

## OPERATIONAL POLICY



## Classification: General

<b>Organisation</b>	Operational Delivery Network
<b>Document Purpose</b>	Guidance
<b>Title</b>	Wessex Trauma Network Operational Policy
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<b>Date</b>	October 2020
<b>Version</b>	1
<b>Linkages</b>	Network Peer Review Report Network Annual Report Network Objectives Network Work Plan
<b>Circulation</b>	Provider/Acute Trusts / Pre Hospital Commissioner organisations Operational Delivery Networks Integrated CS Strategic Transformation Partnerships NHS England and Improvement
<b>Description</b>	This Policy document reports on how the constituent parts of the Wessex Trauma Network operate within an Operational Delivery Network Model. This document underpins the National Major Trauma Peer Review Process.
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This Policy is subject to ratification by the Network Board

Version 1

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## Major Trauma Network Quality Standards 2019

Code	Measure	Page
D15/S/A-19-001A	There is a Network Governance Group	9
D15/S/A-19-002A	There is a network agreed transfer and repatriation protocol	12
D15/S/A-19-003A	There are network agreed pathways in place	13
D15/S/A-19-004A	There is an emergency preparedness plan	15
D15/S/A-19-005A	There is a network clinical lead for rehabilitation	14
D15/S/A-19-006A	There is a network strategy for training and education	TBA

## Background to Major Trauma Care in the England

Within England, Major Trauma care is delivered via an Operational Delivery Network (ODN) model<sup>1</sup>. In summary ODNs are focussed on coordinating patient pathways between providers over a wide area to ensure access to specialist resources and expertise. Provider clinicians should dominate their membership, as is the case in the WTN, though work closely with patients and other stakeholders. ODNs are currently funded through NHS England Specialised Commissioning.

Clinical Networks are widely recognised as an effective model to improve the standards of health care for defined groups of patients based on patient flows. These non-statutory organisations are designed to deliver a collaborative model of care to improve the experience and outcomes for specific groups of patients based on regional and local needs. Regional Trauma Networks went live across England in April 2012.

Major trauma is the leading cause of death in people under the age of 45 and one of the top 5 causes of death in the >60s. The National Audit Office<sup>2</sup> describes major trauma as serious and often multiple injuries where there is a strong possibility of death or disability. The severity of trauma is measured (retrospectively) on a scale known as the Injury Severity Score (ISS) which scores injuries from 1 to 75. Patients who have an ISS>15 are defined as having suffered from major trauma. Patients with an ISS of 9-15 have moderately severe trauma and are likely to benefit from the systems in place for the management of major trauma.<sup>3</sup>

Since the implementation of Trauma Networks in April 2012 there has been a significant reduction in in-hospital mortality for patients with major trauma. The most recent data from the Trauma Audit Research Network (TARN) suggests that mortality has reduced by over 30% since Trauma Networks went live.

### Purpose of Operational Policy

This policy document describes the process in which the major trauma system in the Wessex region operates within an inclusive networked model of care. This includes major trauma, rehabilitation and repatriation services and flexible, extended provision of multidisciplinary specialist care within the major trauma care pathway.

<sup>1</sup> NHS Commissioning Board. December 2012. "Developing Operational Delivery Networks. The Way Forward". <http://www.england.nhs.uk/wp-content/uploads/2012/12/develop-odns.pdf>

<sup>2</sup> National Audit Office. Major trauma care in England. 5 February 2010. <http://www.nao.org.uk/wp-content/uploads/2010/02/0910213.pdf>

<sup>3</sup> TRAUMA.ORG. Trauma Scoring. Injury Severity Score. <http://www.trauma.org/archive/scores/iss.html>

# Introduction to Wessex Trauma Network

## Wessex Trauma Network - Vision

The Wessex Trauma Network (WTN) will ensure patients are treated in the right setting, by the right people, at the right time. It will aim to achieve optimal outcome with integrated services from point of injury to return to independent living.

## Purpose of the Network

Members of the Wessex Trauma Network work collaboratively to ensure that all patients within the Network who require major trauma care receive the best care possible, in the most appropriate environment, at the most appropriate time. Members of the Network work together and openly share learning, experiences, knowledge, skills and best practice for the benefit of all patients with a requirement for major trauma care within the Network region.

