

Annual Report 2021

Wessex Trauma Network



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Description	This report provides a brief summary of network activity and achievements during the last year. The report is one of a suite of three documents which underpin the National Major Trauma Peer Review Process and key measures are indicated throughout. Further information signposted in this report is included in a separate evidence folder available for viewing on the day of review.
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This Policy is subject to ratification by the Network Board	

Foreword

The Wessex Trauma Network (WTN) went live on the 2nd April 2012. Since then the network has matured into a strong and effective organisation which is an excellent example of collaborative working.

Over the past year, members of the WTN have shown resilience during the challenges of the COVID 19 pandemic whilst using innovation, creativity and teamwork to ensure the continued high standard of trauma care that has resulted throughout.


Numerous work streams have been initiated and completed alongside the dramatic uplift in both regional and national reporting requirements. The WTN has been fully involved in the National Major Trauma Network workstreams invoked as part of the National NHS response to the COVID 19 pandemic. This has led to greater inter-network liaison and improved readiness to provide mutual aid if and when it might be required.

I am proud to be part of an organisation that have excelled in coping with the challenges and short notice changes that have been required whilst ensuring that our core business of providing excellent trauma care for patients throughout Wessex has not faltered.

We go into our 10th year a more robust organisation, ready to work with the new Integrated Care Systems to ensure that the present outstanding trauma care available in Wessex continues to be developed and supported.



Dr Bryan Macleod
Chairing Clinical Director
Wessex Trauma Network



Emma Bowyer
Manager
Wessex Trauma Network

Contents

Foreword	3
Introduction and Background.....	5
Network Function.....	6
Purpose of the Network	6
WTN Board Membership.....	7
WTN Board Frequency of Meetings	7
Delegated Authority	7
Reporting Arrangements	8
Mission Statement.....	8
WTN Network Board – Terms of Reference	8
Vision	8
Purpose.....	8
Summary of Activity, Performance and Key Achievements / Work Plan.....	8
Performance and Key Achievement.....	8
Other Activity.....	9
Trauma Unit and Pre Hospital Peer Review	10
Development of the existing Clinical Governance Framework within the Network.....	10
Development of Operational Network Governance	10
Other Areas of Work.....	11
Summary and Way Forward	12
.....	13
Figure 1 Trauma Networks of the South of England	5
Figure 2 Rolling outcome from 2012 to date	9
Figure 3 Comparison of Trauma Network Outcome Performance	9

Introduction and Background

The Wessex Trauma Network (WTN) has been operational since 2nd April 2012 and serves a population of approximately 3.3M. University Hospital Southampton (UHS) is the designated major trauma centre (MTC) for the both adults and paediatrics for the Wessex region (Figure 1 and 2). The paediatric catchment area exceeds the Wessex region as two of our neighbouring MTCs (Plymouth and Brighton) are not designated for paediatric major trauma. 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.

