NHS
Greater Manchester

Appendix 1

Major Trauma

Engagement Report

August 2025

Major Trauma Patient Experience Feedback Report

Version control

Date	Version	Updates from	Reason for change
19.08.25	V1	A Mitton	First draft
21.08.25	Final	R Whitehead	Amends

Contents

Section 1: Introduction and overview

Introduction

Greater Manchester Health and Care Partnership confirmed its support in 2020 for the establishment of the Major Trauma Principle Receiving Site (PRS) as a priority for Greater Manchester (GM) and gave commissioner support to Salford Royal NHS Foundation Trust's, now known as the Northern Care Alliance (NCA) Major Trauma Full Business Case and the development of the Greater Manchester Major Trauma Hospital (GMMTH).

There have been four successive peer reviews which have found GM to be non-compliant (2014, 2015, 2020 & 2024). Following the most recent peer review of the provision of Major Trauma Services within GM which was undertaken in September 2024, NHS Greater Manchester (the commissioner) is committed to ensuring that we have a Major Trauma provision that delivers the best outcomes for our population, makes the best use of the assets we have available, including estates, workforce and funding and that we are compliant against the national service specification for Major Trauma in which we are assessed against.

GM currently has two Major Trauma Centres, the Greater Manchester Major Trauma Hub (GMMTH) within the NCA and Manchester Royal Infirmary on the Oxford Road Campus of Manchester Foundation NHS Foundation Trust (MFT), neither provision currently delivers a compliant Major Trauma Provision.

NHS GM is committed to ensuring compliance against the national specification. In moving to deliver a compliant model we need to ensure that we deliver system efficiencies, removing duplicate costs (where any exist) in order to develop and implement a model of care that not only improves quality and outcomes, but will also ensure we have a financially viable and sustainable Major Trauma service across the conurbation.

A commissioner led options appraisal process has commenced to select a site to deliver a compliant Major Trauma provision, with the patient experience insight contained within this engagement report being considered, as part of the site selection process.

Acknowledgements

Our thanks go to all our colleagues at Salford Royal NHS Foundation Trust (SRFT) and Manchester Foundation Trust (MFT) who have supported us to involve people. Our greater thanks go to all those who took the time to engage with us and share their experiences – we are very grateful.

What people told us – the key themes

- Overall, people were very satisfied with the emergency care that they received with positive descriptions such as “top class”
- Experience on the wards and with clinicians following emergency care was varied, with concerns voiced about staff shortages
- Poor communication and lack of information shared by clinical staff as well as between patient clinicians was a concern for many
- Discharge was often described as “problematic”
- Aftercare and rehabilitation services varied, with some sharing experiences of excellent care, whilst others reported long waits, the lack of after care and onward support
- The impact on families was significant both emotionally and practically with stress, travel difficulties and disruption to daily life all raised as issues, but they appreciated the flexibility of arrangements and the support from staff
- The distance from the home whilst receiving care was a difficulty for both patients and families.

Section 2: Engagement delivery

How we engaged

This was targeted engagement specifically seeking feedback from people who had experience of Major Trauma services.

We engaged with former major trauma patients, who had been treated at one of the two current Major Trauma Centre's in Greater Manchester, over a 12-month period (June 2024 – June 2025).

To support the engagement, the trusts contacted the patients directly by letter. The letter was sent to 870 former patients - 120 from MFT and 750 from NCA.

We had hoped to contact patients via an SMS mobile message, but this proved a difficult process to accomplish.

The letter explained why we wanted to hear their experience of being treated at a Major Trauma Centre. It contained our contact details, a website address as well as a QR code which took participants directly to further information and a survey link.

During the 2-week engagement, 84 people completed the survey, either via by visiting our online survey or by telephoning us and sharing their experiences with a member of our engagement team.

We did offer to provide printed surveys along with freepost envelopes to those who preferred to participate this way but encouraged 1:1 telephone conversations as our preferred alternative method. This would ensure that we had more time to create the engagement report and for it to pass through the appropriate governance process.

The details of who responded is on the next page.

Who we engaged with

Who answered our survey

The survey provided the option for every participant to complete demographic questions but could choose not to do so, with 73 people choosing to answer at least 1 of the questions. An overview of this demographic data is included below, with full details in Appendix 1.

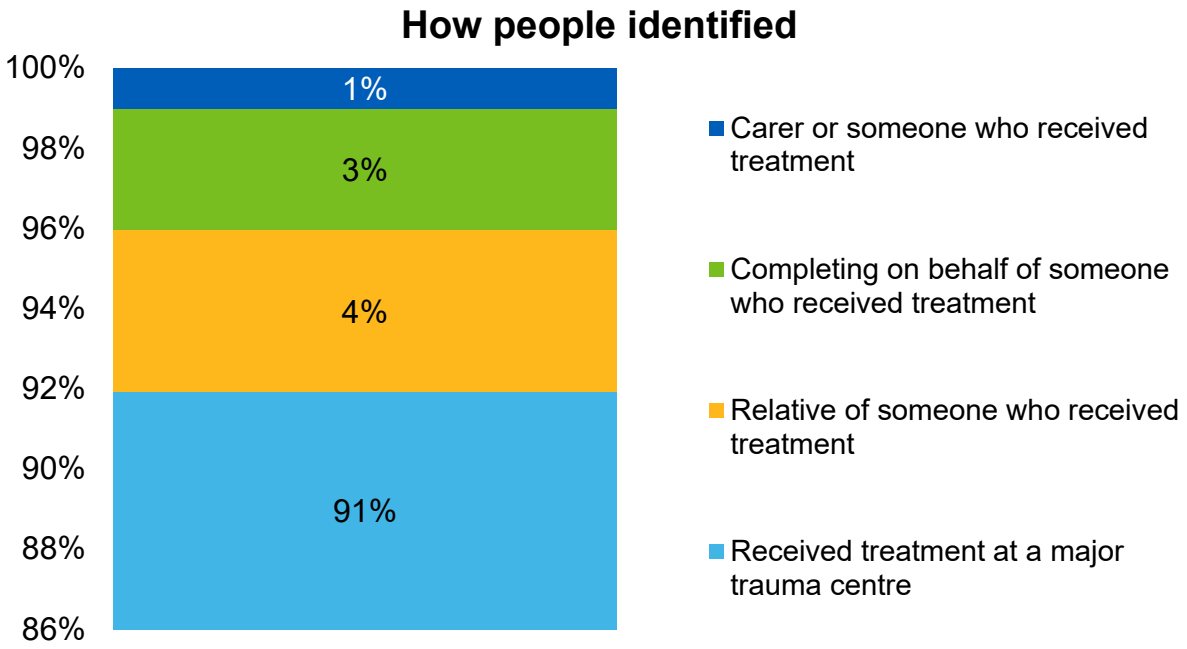
Most patients who took part lived in Salford, but there was at least 1 patient from each locality.