## Wessex Trauma Network - Background

The Wessex Trauma Network (WTN) is one of seven Major Trauma Networks that cover the South of England. It has been operational since 2<sup>nd</sup> April 2012 and serves a population of approximately 3.3M. University Hospital Southampton (UHS) is the designated major trauma centre (MTC) for both adults and paediatrics for the Wessex region (Figure 1).

## Map - South of England Major Trauma Networks

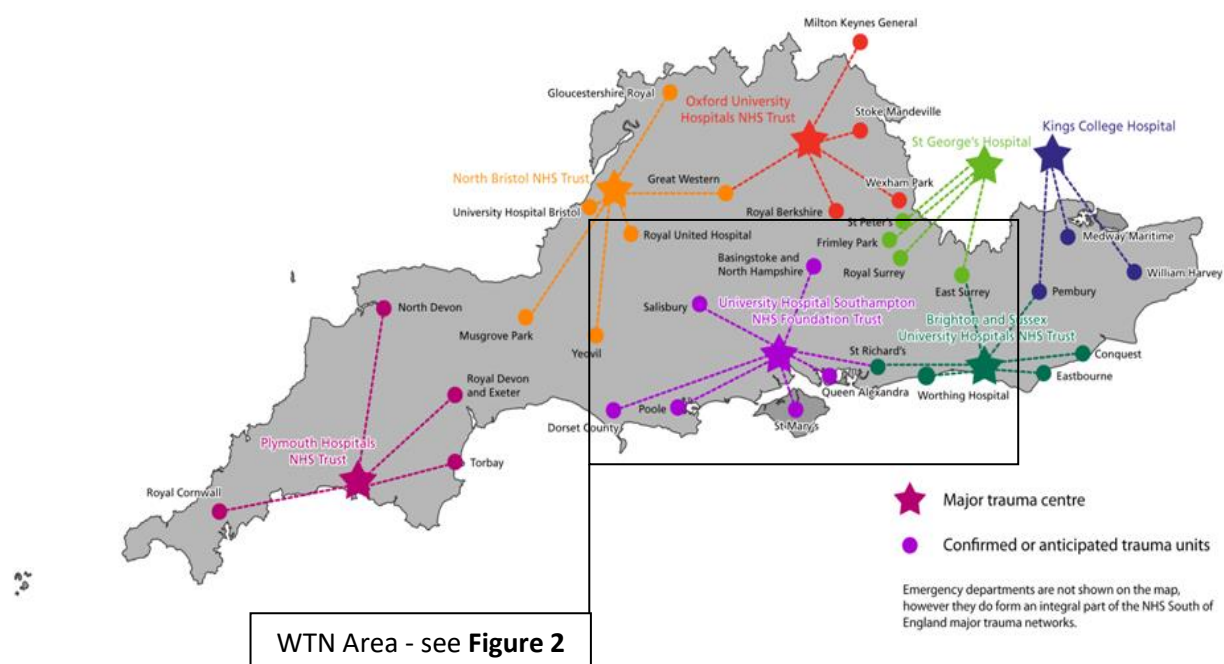


Figure 1

## Philosophy of Care

The Network facilitates the bringing together of clinicians and management staff to work together and share best practice in order to provide equity of access and care for all patients requiring major trauma care within the Wessex Region. All patients within the Network region can expect to receive the best care possible in the most appropriate environment in line with the 'Right Care' principles<sup>4</sup>. Patients are involved in decision making processes and are supported in the system.

<sup>4</sup> NHS Confederation. Royal College of General Practitioners. 2012. Making integrated out-of-hospital care a reality. Available <http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Making-integrated-out-of-hospital-care-reality.pdf>.

## Patient Profile

The Wessex Region has a mixture of urban and rural populations. The rural population consists of a mixture of increasingly elderly out towards the South Coast, particularly people who have retired and young families. The Network has some roads with high risk of accident including the M3 and M27 increasing the risk of road traffic accidents.

## Wessex Trauma Network - major trauma provision

The paediatric catchment area exceeds the Wessex region as two of our neighbouring MTCs (Plymouth and Brighton) are not designated for paediatric major trauma. In addition, the Brighton MTC is currently unable to receive adult patients with polytrauma involving brain, spinal or chest injuries. As such, patients from outside the Wessex region may be transferred in directly from those areas or there may be a request from a trauma unit in those regions for a secondary transfer to UHS. Trauma patients from the Channel Islands may also be transferred to UHS.