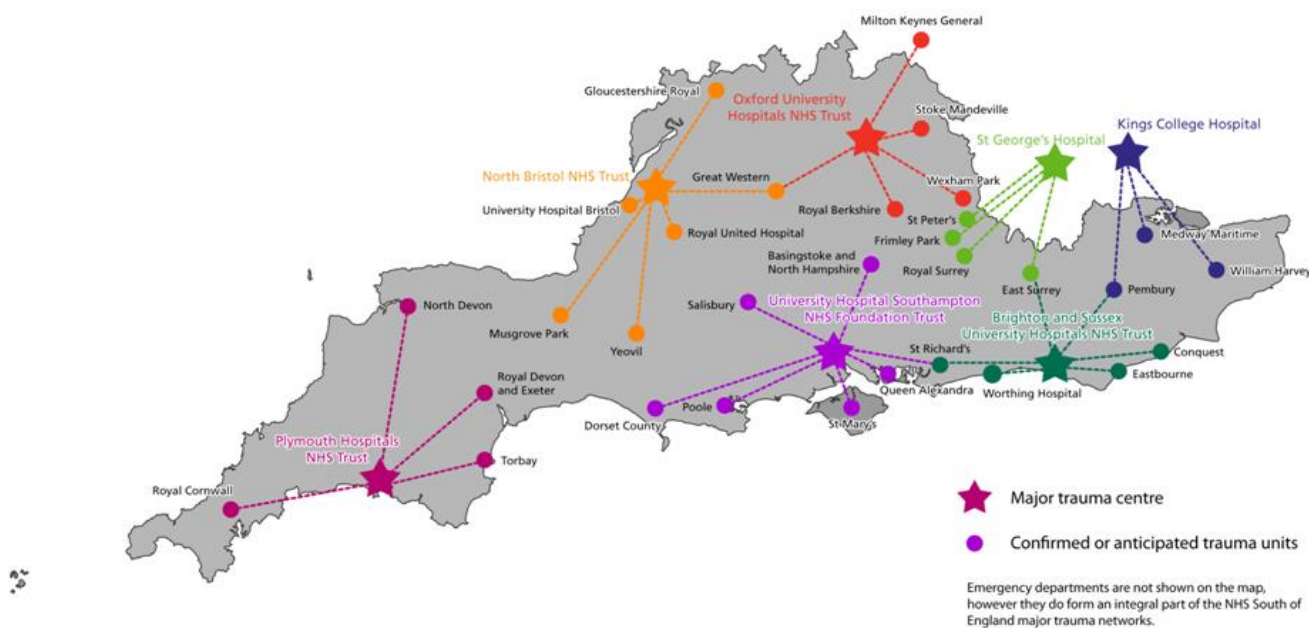


Figure 1 Trauma Networks of the South of England

Within the Wessex major trauma network there are trauma units at Basingstoke, Salisbury, Poole, Dorchester, Portsmouth and the Isle of Wight (Figure 1). 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. 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.

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

- South Central Ambulance Service NHS Foundation Trust (SCAS)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- The Hampshire and Isle of Wight Ait Ambulance (HIOWAA)
- Dorset and Somerset Air Ambulance (DSAA)
- 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.

The WTN operates within an Operational Delivery Network (ODN) model¹. 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 Specialised Commissioning, but are provider hosted.

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.

Network Function

The WTN has a number of key functions which are outlined below:

- To develop and implement 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, founded on the principle of caring for the patient at the right time in the right place with the right people and resource.
- 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 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.

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.

¹ 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>

WTN Board Membership

Membership of the WTN Board comprises:

Network Role	Name and Occupation	Organisation
Clinical Director	Dr Bryan Macleod, Consultant in Emergency Medicine	Portsmouth Hospitals University NHS Trust
WTN Deputy Clinical Director, CG Lead and WTN Lead Nurse	SSR Claire Jackson	North Hampshire Hospitals NHS FT
MTC and WTN Manager	Emma Bowyer	University Hospital Southampton NHS Foundation Trust
MTC Director of Major Trauma	Dr Mark Baxter, Consultant Orthopaedic Geriatrician	University Hospital Southampton NHS Foundation Trust
MTC Director of Paediatric Major Trauma	Dr Clarissa Chase Consultant in Paediatric EM	University Hospital Southampton NHS Foundation Trust
MTC Deputy Director of Major Trauma	Dr Chris Hill, -Consultant in Emergency Medicine	University Hospital Southampton NHS Foundation Trust
WTN Director of Major Trauma Rehabilitation	Was Peter Wareham Senior Physio – Now out to advert.	Salisbury Hospital NHS FT
Patient / Public Representative	Mrs Shan Martin	Patient / Public
SCAS Clinical Lead	Mark Ainsworth-Smith, Consultant Pre-Hospital Care Practitioner	South Central Ambulance Service NHS Foundation Trust
SWAST Clinical Lead	Mr Owen Hammett	South West Ambulance Service NHS Foundation Trust
TU Clinical Lead	Dr Lee Barnicott, Consultant in Emergency Medicine	North Hampshire Hospitals NHS FT
TU Clinical Lead	Dr Joe Schrieber, Consultant in Emergency Medicine	Portsmouth Hospitals University NHS Trust
TU Clinical Lead	Dr Robin Beal, Consultant in Emergency Medicine	Isle of Wight Hospital NHS Trust
TU Clinical Lead	Dr Sarah Assheton, Consultant in Emergency Medicine	Salisbury Hospital NHS FT
TU Clinical Lead	Dr Harry Adlington, Consultant in Emergency Medicine	Poole Hospital, UHD NHSFT
LEH Clinical Lead – Planning of upcoming conversion to TU	Dr Elena Jalba, Consultant in Emergency Medicine	Royal Bournemouth Hospital, UHD NHSFT
TU Clinical Lead	Dr Kevin Samarasingha, Consultant in Emergency Medicine	Dorset County Hospital NHS FT

Table 1- WTN Board Members

WTN Board Frequency of Meetings

Meetings are held bi-monthly and for the past year have occurred virtually utilising MS Teams.