Table 1. Where respondents live in Greater Manchester

Locality	Survey response
Bolton	5
Bury	2
Manchester	8
Oldham	5
Rochdale	2
Salford	19
Stockport	4
Tameside	4
Trafford	4
Wigan	2
Other	5
Chose not to answer this question	24
Totals	**84**

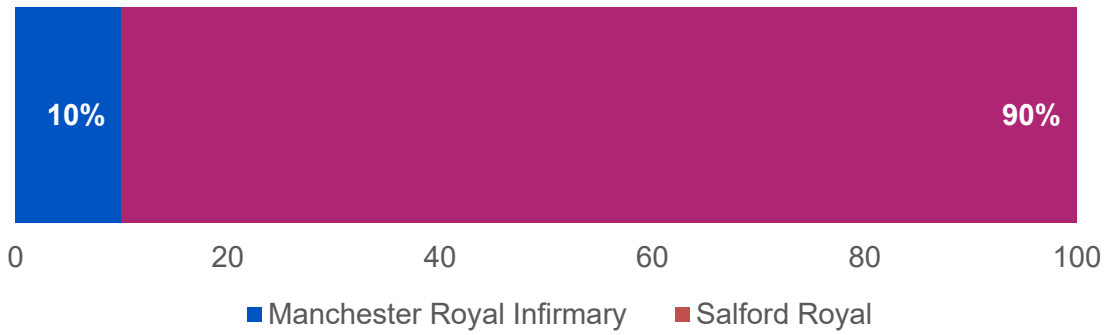
As can be seen in the charts below, the survey was mostly completed by people who had received care, with most respondents having received their care at Salford Royal.

Chart 1. The numbers of the different people who completed the online survey



Please note that some people identified in more than one category.

Chart 2. Where people have experience of care (%)



Based upon the number of former patients contacted from each trust to participate in the survey, if an equal number of responses were received, this would equate to an 85% NCA, 15% MFT split of respondents.

Section 3: Feedback

We asked people what they thought about the treatment they received, how well they had transitioned back to local services, and the experience by their families.

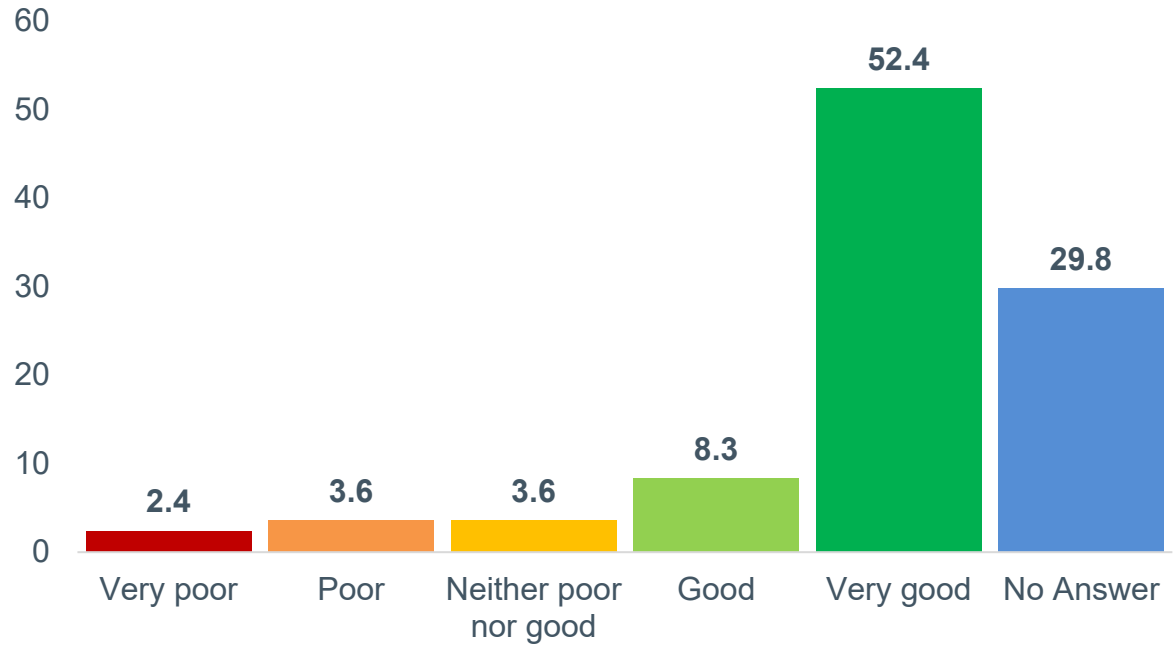
Their feedback can be found on the following pages.

Please note: The use of Artificial Intelligence (AI) was used as a tool during the process of creating this report.

Overall experience of treatment

Overall, most people were very satisfied with the care they received.

Chart 3. The overall experience of care which participants received (%)



Most respondents praised the emergency and initial trauma care, describing it as excellent, first class, prompt, and lifesaving.

Many felt safe, well looked after, and informed throughout their treatment. Staff were frequently described as friendly, caring, professional, and dedicated.

“Emergency care is first class”

“Treatment by doctors absolutely first class”

“Brilliant team saved my life I wouldn’t be here without them”

Some respondents highlighted individual staff members who went above and beyond in their care, while others mentioned positive experiences with chaplaincy or support for specific needs.

However, a recurring theme was that the quality of care often declined after the initial emergency phase. Several respondents reported that ward care was inconsistent and sometimes poor, depending on which staff were present.

Issues included minimal nursing care (focused mainly on medication rounds), lack of personal care (such as washing and toileting), and long waits for assistance. Some respondents specifically mentioned rude or judgemental staff and a few felt there was no real caring done.

"On admission my treatment was good…In recovery, a different ward and nurses, I found the nursing care was minimal. Just rounds of medication, but no actual care given."

Delays in A&E and communication breakdowns were also noted. Several people described long waits for triage or treatment in A&E, sometimes under uncomfortable or inappropriate conditions. There were also isolated incidents of poor communication or lack of information about transfers or procedures.

"Excellent treatment including emergency, surgery and aftercare. The only blip was when I was moved, with zero notice, to an entirely different ward, disregarding both infection control and my autism diagnosis. I was moved back within a few minutes with an apology."

A few responses described negative experiences with ward environments (such as disruptive fellow patients or being moved without notice).

Overall, the main trends are:

- Emergency and trauma care is highly praised
- Ward care is variable; some experienced excellent support while others found it lacking in personal attention and consistency
- Delays and communication issues in A&E and during transfers are a concern for some
- Individual staff often make a significant positive difference to patient experience.

Improving the service

Most people were happy with the service, with respondents praising the care and staff, particularly physiotherapists and porters, and a few said their experience was excellent or could not be improved.

However, when asked what could be better, the most common themes raised by respondents were around communication, staff attitudes, and discharge processes.