Within the Wessex major trauma network there are trauma units at Basingstoke, Salisbury, Poole, Dorchester, Portsmouth, Chichester and the Isle of Wight (Figure 2 below). Trauma units are able to receive patients with moderate trauma. They may receive patients with major trauma if the ambulance crew are concerned that the patient requires immediate and life-saving interventions, or if the distance to the MTC is greater than 60 minutes travel time. The schematic in figure 3 (overleaf) indicates how, at a high level a Major Trauma Network works. In addition there are local emergency hospitals at Winchester and Bournemouth. Patients with moderate or severe trauma should not be taken to these hospitals unless there is an immediate and life-threatening injury.

## Map - Wessex Trauma Network

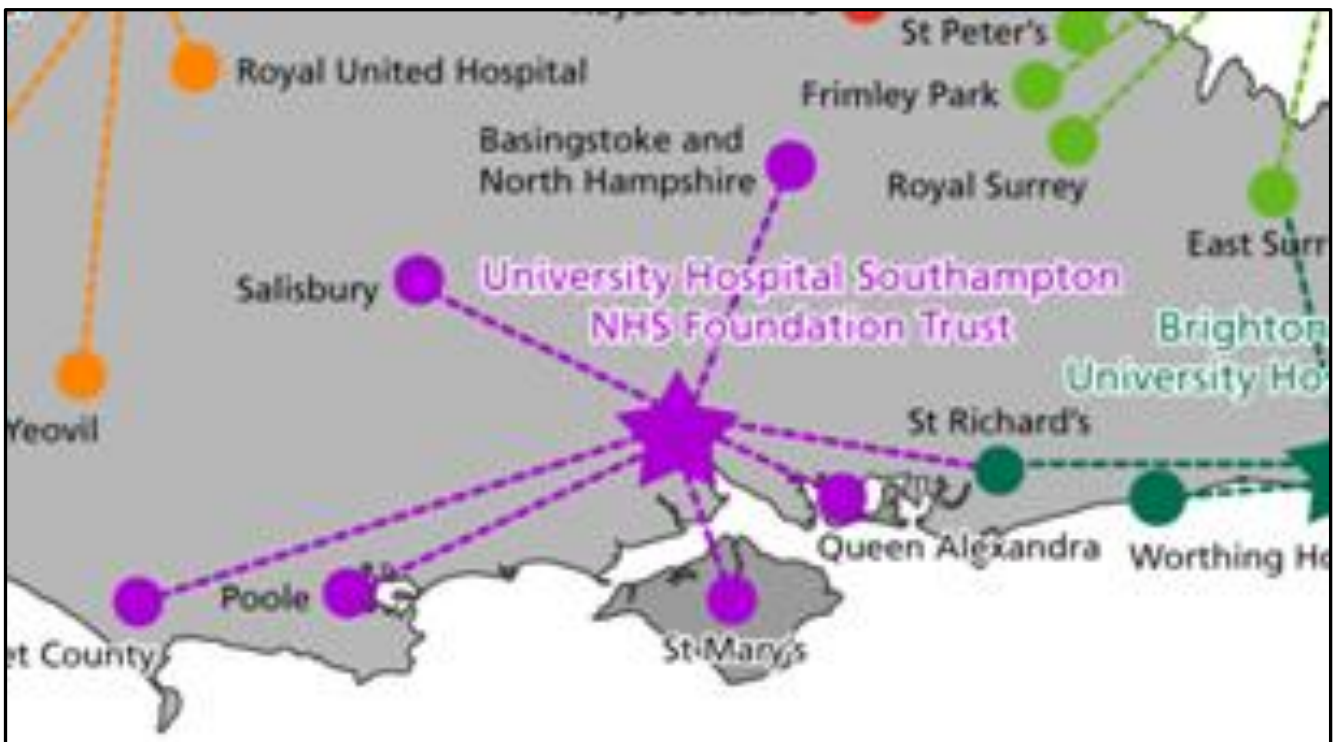


Figure 2

## Schematic of how a trauma network operates

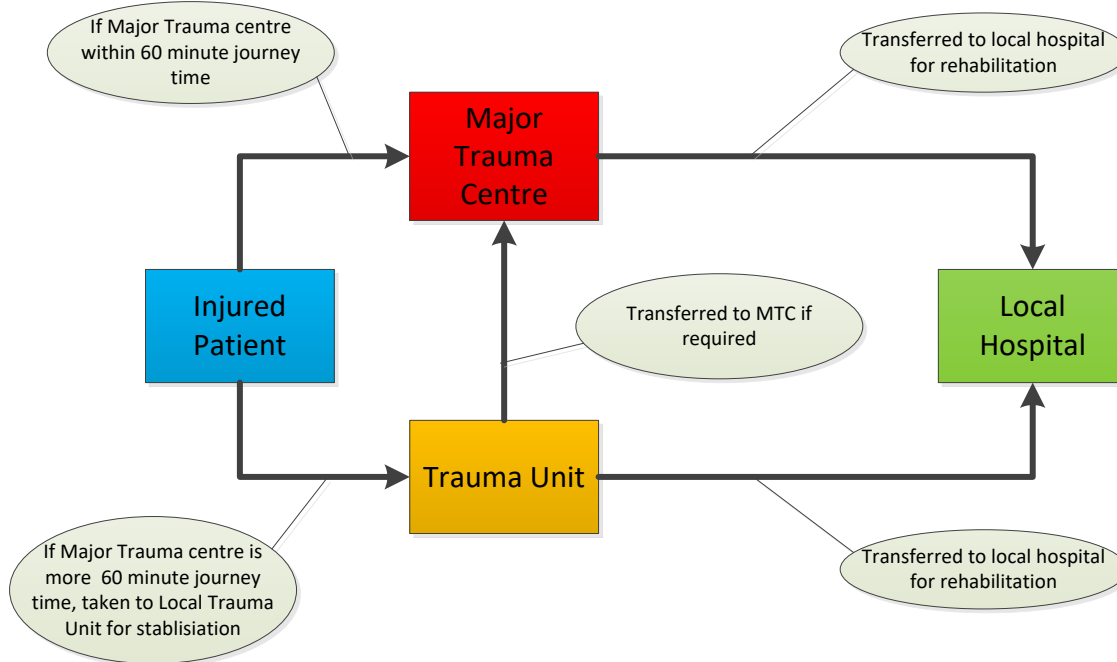


Figure 3

The WTN is served by a number of pre hospital providers the main ones being;

- South Central Ambulance Service NHS Foundation Trust (SCASFT)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- The Hampshire and Isle of Wight Ait Ambulance (HIOWAA)
- Thames Valley and Chiltern Air Ambulance (TVCAA)

The WTN is occasionally served by South East Coast Ambulance Service (SECAMB) and has had 12 air ambulance providers use the helipad in addition to the HIOWAA and TVCAA.

## Wessex Trauma Network Documentation

The WTN endeavours to strike a balance between asking Trusts to use network designed documentation and allowing them to either use their own Trust documents or their own internally designed documents. There are currently the following documents that the network designs, updates and requests that the MTC and TU's use:

- Trauma Booklet
- ATMIST Handover
- TU Trauma Call Criteria
- Governance Form

## WTN Governance Structure D15/S/A-19-001A

The WTN operates within an agreed governance model for both organisational and clinical governance. This is illustrated below.

