Wessex Trauma Network

NHS Wessex Trauma Operational Delivery Network

Annual Report 2022

Wessex Trauma Network

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Foreword

We have now passed the 10-year Anniversary of the National Major Trauma Network in England. During that time the Wessex Trauma Network (WTN) has developed into the mature, effective Operational Delivery Network you see today.

This has led to improved outcomes for patients who have sustained trauma in our borders as evidenced by TARN data whilst having a continued desire to keep on improving the care we offer. This has been demonstrated by the fact that the WTN is ranked 3rd nationally when compared against other trauma networks by the number of unexpected survivors (Ws).

The impact of COVID 19 continued during last year, but the initial decrease in trauma that was seen during the first lockdown was not replicated at any time. As such, the clinical teams have had to cope with the increased Infection Prevention and Control (IPC) measures as well as managing high numbers of critically injured patients in hospitals with decreased capacity and often with decreased staff secondary to COVID.

The network structure has continued to develop with the appointment of a new Director for Rehabilitation and a new Deputy Director for the Major Trauma Centre.

Clinical Governance remains central to our role. Our robust reporting and investigation system and the Peer Review of the Trauma Units has allowed us to ensure that the structures are in place to enable the continuation of the great care they presently provide. The Peer Review process required significant effort and resources by a very small team, but this assurance process is central to continuation of good network outcomes. This has all occurred alongside other workstreams locally and in conjunction with the National Major Trauma Network including supporting the G7 summit last year.

Looking to the future, we are beginning to forge new links with the recently established Integrated Care Systems which offers the opportunity for greater strategic planning. This is coupled with a review of the role of all clinical networks which may entail a change in our responsibilities over time. It is our feeling that the strength of the Wessex Trauma Network has been the involvement of clinical teams from across the area who strive to ensure the best care for patients, and this will remain central to our role and mission.

We look forward to the next decade of the Trauma Networks and thank all involved for their help and support. We trust that you can continue to maintain the drive that established such a cohesive and successful organisation.

Dr Bryan Macleod
Chairing Clinical Director
Wessex Trauma Network

Emma Bowyer
Manager
Wessex Trauma Network

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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 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.