Delegated Authority

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

Reporting Arrangements

The Executive board of the WTN report to the NHS South East ODN Oversight Board and other constituent members of the Group report to their organisations.

Mission Statement

The Wessex Trauma Network mission is to work collaboratively in order 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.

WTN Network Board – Terms of Reference

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

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.

Summary of Activity, Performance and Key Achievements / Work Plan

Performance and Key Achievement

The WTN has demonstrated a continued improvement in clinical performance since its inception. This is based on the Ws figure as calculated by TARN. This is a figure of Case Mix Standardised excess rate of survival or commonly considered the rate of unexpected survivors. The following figures are taken from the TARN Network Clinical report² from March 2021 which can be found on the [WTN Website](#).

Having had a positive Ws figure at the point of inception (fig. 2), the reporting of data by all units with the WTN demonstrated that the performance was not what it should be. Since then there has been a consistent improvement resulting in figures at the end of 2020 with a combined W figure of 0.91 (95% CI 0.46-1.36).

This means that as a whole the WTN has more patients surviving that would be expected and when compared with other Trauma Networks (fig. 3) it is the 4th highest when compared on terms of this.

This is a great feat and testament to the hard work of all teams from the point of injury to rehabilitation.

² Tarn Clinical Report for WTN – March 2021 – hosted on Wessextraumanetwork.com

Wessex Trauma Network
 Rolling Outcome Analysis
 Outcome at 30 days or discharge

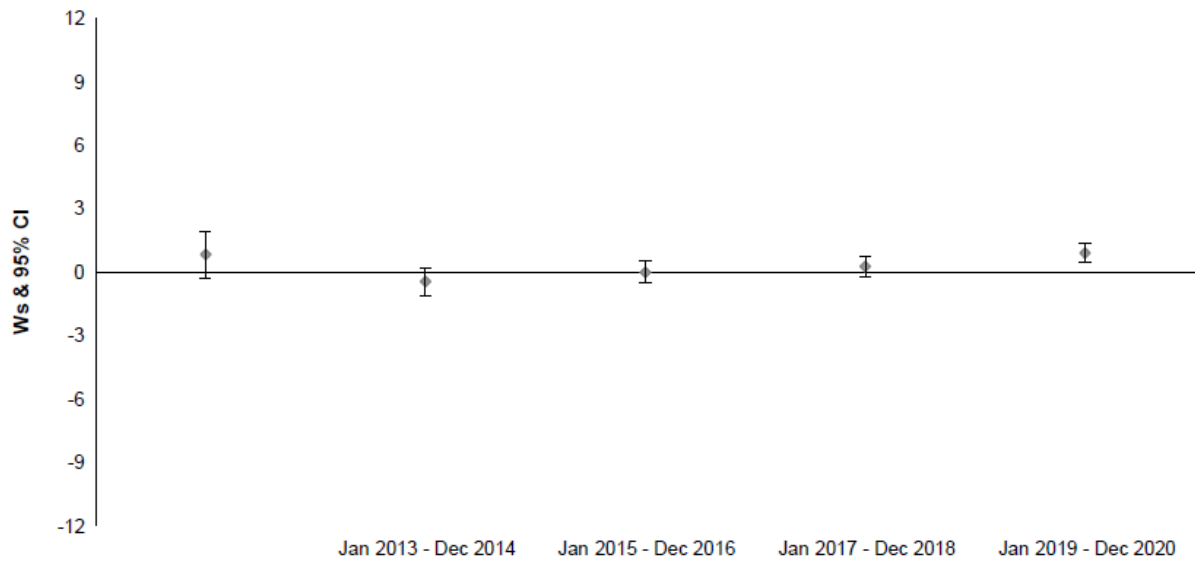


Figure 2 Rolling outcome from 2012 to date

Wessex Trauma Network
 Trauma Network Comparative Outcome Analysis - 01 January 2019 to 31 December 2020
 Outcome at 30 days or discharge
 Wessex Trauma Network is highlighted