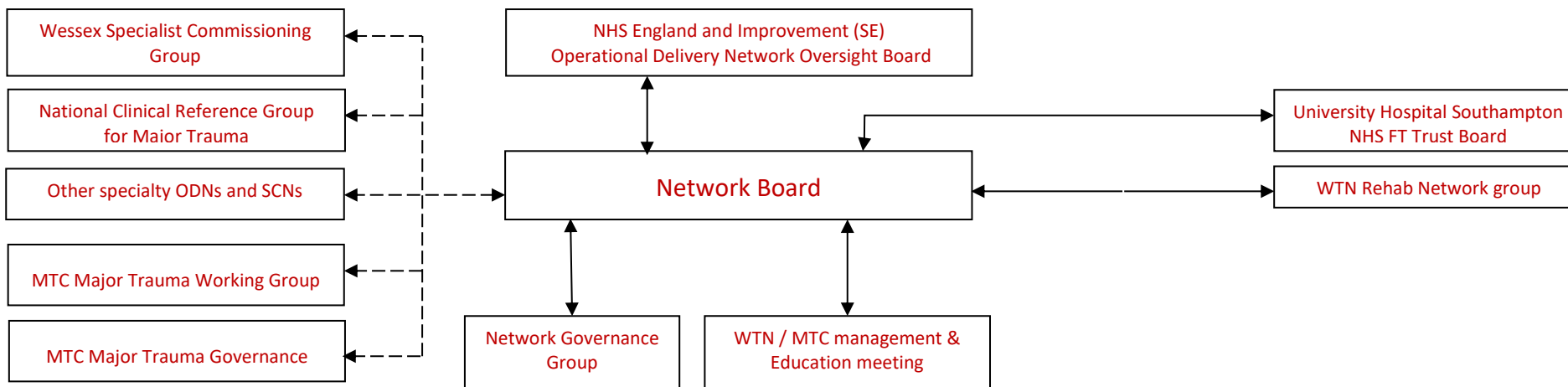


Figure 4

## WTN Clinical Governance

Any clinical concerns should generate an adverse event form as per WTN risk management policy ([Click Here](#)). All WTN adverse events are reported via the WTN incident reporting form ([Click Here](#)) and then entered onto the UHS SafeGuard system as per the WTN risk management Policy. WTN has been set up as an independent organisation on SafeGuard. This allows for reporting, investigating and closing of the events. The safeguard system can then be used to generate reports regarding trends. The SafeGuard system has automatic timelines built in and managers are automatically notified if an adverse event has not been actioned within 1 week and weekly reminders continue until the incident is closed. Utilising SafeGuard allows timely review of the issues with appropriate action as required. The clinical governance group meets bimonthly prior to the WTN Board Meeting. It is chaired by the WTN Governance Lead.

The WTN Risk Register is maintained by the WTN Governance lead and reviewed at every WTN Board meeting. The current risk register is available upon request.



## WTN Organisational Governance

An ODN Governance Framework<sup>5</sup> underpins the Network and the accompanying Toolkit<sup>6</sup> for ODNs is completed on an annual basis and presented to the Network Board. The completed Toolkit for 2020 is available on request.

The Network Board has delegated responsibility on behalf of the ODN Oversight Board for the region and works closely with its constituent member organisations and commissioning to develop and oversee the implementation of a major trauma strategy for the Network. Accountability of the Board is to the ODN Oversight Board. The Network operates under an agreed organisational structure which outlines accountability of the Board as illustrated in Figure 5 below:

## WTN Board – Terms of Reference

### Purpose

To ensure that high quality major trauma care is managed effectively across the Wessex Trauma Network implementing the national strategy and driving improved performance.

To deliver the objectives for the Wessex Trauma Network working in partnership with, Specialised Commissioning Group, Clinical Commissioning Groups (CCGs), Acute Provider Trusts and Ambulance Provider Trusts.

### Key Functions

- To develop a vision and strategic direction for the management of Major Trauma from scene of trauma through to the completion of the individual rehabilitation pathway for all ages
- To ensure that the quality assurance of commissioned major trauma services and that locally commissioned complex rehabilitation services meet the needs of major trauma patients of all ages across Wessex
- To hold the key elements of the Wessex Trauma Network to account for delivering quality
- To support the key elements of the Wessex Trauma Network to drive quality improvements and achieve excellence
- To promote the spread of best practice and innovative working across the Wessex Trauma Network
- To ensure that the key elements of the Wessex Trauma Network are joined up and aligned to driving quality throughout the patient pathway
- To commission network programmes of work to improve quality, to make more effective use of resources and to redesign pathways of care
- To ensure that network communications support the major trauma change agenda including rehabilitation
- To escalate issues to a regional level through the ODN Oversight Board as appropriate

### WTN Board Membership

- Chairing Clinical Director - Dr Bryan Macleod, Consultant in Emergency medicine, Portsmouth Hospital NHS Trust (Funded 1 x PAs).
- Governance Lead (and WTN Deputy Chair) – Claire Jackson Registered Nurse, Hampshire Hospitals NHS Foundation Trust
- Patient Representative – Shan Martin
- Jane Hubert– Associate Director of ODN’s NHS England and Improvement (SE),
- WTN Director of Major Trauma Rehabilitation - Peter Wareham, Salisbury Hospital NHS FT (Funded 0.2 WTE)
- MTC Director of Major Trauma – Dr Mark Baxter, Consultant Orthogeriatrician, UHS

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<sup>5</sup> September 2017. “Operational Delivery Networks Governance Framework”.

<sup>6</sup> July 2020. “Operational Delivery Networks Governance Framework Toolkit”.