Many respondents felt that communication could be improved, both between staff and with patients themselves, particularly regarding treatment plans, medication changes, and updates about care. Several mentioned not being told important information about their condition or care, or that information was relayed to family but not to them directly.

“Communication from the beginning. Once I’d been sent over to the overflow major trauma unit and that then closed at 20.00 there was no communication between them and the A&E to let them know my situation.”

“My grand-daughter was told I had pneumonia but I wasn't told this.”

“Better communication staff talking between themselves not with patient”

Staffing issues were also frequently mentioned. Some respondents felt there was a lack of continuity in seeing the same doctor each day and that some nurses were rushed, less compassionate, or not always helpful. There were also comments about language barriers with some nursing and support staff.

“…more compassion from the nurses. Some of the nurses didn’t seem to want to work there.”

“I did have an issue as I was in a lot of pain, I was lay in bed and I asked the nurse to help me to sit up, she refused to help me up as she said that if she did any injury helping me that I could sue her.”

There was general agreement that there is not enough staff and that this causes many of these issues.

Discharge processes and waiting times were another area of concern. Delays in discharge medication and lack of proper assistance when leaving the ward were highlighted. Some experienced long waits for admission or surgery, sometimes exacerbated by staff shortages or holidays.

“A proper discharge with a wheelchair to take me to exit. I had to walk out on a seriously injured foot which opened the wound and was bleeding along the corridors. I had no help at all leaving the ward.”

“Better discharged assessment required”

“I had to wait quite a long time for my second surgery, I was informed I might be having the surgery four times (nil by mouth from 2am) but only had it on the fifth time. Impacted by Christmas holidays, less staff on duty.”

“Waited 2 days for the surgery without hot food as I’m type 2 diabetic I need regular meals.”

Other recurring issues included problems with food provision for those with dietary needs (celiac disease, diabetes, dairy intolerance), environmental factors such as noise from devices and TVs affecting rest, and difficulties with car parking. A few respondents mentioned issues with ward atmosphere due to other patients’ behaviour or mental health issues.

“Your staff need instruction on celiac disease and particularly what a celiac cannot eat”

“A lot of devices were bleeping all the time which made it difficult to rest or sleep, it wasn't an emergency call but the bleeping was just routine, when I asked for them to be switched off they were, so why can't they just be off all the time. All the patients have their own tv over the bed which people don't use their headphones therefore

the sound is constantly playing, can you not make these TV stations not give out sound and only be able to hear when headphones are plugged in."

Some people wanted treatment at a hospital closer to home, and raised the distance as a problem for families, and for themselves.

"Felt very alone as Salford was far away from home and travelling was difficult"

"It would be good to be nearer home."

In summary, while some respondents were very satisfied with their care, the main areas for improvement identified were better communication (especially about care plans and medication), more consistent and compassionate staffing, improved discharge processes, attention to dietary needs, and a quieter ward environment.

Impact on the family

Most respondents reported that their family and friends experienced significant worry, stress, fear, and emotional upset during their treatment at the Major Trauma site. Feelings of anxiety and distress were common, particularly among close family members such as spouses and children. Several mentioned that their families were "worried sick" or "traumatised" by the experience.

"It caused my family and friends a lot of upset and stress for both accident, especially my two children who were only young. Especially when I was a healthy person and it was two traumatic accidents in a short period of time."

A recurring issue was the difficulty caused by distance from home to the trauma centre, which made visiting challenging and sometimes expensive, especially for those with children or other responsibilities. Travel difficulties, including parking problems at the hospital, were also highlighted.

"It was difficult for my wife to visit and look after our children whilst working in the day."

"They were very concerned as this was a new ordeal for all of them. The weather was appalling at the time, and it was an hours journey each way each visit"

"My wife was a regular visitor most days and had to get a taxi which was expensive. Friends weren't able to visit due to the distance."

"Travel from home to Salford was initially a problem"

Despite these challenges, many respondents noted that their families felt reassured by the quality of care provided and appreciated staff support and communication. Some mentioned that staff were accommodating with visiting hours or involved family in care decisions. A few respondents said their families were pleased or relaxed because they trusted the care being given.

"Kept family informed about progress and treatment. Family happy knowing care was fabulous."

"They were pleased with the excellent care and attention"

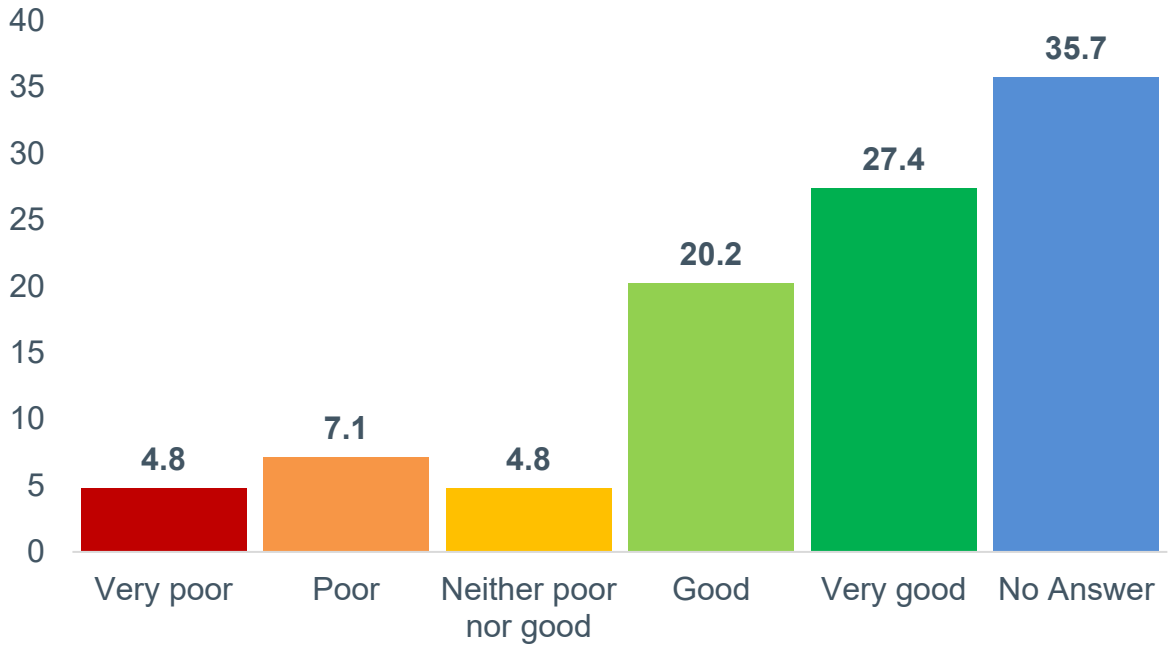
A minority reported little or no impact on their family and friends, often due to proximity to the hospital or having fewer visitors.