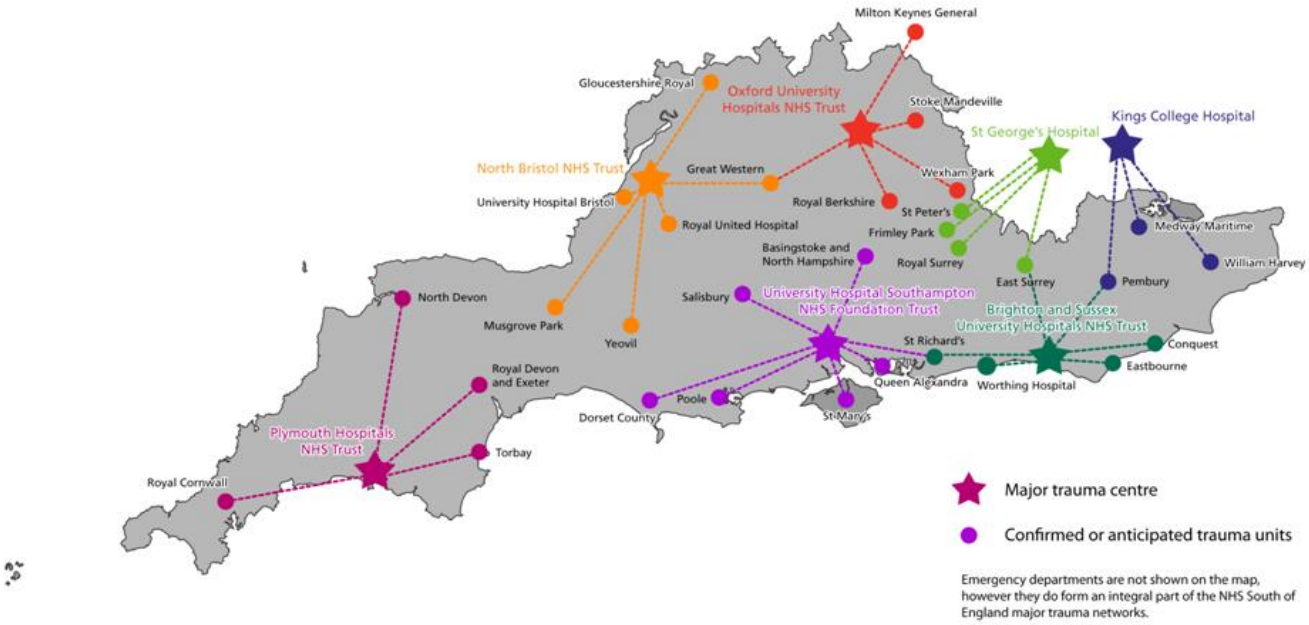

Figure 1 Trauma Networks of the South of England

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 receive patients with recognised 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, or if the severity has not been evident prehospitally. 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 several prehospital providers the main ones being:

- South Central Ambulance Service NHS Foundation Trust (SCAS)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- Isle of Wight Ambulance Service
- 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 at UHS in addition to the HIOWAA and TVCAA.

The WTN operates within an Operational Delivery Network (ODN) model[1]. 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 several 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 the quality assurance of commissioned major trauma services and 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,

[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

skills, and best practice for the benefit of all patients requiring trauma care within the Network region.

WTN Board Membership

Membership of the WTN Board comprises:

Table 1 WTN Board Members

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 Foundation Trust
MTC and WTN Manager	Mrs 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	Dr Jonathan Mamo, Consultant in Rehabilitation Medicine	University Hospital Southampton NHS Foundation Trust
Patient / Public Representative	Mrs Shan Martin	Patient / Public Representative
SCAS Clinical Lead	Mr 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 for North Hampshire Hospitals NHS Trust	Dr Lee Barnicott, Consultant in Emergency Medicine – Out to advert for a replacement currently.	North Hampshire Hospitals NHS Foundation Trust
TU Clinical Lead for Portsmouth Hospitals University Trust	Dr Joe Schrieber, Consultant in Emergency Medicine	Portsmouth Hospitals University NHS Trust
TU Clinical Lead for St Mary's Hospital, Isle of Wight NHS Trust	Dr Robin Beal, Consultant in Emergency Medicine	Isle of Wight Hospital NHS Trust
TU Clinical Lead for Salisbury Hospital NHS Trust	Out to advert currently	Salisbury Hospital NHS FT
TU Clinical Lead for University Hospital Dorset NHS Trust (Poole and Bournemouth)	Dr Harry Adlington, Consultant in Emergency Medicine – Out to advert for a replacement currently.	Poole Hospital, UHD NHSFT

TU Clinical Lead for Dorset County Hospital NHS Trust	Dr Kevin Samarasingha, Consultant in Emergency Medicine	Dorset County Hospital NHS FT

WTN Network Management Team

The WTN Network Management Team come from across the network and are not fulltime employed in these roles. It is presently comprised of:

- Clinical Director – 1PA per week
- Deputy Clinical Director – 1 PA per week
- Clinical Director for Rehabilitation – 1 PA per week
- Network Manager 0.2WTE
- Admin Support 0.5 WTE

The complete team only accounts for 1 whole time equivalent but coordinates all the work streams and output for the network.

WTN Board Frequency of Meetings

Meetings are held bi-monthly and for the past year have occurred virtually utilising MS Teams. This was initiated at the start of the COVID pandemic and has been a successful adoption facilitating a greater participation at meetings from across the network and reducing the burden of unnecessary travel.

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 the Regional Specialised Commissioning Group, Clinical Commissioning Groups (CCGs) and the Integrated Care Systems that will replace them, Acute Provider Trusts and Ambulance Provider Trusts.

Summary of Activity, Performance and Key Achievements

Performance and Key Achievement

The WTN has continued to improve its performance as 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 November 2021 which can be found on the WTN Website.

The Ws has risen from 0.91 to 0.97 since last year with a 95% CI 0.52-1.43.

This means that the WTN has more patients surviving than would be expected and when compared with other Trauma Networks nationally (fig. 3) it is now the 3rd highest when compared on terms of this – rising 1 place from last year.

