMTR publishes analyses showing individual hospital performance for rate of survival, and care of patients with head, spinal, thoracic, and lower limb injuries. This allows Health Boards to compare their performance against other Health Boards and against national benchmarks. The published data is aggregated anonymous data. In order to protect patient confidentiality, analyses resulting in small numbers are strictly managed and, where necessary, suppressed to prevent the possibility of patients being individually identified.

Dissemination

Under section 262(4)(b) of the 2012 Act, DHCW requests that NHS England exercises the power it has under section 261(5)(d) to disseminate the information that it obtains by complying with this Request back to the organisations which originally provided it, for their own patients, including all derived information such as injury severity score and probability of survival for the following purposes:

- Correcting data validation errors to ensure the completeness and quality of the submitted data and;
- Direct care, including enabling local monitoring of key care metrics for trauma patients such as measuring outcomes and to support local benchmarking for assurance of safe and high-quality care and treatment through local audit, the management of untoward or adverse incidents, person satisfaction including measurement of outcomes undertaken by one or more registered and regulated health or social care professionals and their team with whom the individual has a legitimate relationship for care.

Under section 262(4)(b) DHCW also requests that NHS England exercises the power it has under section 261(5)(d) to disseminate the information it obtains by complying with this Request to DHCW to enable it to use this information in accordance with its statutory functions in supporting the Local Health Boards in Wales. This will include all collected, linked and derived data, including data relating to Welsh residents treated in England.

NHS England will rely upon its discretionary powers under s261 of the 2012 Act to provide regular reporting. Recipients of aggregated anonymous, small number suppressed NMTR data are the DHSC, Regulatory bodies, NICE, Healthcare Quality Improvement Partnership (HQIP), National Advisory Group for Clinical Audit and Enquiries (NAGCAE), Royal College of Surgeons, British Orthopaedic Association, Society of British Neurological Surgeons (SBNS), Headway and the Care Quality Commission (CQC).

Data will be made available via the NHS England's [Data Access Request Service](#) (DARS), including through the NHS England secure data environment where relevant and in line with national policy guidelines. NHS England will use its discretionary powers under section 261 of the 2012 Act and under any other statutory powers to disseminate data. Organisations will be able to apply to the DARS and on approval, with the appropriate legal basis, have access to data obtained under the Request.

Any dissemination will be subject to the organisations applying to access the data having a lawful basis to process it, NHS England having a lawful basis to disclose it, successful applications being made to the DARS and the organisations entering into a data sharing agreement. This may include bodies such as:-

- The organisation who originally provided the data; and
- DHSC, CQC, NICE, Office of Life Sciences and MHRA to support them in carrying out their functions regarding the health sector and to support assurance of the quality and safety of care where it would be lawful for NHS England to do so.

NHS England may also disseminate information it obtains under this Request, such as to the MHRA, in the case of an adverse event, where it would otherwise be lawful for NHS England to do so under section 261 of the 2012 Act or any other legislation. Any such dissemination will be subject to information governance advice, assurance and data sharing agreements.

Transparency

NHS England has issued a [Transparency Notice](#) for this data collection as required under Article 14 of the UK General Data Protection Regulation (UK GDPR).

Data providers in scope of this Data Provision Notice are required under Article 13 of the UK GDPR to provide their own transparency information to their patients (data subjects) and can link to the NHS England Transparency Notice to provide additional information.

The details of any data disseminations made by NHS England from this collection will be regularly published in the [Data Uses Register](#) which is available on the NHS England website.

Persons consulted

Following receipt of a request to establish a system to collect National Major Trauma Registry for NHS Wales data, NHS England has, as required under section 258 of the 2012 Act, consulted with the following persons:

- The issuing organisation: Digital Health and Care Wales (DHCW)
- The former University of Manchester TARN team, incorporating the TARN Executive Director and Operations Director
- South Wales Trauma Network Operational Delivery Network, Swansea Bay University Health Board
- North West Midlands and North Wales Trauma Network

The NMTR Clinical Steering Group (CSG) is led by the National Clinical Chair for NHS England Trauma Programme of Care, National Clinical Director for Major Trauma and Burns, and Clinical Director South East London, Kent and Medway Major Trauma Network (SELKAM) and includes representation from Wales.

The CSG and programme Oversight Board also includes patient representation and stakeholders from the Royal Colleges, Medicines and Healthcare products Regulatory Agency (MHRA) and National Institute for Health and Care Excellence (NICE).

Scope of the collection

Under section 259(1)(b) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons in Wales:

National Major Trauma Registry for NHS Wales data:

South Wales Trauma Network:

- Hywel Dda University Health Board
- Swansea Bay University Health Board
- Cwm Taf Morgannwg University Health Board
- Cardiff and Vale University Health Board
- Aneurin Bevan University Health Board

North West Midlands and North Wales Trauma Network:

- Betsi Cadwaladr University Health Board

Please note that there are no hospitals that treat major trauma cases in the Powys Teaching Health Board area. The hospital that treats the patient will submit this data to the registry.

Patient Episode Database for Wales (PEDW) data:

- Digital Health and Care Wales

Under section 259(5) of the Health and Social Care Act 2012 the organisation types specified above must comply with the Form, Manner, and Period requirements below.

Form of the collection

National Major Trauma Registry for NHS Wales data:

The NMTR for NHS Wales collects data on trauma patients of any age who meet one of the following 3 criteria:

1. 3 days+ length of stay or trauma admissions to an ICU/HDU area regardless of length of stay;
2. Died; or
3. Transferred

and have also sustained an NMTR eligible injury.