In summary, the main themes were emotional distress and logistical difficulties for families, but also appreciation for good care and staff support.

Discharge and after care

Overall, people were happy with the discharge and aftercare that they received, but they were less happy than they were with their overall treatment. A significant number of people chose not to answer this question at all.

Chart 4. The overall experience of discharge, transfer and ongoing treatment (%)



Many respondents reported issues with aftercare and follow-up, with several stating that no aftercare was arranged or that there was a lack of information about available services.

“No good communication, after discharge no proper appointment to see the treating doctor, no one explained what was wrong and what will do next”

“No aftercare was arranged.”

“At my discharge I was told by the Doctor that I wouldn't get any follow-up at the hospital because I lived out of the catchment area and that any follow-up would be arranged by my GP, but nothing happened.”

Delays in follow-up appointments and treatment were a common concern, with some waiting months for physiotherapy or consultant appointments, and others experiencing repeated cancellations.

“Some of my appointments post-accident have only just been completed which is almost 12 months later.”

“Waiting a long time for further treatment”

Some respondents described positive experiences, particularly where equipment and support were arranged before discharge or where there was clear communication and ongoing contact with care coordinators. District nurse visits for stitch removal were mentioned as a positive aspect by a few.

“Required equipment was put in place at home before discharge”

“Did everything possible they could and more”

“They got me an ambulance to take me home. They put everything in place so i could go home, toilet covering handles, they got me a walking frame.”

There were also comments about the discharge process being difficult or poorly coordinated, especially for those with complex needs or who lived far from the hospital. Some felt unsupported or isolated due to distance from home or lack of follow-up.

“There needs to be a multi-disciplinary team who work together to address all the patient injuries e.g. broken bones, head injuries, concussion, PTSD, the phycological effect on the patient.”

Social services and carers were sometimes provided but often only for a short period, with some noting that support was withdrawn quickly or that staff were stretched.

“Social services got in touch with me and provided carers for a fortnight, but then after 2 weeks they were stopped.”

“Generally good. However, the carers didn’t have much time and were keen to do less visits and stop altogether as soon as it was possible.”

There were also concerns about being transferred to facilities not equipped for their needs.

“The intermediate hospital I went to (Ascot House) the people that worked there were very good, but they were not equipped to deal with my problems. They didn't have enough staff to care for me, it was more for people who were old age pensioners who couldn't look after themselves. I was told i was going for intensive physiotherapy and rehabilitation and this did not happen as they were not equipped to support me.”

In summary, the most common themes were delays and gaps in aftercare and follow-up, inconsistent communication about services, and mixed experiences with discharge planning and support at home. Positive experiences were generally linked to proactive arrangements and clear communication.

Rehabilitation

Many respondents reported positive experiences with physiotherapists and occupational therapists, describing staff as attentive, helpful, and supportive. Several highlighted that the exercises and advice provided were effective in aiding their recovery and increasing mobility.

“Occupational therapy - Oldham – absolutely brilliant 10 out 10. They were very nice people; the exercises they gave me were very good and helped me get walking again.”

“Rehab appointment was very helpful. Helped me understand what had happened and what would happen next.”

However, a significant number of respondents experienced issues with access and follow-up. Delays in getting appointments were mentioned, as well as difficulties in arranging or receiving follow-up care once at home. Some reported not being offered any rehabilitation at all or having to manage their own rehab without professional support.

“Physio dept was good but took 10 weeks to get an appointment.”

“Bit hit and miss once at home. Follow up not great. Could have returned to the hospital, but difficult in terms of travelling.”

A few respondents noted that while initial rehab was helpful, ongoing support was lacking or inconsistent, with missed call-backs and problems contacting services for follow-up.

“Went to physio in Walkden. That was very good, he gave me exercises which he did with me and then I had to do them at home which I did. I now use a stick to help me walk. I have not had a call back which they said would be in June, it’s August now.”

Some mentioned that home visits from local teams or occupational therapists were beneficial.

“The occupational therapist came ever week. She arranged for adjustments to be made to my home straight away.”

A minority expressed that the rehab provided was not intensive enough for their needs, or that follow-up was hindered by practical issues such as travel.

“I was never provided with the intensive physio that I needed.”

Overall, while individual staff were often praised, there were recurring concerns about delays, lack of access to rehab services, insufficient follow-up, and communication difficulties.

Summary

Most respondents expressed high levels of satisfaction with the care received, frequently praising the professionalism, compassion, and expertise of staff, particularly at Salford Royal.

Positive comments highlighted good communication and teamwork among clinical teams and gratitude for the NHS and ambulance services.

However, several respondents raised concerns about aftercare and communication. Issues included lack of follow-up appointments or support after discharge, and inadequate information. Most felt the need for better communication about treatment plans and next steps

Staffing levels were a recurring theme, with several noting that wards felt understaffed, and nurses were under pressure, impacting their ability to provide compassionate care. Suggestions included increasing staff numbers and reducing nurse workload.

A few respondents commented on practical aspects: requests for better wheelchairs and equipment, more porters, improved food choices, and better facilities for personal care

Overall, while most feedback was positive regarding immediate hospital care, there were consistent calls for improved aftercare, clearer communication (especially about medication and follow-up), and increased staffing.

Section 4: Health inequalities

Whilst the small number of people who took part makes it difficult to draw any strong conclusions, there are some themes that begin to emerge:

- Whilst older people are more likely to rate their experiences highly, they are also more likely to be concerned about the travelling distance for family, issues with after care, issues with their existing conditions not being accounted for (e.g. dementia, COPD, etc), and to have more concerns about discharge.
- Females are more likely have concerns about the impact on the family and to have less positive experiences of after care. They are also more likely to raise concerns about communication challenges.
- Males are more likely to focus on the practicalities and have concerns about discharge planning and the distance from home.
- People with existing disabilities and conditions often reported additional challenges getting their needs met and rehabilitation was not always adequate for their more complex needs.

5: Key points to consider and next steps

Key points for commissioners to consider

From the engagement, there are a number of key points that have emerged for the commissioners to consider to help improve the experience of patients and their family who receive treatment and care at Major Trauma Centres in the future.

Staffing levels:

- Ensure that staffing levels are adequate at all times, so that those receiving treatment are having their needs met, in a timely manner.

Communication:

- Improve the communication and handover of information amongst clinical staff and keep patients well-informed of the care and treatment they are currently receiving and likely to in the future.

Discharge procedures:

- Ensure that the discharge progresses smoothly and timely and that patients and fully consulted and kept informed of the process.

Aftercare:

- Deliver a consistently high standard of aftercare and rehabilitation services, reducing waiting times and adequate ongoing support to those who require it.

Ease impact on families:

- Acknowledge the immense emotional impact, disruption and stress encountered by family members whilst loved one are receiving treatment. Ensure a consistently high level of empathy and support from staff members, as well as demonstrating some flexibility where possible, especially for those who are having to travel considerable distances to visit.