(Funded 2 x PAs)

- MTC Director of Paediatric Major Trauma – Dr Clarissa Chase, Paediatric Emergency Medicine consultant, UHS
- MTC and WTN Manager – Emma Bowyer, UHS (WTN Funded 0.2 WTE)
- MTC Director of Major Trauma Rehabilitation - Dr Mark Baxter, Consultant Ortho Geriatrician, UHS.
- MTC Deputy Director of Major Trauma, – Professor Robert Crouch, UHS
- Clinical Lead, South Central Ambulance Service NHS FT – Mark Ainsworth-Smith, Consultant Pre-Hospital Care Practitioner
- Clinical Lead, South West Ambulance Service NHS FT – Owen Hammett, Clinical Development Officer
- Clinical Lead, Hampshire Hospitals NHS FT – Dr Lee Barnicott, Consultant in Emergency Medicine
- Clinical Lead, Portsmouth Hospital NHS Trust – VACANT
- Clinical Lead, Isle of Wight Hospital NHS Trust – Dr Thomas Lawal – Reilly, Consultant in Emergency Medicine
- Clinical Lead, Bournemouth Hospital NHS FT – Dr Elena Jalba, Consultant in Emergency Medicine
- Clinical Lead, Poole Hospital NHS FT – Dr Harry Adlington, Consultant in Emergency Medicine
- Clinical Lead, Dorset County Hospital NHS FT – Dr Kevin Samarasingha, Consultant in Emergency Medicine
- MTC Clinical Lead, Trauma and Orthopaedics – Mr Ali Phillips, Consultant Orthopaedic Surgeon
- MTC Senior Major Trauma Nurse Practitioner – Emma Tabenor
- MTC TARN Manager – Jane Smart
- CCG's from across the WTN area
- Hampshire and Isle of Wight Air Ambulance Representative
- Dorset and Somerset Air Ambulance Representative – Owen Hammett
- CoastGuard Representative
- Lead Managers for Trauma from Trauma Units

The WTN meetings are open to anyone wishing to attend and regular attendees include:

- MTC Major Trauma Anaesthetists
- MTC Major Trauma Clinical Coordinators
- MTC Major Trauma Service Improvement Fellow

### WTN Board Frequency of Meetings

Meetings are held bi-monthly (with the exception of August) on the 2<sup>nd</sup> Tuesday of the month. Meetings will be held virtually via MS teams with a minimum of one face to face meeting per year.

### Delegated Authority

The Wessex Trauma Network authority is from the ODN Oversight Board which it represents.

### Reporting Arrangements

Constituent members of the Group will report to their respective boards, in particular NHSEI (SE) ODN Oversight Board. Copies of the agenda or minutes from the WTN Board meeting are available on request.

# WTN Operational Policy

## Maintaining patient flow across the WTN

All patients with major trauma are transferred to MTC on a send and call basis. Patients with severe major trauma who do not require immediate intervention are transferred if the drive time is less than 60 minutes, otherwise they pit stop in a TU for re-triage and are then transferred to the MTC if required. This is facilitated via the use of the following tools:

### Trauma Unit Bypass Tool (TUB)

The WTN operates a TUB. The TUB tool was reviewed in 2020 in light of the COVID pandemic and a slight amendment made. The latest version can be found [here](#). The tool is designed to enable paramedics to transfer patients with potential major trauma, direct to the MTC rather than to a hospital unable to provide definitive care for that patient. The paramedic will pre-alert the emergency department at UHS of the arrival of a patient with potential major trauma and provide an ATMIST summary (Age, Time of injury, Mechanism of injury, Injuries identified/suspected, vital Signs, Treatment. There should be no discussion about the appropriateness of the decision making by the paramedic. The patient will be accepted by the Emergency Department at UHS. Any concerns regarding appropriate use of the TUB tool will be conducted after the event and through formal governance channels.

### Automatic acceptance /secondary transfer D15/S/A-19-002A

The WTN underpins the trauma system in the region which operates a hub and spoke model consisting of the Major Trauma Centre and six Trauma Units. Patient transfer is an inevitable aspect of the system and to ensure the timely transfer to the MTC from TUs the Network has the 'Wessex Trauma Automatic Acceptance / secondary transfer Tool' [Click Here](#) which, where appropriate, allows for immediate transfer from the TU to MTC with no prior acceptance from the MTC. The referring trauma unit or local receiving hospital will phone the emergency department and indicate that this patient is an 'automatic acceptance' patient. The emergency department will make preparations to receive the patient and alert the relevant teams such that actions can be taken for definitive care. The referring TU or LEH will also contact the relevant team to provide them with detailed information regarding the patient and ensure that any imaging is available.