This continued improvement demonstrates the hard work of all teams from the point of injury to rehabilitation.

[2] Tarn Clinical Report for WTN – November 2021 – hosted on Wessextraumanetwork.com

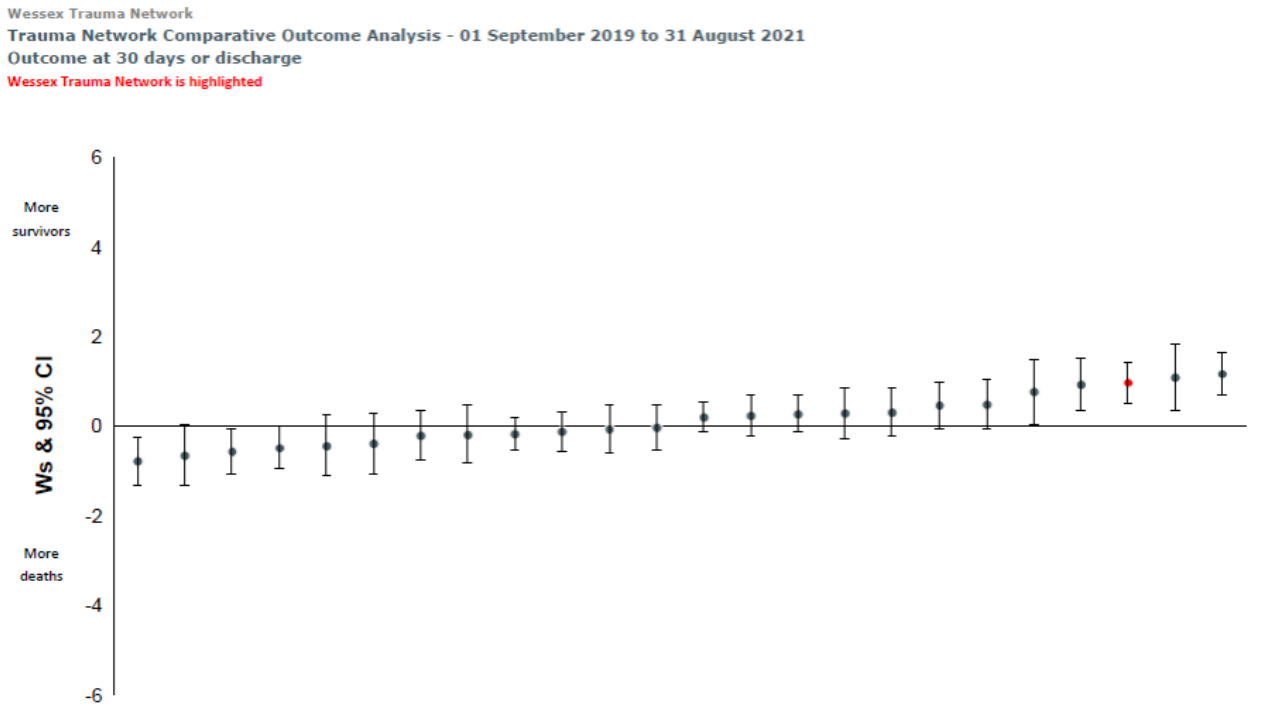

Figure 2 Comparison of Trauma Network Survival Performance

Other Activity

As well as continuing great clinical care, the WTN has continued to mature in terms of his Governance structure both clinical and operational. Some highlights of this include:

- Trauma Unit and Pre-Hospital Peer Review
- Development of Governance Frameworks both clinical and operational within the Network
- New MTC Clinical Guidelines and restart to Major Trauma Education

Trauma Unit and Pre-Hospital Peer Review

Following on from the successful reinitiation of the Trauma Unit and Pre-Hospital peer review process in 2020, each of the constituents of the WTN outside the MTC were invited to present their evidence in November 2021. This was the first year of utilising the new Trauma Unit standards as set by the National Major Trauma Clinical Reference Group (CRG). These standards have developed from those initially set in 2012/13 and are more reflective of how units now function or strive to.

2021 saw the involvement of all units with representation from senior executives and associated management personnel as well as front line clinicians. The engagement at all levels in each unit was evident and this was demonstrated by the openness and desire to both accept suggestion and herald hard won changes.