Next steps

This report will be shared with the people responsible for commissioning and delivering services.

Commissioners will give the feedback careful consideration. They will use the feedback along with wider evidence to assist in the Major Trauma site selection process, as part of the options appraisal process

The recommendation will go through our governance process alongside the project equality impact assessment and any other relevant evidence.

Section 6: Appendices

Appendix 1: Survey Equality Monitoring Data

Chart 1: Age

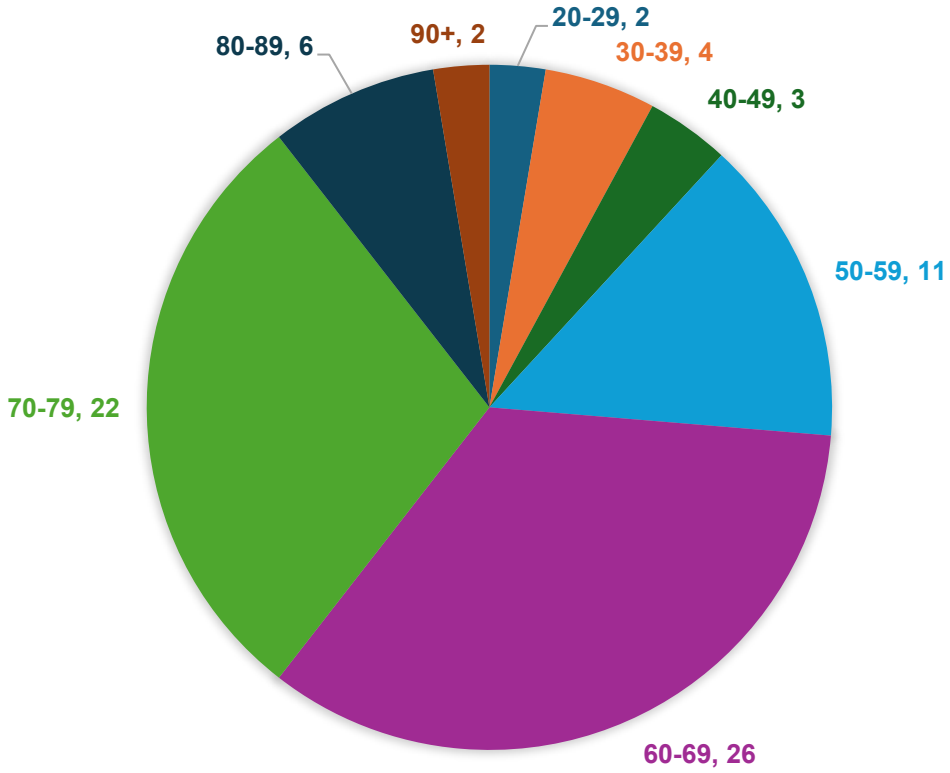


Chart 2: Ethnicity

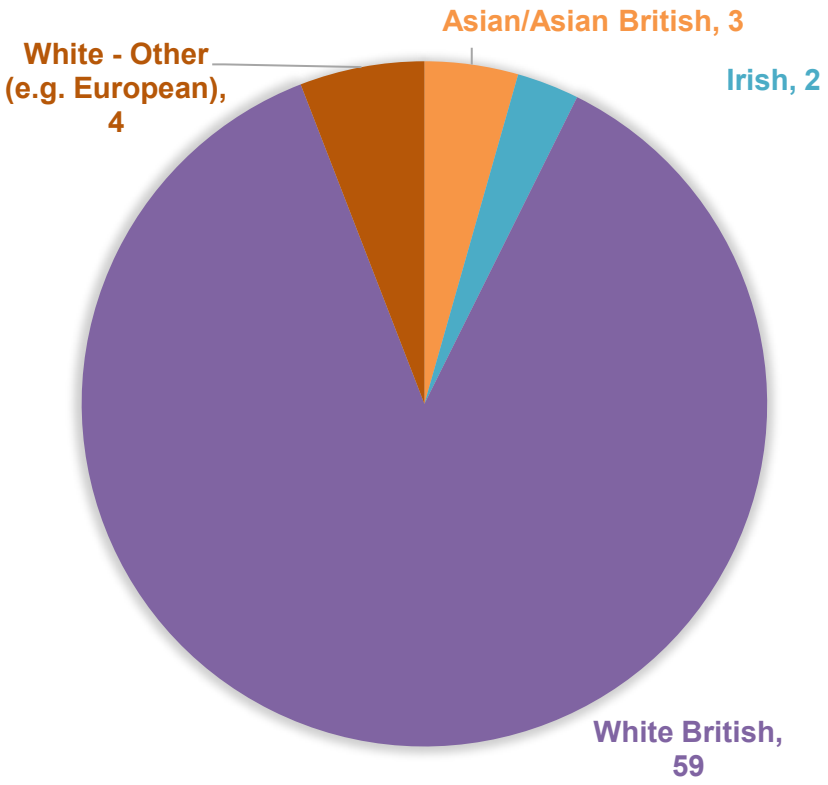


Chart 3: Gender

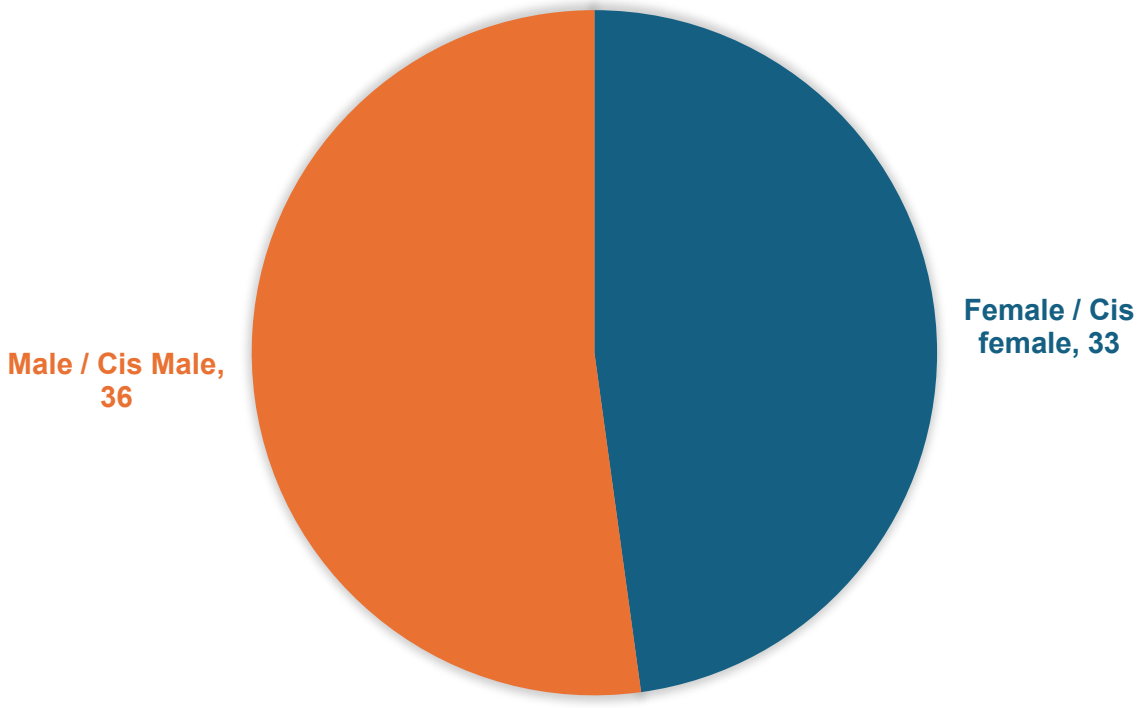


Chart 4: Gender the same as described at birth

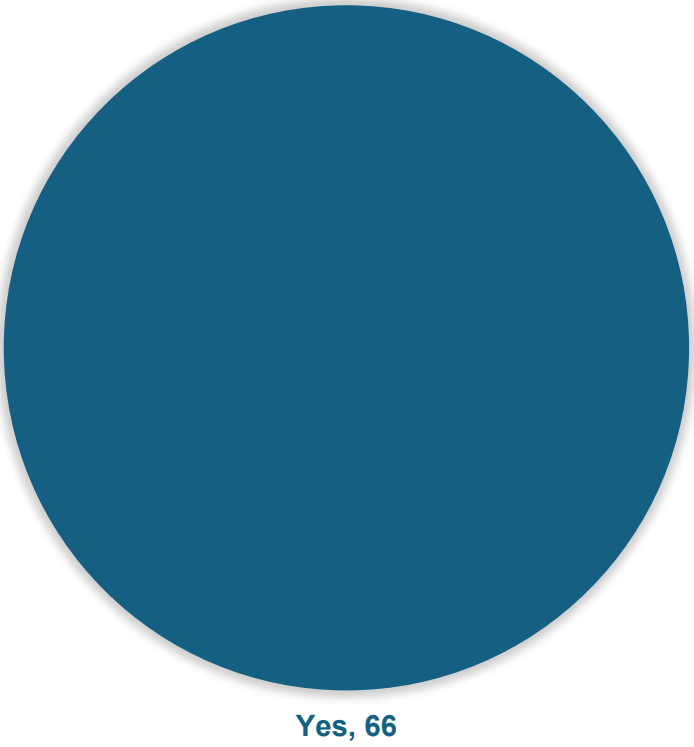


Chart 5: Relationship status