The collection comprises confidential patient information. This includes both personal data (name, postcode, NHS Number, date of birth, age (only if date of birth is not entered) and weight (for patients under 16 only)) and special category data relating to the patient's health (e.g. Glasgow Coma Score, injuries, organ status, pain and rehabilitation).

The NMTR for NHS Wales also collects a number of data fields to support the objectives of this collection and are categorised as follows:

- Ambulance details

- Attendants (profession / grade / speciality / training)
- Basic category of injury
- Blood Sampling
- Cardiography / Neurophysiology
- Circulation
- Clinical needs identified and requires further assessment / treatment
- CT scan
- Current functional status
- Diagnostic peritoneal lavage
- Discharge destination
- Equipment required
- Fast scan
- Host defence
- Interim step
- Interventions
- Metabolism
- Nervous system
- Observations - circulation
- Observations - nervous system
- Observations - respiratory
- Other audits
- Other imaging
- Outcome measurements
- Patient categorisation of rehabilitation needs
- RCS-ET at discharge / transfer
- RCS-ET within 48hrs of stabilisation or 96hrs of admission if not stable
- Re-admission
- Record of referral to bed-based rehabilitation services
- Rehabilitation needs
- Rehabilitation provider
- Rehabilitation services required
- Ultrasound
- Urine Sampling

The full NMTR data specification is published here: [National Major Trauma Registry \(NMTR\) Version 1.0 - NHS England](#)

Patient Episode Database for Wales (PEDW) data:

The extract from the PEDW is comprised of confidential patient information, including both personal and special category data relating to the patient's health and consists of the following data items:

- NHSNoDerived
- NHS Number Status Indicator
- Patient's name (Format: either structured with two 35 alpha character elements (forename followed by surname) or an unstructured string of 70 characters.)

- Name Format Code
- Postcode of Usual Address
- Birth Date
- Birth Date Status
- AdmissionFinancialYearStyle
- ProviderOrganisationCurrentCode
- ProviderOrganisationCurrentName
- TreatmentSiteOrganisationCurrentCode
- TreatmentSiteOrganisationCurrentName
- PatientEpisodeStartAgeYears
- PatientSexDerivedCode
- AdmissionDate
- AdmissionMethodDerivedCode
- SourceOfAdmissionDerivedCode
- DischargeDate
- DischargeDestinationDerivedCode
- DischargeMethodDescription
- EpisodeStartDate
- EpisodeEndDate
- AdmissionDischargeDurationDays
- EpisodeNo
- Diagnosis01DerivedCode
- Diagnosis02DerivedCode
- Diagnosis03DerivedCode
- Diagnosis04DerivedCode
- Diagnosis05DerivedCode
- Diagnosis06DerivedCode
- Diagnosis07DerivedCode
- Diagnosis08DerivedCode
- Diagnosis09DerivedCode
- Diagnosis10DerivedCode
- Diagnosis11DerivedCode
- Diagnosis12DerivedCode
- Diagnosis13DerivedCode
- Diagnosis14DerivedCode
- Operation01Code
- Operation01Date
- Operation02Code
- Operation02Date
- Operation03Code
- Operation03Date
- Operation04Code
- Operation04Date
- Operation05Code
- Operation05Date
- Operation06Code

- Operation06Date
- Operation07Code
- Operation07Date
- Operation08Code
- Operation08Date
- Operation09Code
- Operation09Date
- Operation10Code
- Operation10Date
- Operation11Code
- Operation11Date
- Operation12Code
- Operation12Date
- HospitalSpellNo

Manner of the collection

National Major Trauma Registry for NHS Wales data:

Data collected for the full patient care pathway from incident to hospital discharge, is entered into the NMTR web-based portal on the Outcome Registries Platform and is subsequently processed for analysis.

NMTR data coordinators are responsible for data collection and input into the Outcome Registries Platform. They are employed by participating Health Boards and are normally either based with trauma teams or within hospital Audit and Governance Departments. Clinicians based within the Emergency Departments also input data. The NMTR for NHS Wales data set may be broken down into core and extended facilities. The core specification provides all relevant fields that are required to monitor key standards of care and patient outcomes. The extended version allows data to be entered on less frequently used interventions, observations and investigations.

Patient Episode Database for Wales (PEDW) data:

Regular extracts of identifiable PEDW data will also be collected from DHCW via the 'DHCW secure file share portal'. This is a secure file transfer method that can handle large files.

Period of the collection

National Major Trauma Registry for NHS Wales data:

Submission to the NMTR for NHS Wales data collection is uploaded on a daily basis to the [Outcome Registries Platform](#). Data can be entered throughout the 24-hour daily period, 365 days a year. Uploads are often submitted by people in clinical roles and not within the 9am to 5pm working day. The collection is ongoing with no end date.

Patient Episode Database for Wales (PEDW) data:

PEDW extracts will be submitted by DHCW to NHS England on a monthly basis, in order to identify NMTR eligibility and to link to NMTR data to create a longitudinal database.

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the Act to seek to minimise the burden it imposes on others.

To support its obligation under 265(3) of the Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching Data Alliance Partnership Board (DAPB) approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

NHS England has taken over the national data collection from the University of Manchester and will work with the Data Standards Assurance Service (DSAS) to undertake a full burden assessment of NMTR, as part of a 12 month Post Implementation Review, the review will include collated feedback and revision of NMTR, where need is identified, in order to improve data quality and reduce unnecessary burden arising from associated data collection activities.