In addition the automatic acceptance / secondary transfer tool allows for less urgent transfers to take place and the timeliness of these transfers is monitored within TARN reporting.

Any concerns regarding appropriate use of the secondary transfer tool will be conducted after the event and through formal governance channels. Paediatric secondary transfers are coordinated via the SORT (Southampton / Oxford retrieval team) on 023 8077 5502.

## Repatriation

The Wessex Trauma Network has a repatriation policy ([Click Here](#)) is based on the principles found in the Major Trauma Repatriation principles and its appendices.<sup>789</sup>

This aspires to all patients being transferred back to their local hospital for either rehabilitation or on going care within 48 hours of acceptance by a Medical team at the local hospital. The Major Trauma Nurse Practitioners and Specialist Nurses oversee this process. The Rehab Prescription and Directory of Rehabilitation Services support this process. The SOP highlights the escalation procedures if patients either aren't accepted by a medical team at their local hospital or if a bed isn't available. Escalation is included up to and including executive level if required.

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<sup>7</sup> Major Trauma Repatriation principles 2020 - NMTS

<sup>8</sup> Appendix 1 MT Network –Network Repatriation – final June 2018 MT&B CRG

<sup>9</sup> MT Repat Principles appendix 2 flowchart June 20 v5

The combination of the TUB tool, secondary transfer / automatic acceptance and timely repatriation of patients enables the WTN to work towards its vision to ensure patients are treated in the right setting, by the right people, at the right time.

## Supporting safe patient care across the WTN

To ensure continuity of care, to aid physician to physician communication and ensure equitable care the following are all in place across the WTN:

### Teleradiology Facilities

There are teleradiology facilities between the MTC and TUs allowing immediate transfer of images 24/7. The Network has an agreed Radiology protocol and the implementation and sharing of radiology images across the Network is via Image Exchange Portal (IEP).

### Trauma Management Guidelines D15/S/A-19-003A

The Network has a number of agreed clinical guidelines. These are evidenced in the MTC Operational Policy and can be found [here](#). Management of the injuries below utilise the guidelines.

- **Management of Severe Head Injury**

Neurosurgery at University Hospital Southampton NHS FT (MTC) is a regional service and as such there are consultants on call 24/7 and resident registrars 24/7 for neurosurgery. There is process and guidance in place in the Network to manage patients with severe head injury in the MTC<sup>13/14</sup>

<http://www.neuroicu.org.uk>

- **Management of Spinal Injuries**

Patients with a spinal injury follow the clinical pathway and protocols in use in the Salisbury Spinal Unit . All spinal cord injured patients are referred to Salisbury and are reviewed regularly by the spinal liaison nurses.

- **Network Transfusion Protocols**

The Network has Transfusion Guidance within its clinical guidelines . This ensures that each hospital in the Network, receiving patients with the potential to have major trauma, has a policy and protocol for massive transfusion (tailored for local circumstances). Trust Policies outline the process for delivering the transfusion needs in trauma patients with major haemorrhage and detail the responsibilities of the clinical team in terms of activation and administration of the transfusion including the impact on blood stocks. Additionally the administration of tranexamic acid and blood products is included.

- **Network CT Protocol for Adults**

Candidate major trauma patients undergo standardised CT scan which is transferred via the IEP system to the MTC if required. Images from the MTC are transferred back with the patient via IEP to the PACS in the TUs if required. The Network has an agreed CT Imaging Protocol. Adult patients with polytrauma will normally have a trauma CT. This should ideally be accomplished within 30 minutes of arrival in the emergency department. To streamline the process and ensure identification of all life-threatening injuries, the same CT is requested for all patients. Additional imaging, such as peripheral limb angiography is inappropriate and should not be performed.

Paediatric trauma cases will be discussed with the radiologists on an individual basis and follow guidance from the British Society of Paediatric Radiologists.

- **Designated Specialist Burns Care**

The Network operates within the South West Burn Care Network. Burn patients are transferred to the Burns Unit at Salisbury Hospital NHS Foundation Trust with major burns being transferred to Cardiff as the regional Burn Centre, via the National Burn Network. There is a WTN Burns Triage Tool in operation and can be found in the WTN guidelines.