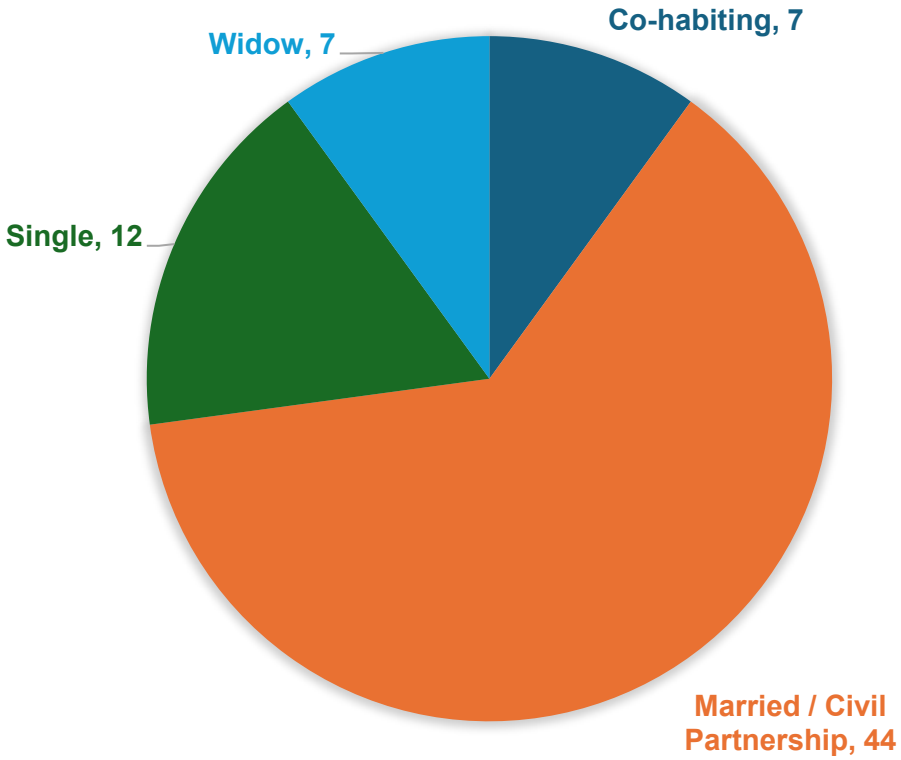


Chart 6: Faith

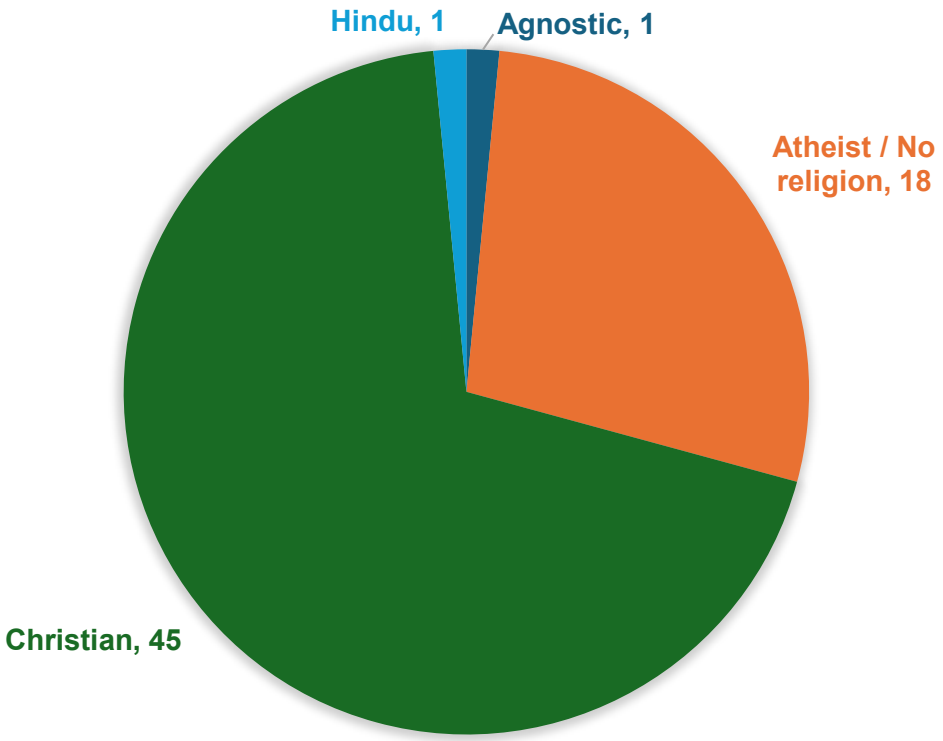


Chart 7: Sexual orientation

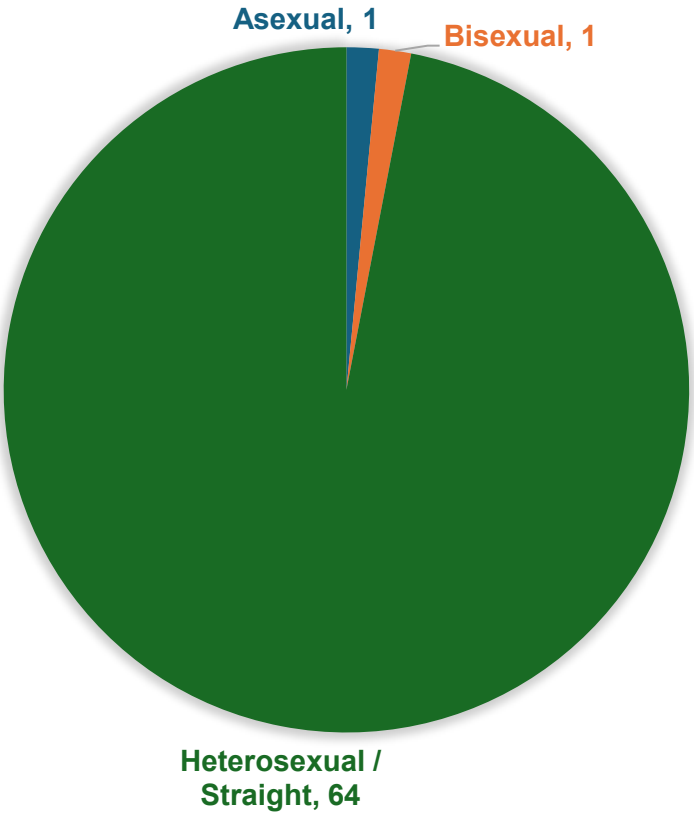


Chart 8: Employment status

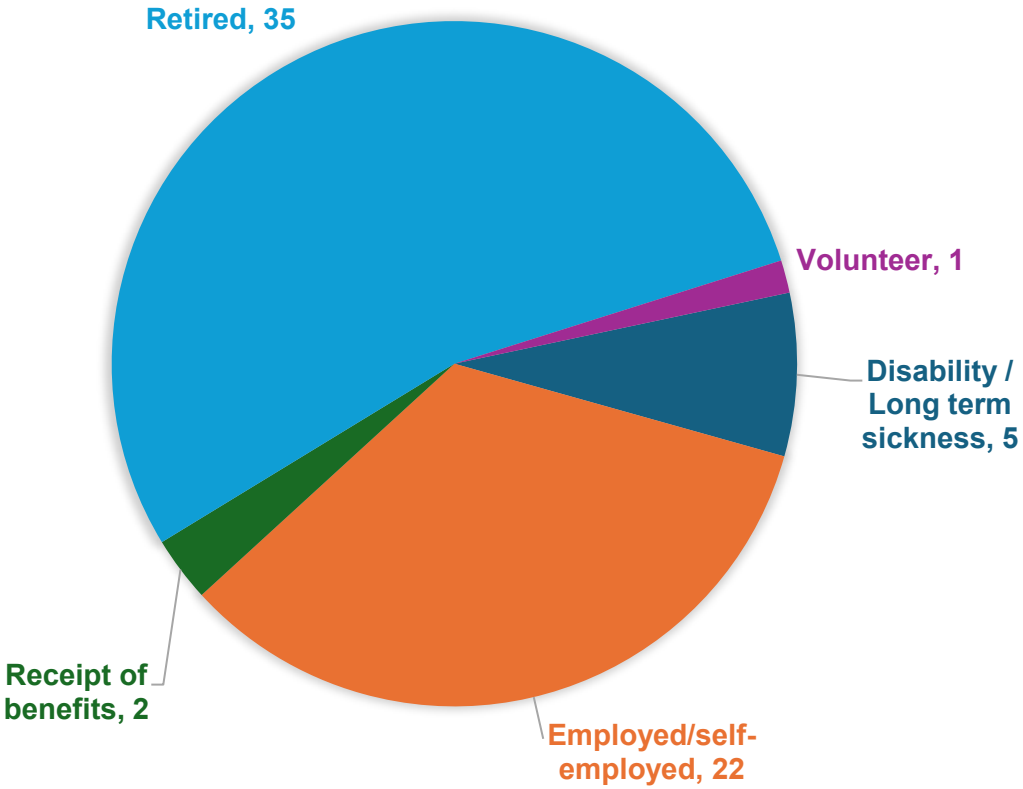


Chart 9: Disability

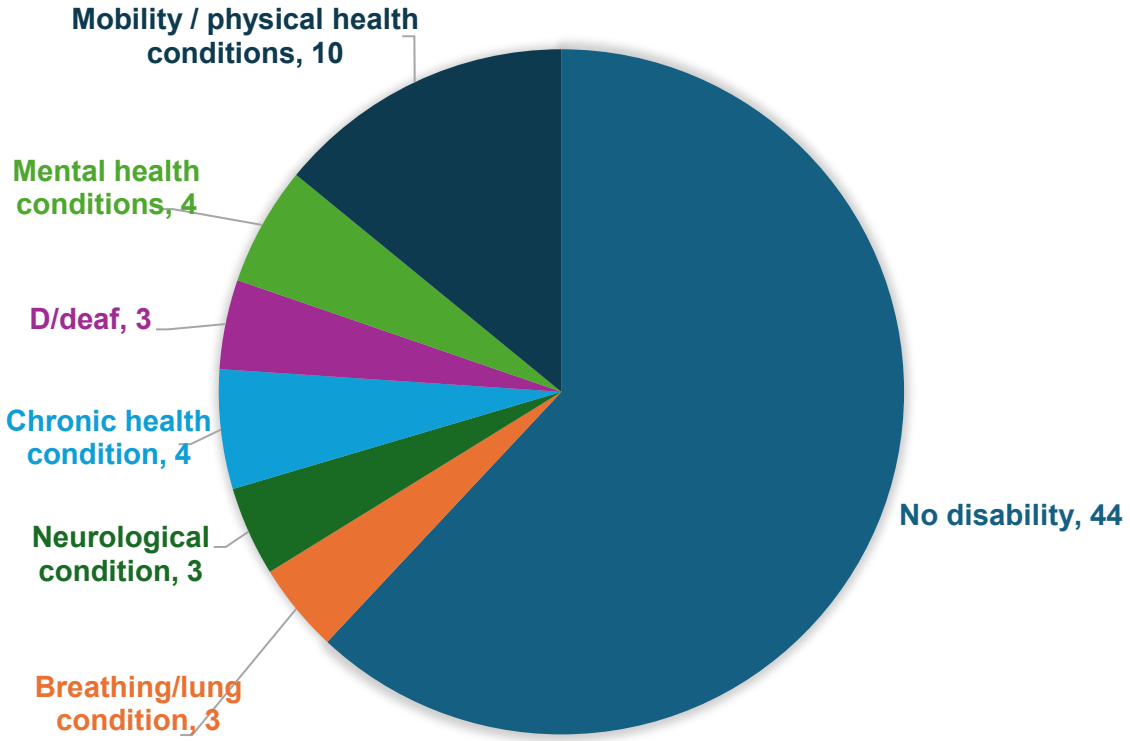


Chart 10: Armed forces (currently serving and veterans)

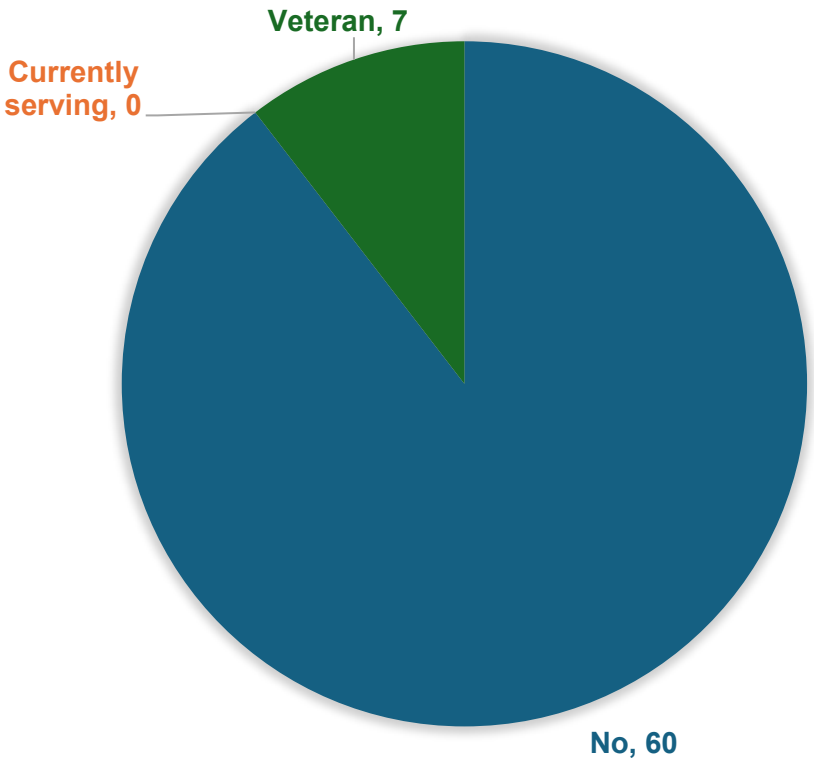
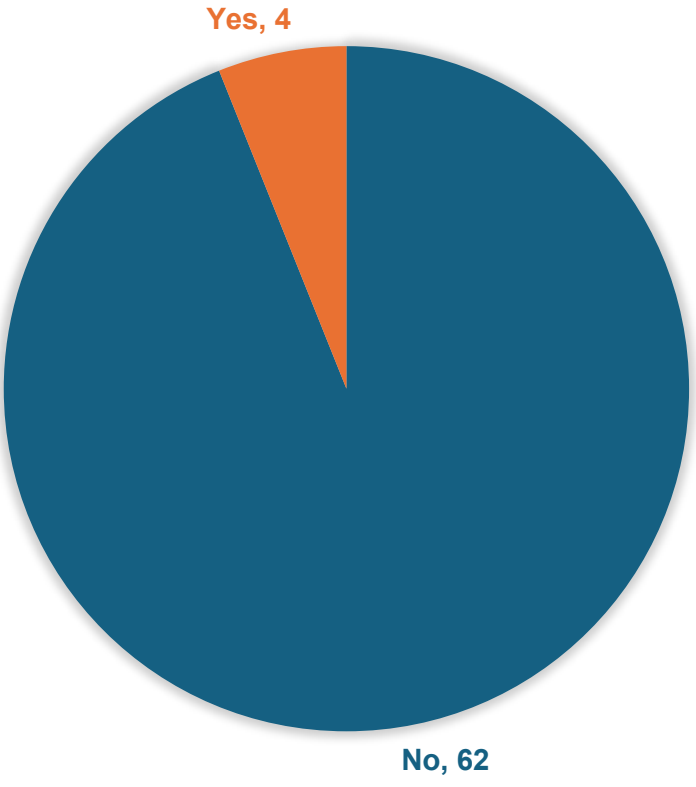


Chart 11: Carers



Appendix 2: Letter to patients

NHS
Greater Manchester

NHS Greater Manchester
The Tootal Buildings,
Broadhurst House,
56 Oxford Street,
Manchester,
M1 6EU

Ref: KS/ MTSPS

Dear Patient/ Service User,

Major Trauma Service Patient Survey

Across Greater Manchester, there are two Major Trauma Centres, where those patients who receive urgent lifesaving care are taken for treatment and we would like to hear from you about your experience of receiving this care.