However, Peer Review is not a once-a-year thing; each unit has been charged with maintaining a work plan following the process which has to be presented and reviewed on a quarterly basis by the WTN board. This creates an accountability to both each other and the network as a whole.

As the WTN's strength is the enthusiasm and involvement of its clinicians, so too it relies on the support those clinicians receive in their units. We trust that the Peer Reviews continue to act in a manner to allow units to reflect on and develop their trauma care each year and support their clinicians in achieving that.

Development of the Governance Frameworks, both Clinical and Operational within the Network.

The already strong Clinical Governance (CG) framework has continued. Our Deputy Clinical Director, SSR Claire Jackson has further developed the regular review process of the Major Trauma Patients (ISS >15) to reduce the burden on each unit whilst maximising the benefit of the process. This has facilitated a better understanding of patterns across the network and challenges we need to address. This is linked to our updated Risk and Issues log which recognises that some of the challenges the network has to deal with are not modifiable but may potentially impact ideal patient care pathways – such as the challenge of primary and secondary transfers across the Solent.

The development of the Operational Governance of the network has also continued. We have appointed a new Director for Rehabilitation in Dr Jonathan Mamo who has returned to Wessex from the wilds of Berkshire. Since his appointment in November 2021, he has been working hard to develop the access to rehabilitation services across the region, working with trusts that have recognised they have a shortfall in this regard and looking at how the future provision of services may be best met.

Work has also continued in our intra-network support. The development of the Pan-South escalation process was taken forward by the National Major Trauma Team as an example of joint working and was utilised as the basis for the response to the G7 conference last summer. This also involved the Trauma Network readiness status as demonstrated by the electronic submissions to National Major Trauma Reporting System. This has required the status reporting of each Trauma Unit as well as the MTC - a process that has required a lot of hard work throughout the network to achieve but has been recognised nationally.

New MTC Clinical Guidelines and restart to Major Trauma Education

During the past year, the MTC Clinical Guidelines have also been reissued following a lengthy but very useful period of review. The final collation of this work was led by Lt Col Alan Weir who is one of the Emergency Department consultants at UHS. He was also appointed as the Medical Education lead at the MTC over the past year.

Lt Col Weir and Lisa Herod who is the AHP and Nursing Education Lead at the MTC have also been instrumental alongside the MTC management team in the re-establishment of the MTC Education Programme. This has taken the form of Rolling Half Days and Grand Rounds that have been hosted on MS Teams to allowed personnel from across the WTN to attend or watch the sessions later. The use and familiarity of such technology has been an unintended benefit of how we have had to work during the COVID pandemic and something that will hopefully not be lost.

Summary and Way Forward

We enter the second decade of the Major Trauma Networks in England having shown that they have improved the likelihood of survival in comparison to the type of care available previously[3], especially for those receiving care at the MTCs.
There is also evidence around return to work, but the availability of rehabilitation services varies dramatically across the country[4].

Whilst there are discussions ongoing at a national level especially around rehabilitation, the advent of the ICSs offers the potential to develop more robust end to end pathways of care no matter where the patient is injured or treated during the acute phase. This will obviously require a lot of work from multiple teams, but we should look at this challenge as we did the establishment of the Trauma Networks in 2011/12 – that it would be wrong not to try to improve things.

The WTN clearly cannot do this on its own, but certainly needs to have a voice at the discussion table and we intend to play our part.

The wider role of the Trauma networks is also under review alongside all other clinical networks. We do not yet know exactly what the outcome will be, but our driving force during the first 10 years has been desire of committed clinicians, to improve the care of trauma patients and that will not change.

We look forward with excitement and some trepidation; knowing that as a group we have both the skills and desire to continue to develop the network so that we may serve our patients better.

Dr Bryan Macleod
Clinical Director
Wessex Trauma Network

[3] Christopher G. Moran et al. Changing the System - Major Trauma Patients and Their Outcomes in the NHS (England) 2008–17

[4] Helping Major Trauma Patients Return to Work. Paper by Social Finance 2020 - https://www.socialfinance.org.uk

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