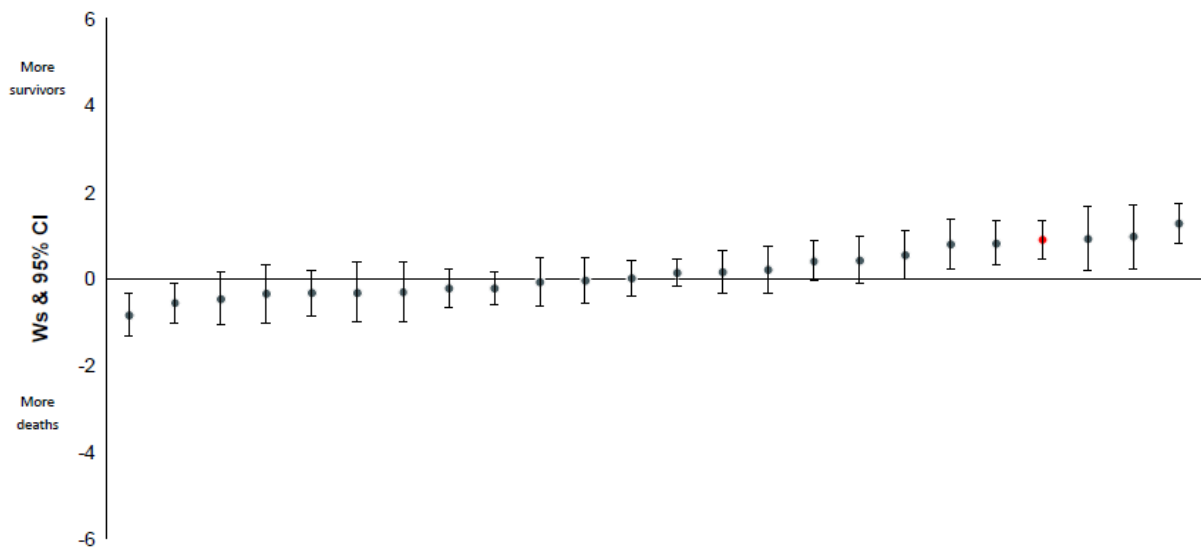


Figure 3 Comparison of Trauma Network Outcome Performance

Other Activity

The WTN set some priorities out for 2020/21 which formed the WTN Work Plan, these included:

- Trauma Unit and Pre Hospital Peer Review
- Development of existing Clinical Governance Framework within the Network
- Development of Operational Network Governance.

Trauma Unit and Pre Hospital Peer Review

There had been an extended hiatus since the last Trauma Unit (TU) and Pre Hospital Peer Review in WTN. It had been planned to complete this in May, but COVID prevented this.

Due to the importance of preventing a further gap to occur, the Peer Review process occurred in December by means of electronic submissions and virtual meetings with personnel from each of the TUs and SCAS. SWASfT Peer Review is undertaken by the Peninsula Trauma Network on behalf of the 3 TNs that it serves – Peninsula, Severn and Wessex.

The Peer Review process was well received, with fulsome engagement by all parties. Some excellent practice was identified alongside areas in need of development and support. These areas now form the basis for the individual TU work programmes for the coming year.

The responses from the units following the receipt of their reports have been very positive and things are already moving on at a pace to be ready for the next review later this year.

Development of the existing Clinical Governance Framework within the Network.

Clinical Governance (CG) reporting and investigation has always been of paramount importance to the WTN and when the Clinical Director role was split to give the Deputy Clinical Director responsibility for CG it allowed this to be developed further.

Over the past year, this has involved:

- Development of the reporting mechanism to facilitate secure electronic submissions
- Utilisation of the Incident Reporting system of the host organisation (UHS) to facilitate:
 - Improved recording of events
 - Robust platform for the recording of outcomes
 - Searchable platform to enable incident pattern recognition in order to identify high frequency / high risk occurrences.
- Development of the WTN Risk Register alongside a new Risk Reporting SOP
- Improved process for the review of the ISS>15 patients which has helped make it a useful tool to identify patterns within and between units to help improve future care.