## WTN Rehabilitation

### Overview of WTN Rehabilitation Services

Patients in the Wessex region should have access to rehabilitation services to meet their individual needs. The principle of patients receiving specialist care appropriate to their injuries is fundamental to the Wessex Trauma Network and within the Network, patients requiring rehabilitation following major trauma should have the same access to the same level of care no matter where in the region they enter the system. It is essential that both the physical and emotional requirements of these patients are addressed in order to ensure an improved outcome and experience for these patients. The rehabilitation prescription defines the level of rehabilitation required and the main specialty involved. It also serves to highlight any gaps in service.

The WTN is serviced by multiple rehabilitation services both in the MTC, TUs, specialist centres and community services. There are NHS, private and voluntary sector organisations relevant to patients who have experienced trauma.

The WTN currently has no specialist inpatient rehabilitation for patients with musculoskeletal injuries. The MTC has undertaken an audit that identified patients experiencing delays in accessing rehabilitation. There are also some geographical inequalities with neurological, psychological and vocational rehabilitation services which have been highlighted in the WTN 'Rehabilitation Vision Document' (available for on request)

### WTN Directory of Rehabilitation Services [available here](#)

The Network has a Directory of rehabilitation services; this is available on the Wessex Trauma Network website. This is regularly updated by members of the Wessex Trauma Network Rehabilitation Group. This gives details of the rehabilitation services across the network so patients and clinicians can see clearly and easily what services are available in their locality.

### Referral to Rehabilitation Services and Rehabilitation Prescriptions

Referrals are made to Rehabilitation services. Patients with on-going needs are transferred either directly to appropriate rehabilitation facilities or back to the most appropriate teams in their TUs. The repatriation SOP previously discussed underpins this process. The Rehabilitation Prescription is completed (example available on request) and is given to the patient when they transfer or when they are discharged home.

The MTC has a well-developed RP that complies with BPT requirements. Rehab prescriptions within the TU's are at varying stages of development.

### Network Director of Rehabilitation D15/S/A-19-005A

The Network has a long standing Director of Rehabilitation who has just stepped down from the role. The Network are in the process of appointing a successor into this important role. The Director takes the lead for major trauma rehabilitation in the region and Chairs the Network Rehabilitation Group. The post-holder sits within the management structure of the Network and has a defined Job Description.

## WTN Service evaluation and Feedback

The MTC participates in the collection of MT PROMS (Patient Related Outcome Measures). The volunteers within the Trust are utilised to collect this information from patients. Those patients that are captured whilst inpatients within the MTC are then followed up at 6 months from TARN. It is anticipated that the collection of this data will inform a better understanding of the effects of long term trauma.

## WTN Emergency Planning D15/S/A-19-004A

The Network has developed a Wessex Trauma Network Incident response plan. This is to support and not replace the existing escalation arrangements within the WTN organisations. The plan can be found on the Wessex Trauma Network website [here](#). Importantly the WTN incident management plan contains arrangements in the event of the MTC not being able to fulfil its obligations as an MTC and identifies the divert MTC's for each of its TU's.

In addition to the WTN Incident management plan the WTN has been actively involved in the development of a Pan South Adult Major Trauma OPEL escalation framework. This identifies the OPEL levels and triggers within each level for a Major Trauma Network under pressure and the communication and actions that should take place to de-escalate back to business as usual.

## Audit and Research

The network is research active and supports primary research as well as participation in national studies/trials that are part of the NIHR portfolio. The network has firm links with the University of Southampton locally and as links to other Universities through research collaborations with Prof Crouch and Dr Baxter. We are linked to research groups leading innovative research in older persons trauma as well as major trauma resuscitation. We have a number of primary research studies that have been developed by MTC clinicians and we are active collaborators on a number of other studies. Governance of data requests for TARN data are managed through the MTC office. R&D Activities in the MTC are overseen by Prof Crouch and Dr Baxter.

## Trauma Audit Research Network (TARN)

All Network hospitals submit data to TARN. TARN Data Completeness is a standing agenda item on the WTN Meeting Agenda and it is measured on this basis. The MTC supports its TU colleagues in relation to TARN data collection and regularly facilitates TARN staff visits to assist TU TARN teams and also at the MTC site. The network actively follows up poor TARN data completeness performance with letters to appropriate organisations and individuals.

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