Background
Services for people in Greater Manchester are currently provided from Greater Manchester Major Trauma Hospital (by the Northern Care Alliance) and Manchester Royal Infirmary (by Manchester NHS Foundation Trust).

NHS Greater Manchester is the commissioner of this service and is committed to ensuring that our Major Trauma provision delivers the best outcomes for our people, making the best use of the assets we have available, including estates (hospitals), workforce (staff), equipment and funding.

As part of this work, we are current part way through a process looking at options for how this is achieved, building on the services already in place.

Hearing from you
To assist us, we would really like to hear from those patients who were treated at a Major Trauma hospital, to hear about your experience from admission to discharge and onto further treatment and rehabilitation if that was part of your care.

Please use the QR code below, which will take you to a short survey, alternatively you visit https://getinvolved.gmintegratedcare.org.uk/en-GB/projects/Major-trauma.

NHS
Greater Manchester

If you would rather share your experience by telephone, you can contact a member of the engagement team either by gmhscp.engagement@nhs.net or 07786 673762, who will arrange a call back.

The survey will remain open to complete until Sunday 17th August 2025.

For our privacy notice, please visit:https://gmintegratedcare.org.uk/about/our-principles/keeping-your-information-safe/

Thank you for your support.

Yours faithfully

Katherine Sheerin
Chief Officer for Commissioning
NHS Greater Manchester