Development of Operational Network Governance

In a similar fashion to the TU Peer Review Process, the Governance structure for the Operational aspects of the Network had not been developed for several years.

This has rectified by means of a number of pieces of work undertaken over the past year. These include:

- [WTN Operational Policy](#)³
- [WTN Incident Response Plan](#)⁴
- [WTN Repatriation and Transfer SOP](#)⁵

³ wtn-operational-policy-2021-version-1.2-002.pdf – hosted on Wessextraumanetwork.com

⁴ wtn-incident-management-plan-v4.6-apr-20-2021.pdf – hosted on Wessextraumanetwork.com

⁵ wtn-repatriation-sop-v1.3-may-2020.pdf – hosted on Wessextraumanetwork.com

- Gap analysis against the ODN Governance Framework Toolkit⁶

As part of the COVID 19 response, WTN has been working closely with the National Major Trauma Team and our neighbouring Trauma Networks in the South. This has resulted in:

- Development of the Adult Major Trauma ODN Supra Regional Escalation Framework as a key contributor
- Development of new communication groups to facilitate real time passage of information between the clinical teams of networks. This is addition to improved regional communication channels and would be essential in the provision of mutual aid in the event of a major incident.
- Improved links with the Burns Network.
- Development of a new SOP for the MTC and TUs in order to upload their status with regard to trauma care provision. This has been through multiple iterations during the year but has resulted in 100% of the WTN facilities reporting regularly. This performance has been commended by the National Team during the regular meetings that have occurred.
- 100% Attendance at the weekly National Major Trauma Team calls during the COVID 19 response and responding / changing policy based on these meetings often at short notice.

Other Areas of Work

As well as the multiple asks that have occurred during the COVID 19 response, the WTN team have also managed to:

- Develop a new website which hosts the network policies and SOPs. It also has a Rehabilitation Directory, the network meeting records and links to useful learning resources. This has been requested by a number of the WTN team for a long time as it improves version husbandry and easy access for all clinical staff. This website can be found at www.wessextraumanetwork.com
- Review of the rehabilitation services available across the region with multiple interviews with members of the rehabilitation team in order to write the [Rehabilitation Vision for Wessex Trauma Network](#)⁷ document that has been sent to all involved ICSs, CCGs and Trust providers and has started good communication about how the shortfalls might best be addressed. This is obviously not a short term project, rather the start of what will hopefully take us forward for the next 5-10 years.
- 3 month review of work patterns / output of the contracted WTN team in order to justify spend going forward alongside a realigned budget.
- Maintenance of regular Network Board and Executive Board Meetings.
- Maintenance of ISS>15 Reviews

⁶ Shepherd, S. C. April 2017. Operational Delivery Networks, Governance Framework v1.5. Unpublished – available at sue.shepherd@emas.nhs.uk

⁷ wtn-vision-document-nov-2020-v4.pdf – hosted on Wessextraumanetwork.com

Summary and Way Forward

As the Wessex Trauma Network approaches 10 years, it might be considered a mature ODN and this year has demonstrated that it is able to cope with multiple changes yet maintain its core business of ensuring the best possible care for all trauma patients within its boundaries.

The re-instigation of the formal Trauma Unit / Prehospital services Peer Review process has been a really important achievement this year. This will allow focused work plan development in each of the units and facilitate ongoing improvement by means of annual review and development of accountability for the provision of trauma services by the units.

The Network looks forward to working with the new ICSs as well as longer established groups to help progress changes in the provision of services especially those related to rehabilitation and return to work.

To reinforce what is known but not often voiced, that the strength of our network is the members. Their involvement and determination have created the environment where WTN is able to demonstrate that it is a high performing trauma care network. I am proud to be part of it and thank each one of them for all that they do as I know their patients do too.

A handwritten signature in black ink, appearing to read 'Bryan Macleod'.

Dr Bryan Macleod
Clinical Director
Wessex Trauma Network



Wessex
Trauma Network



Wessex
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