

Annual Report 2023

Wessex Trauma Network



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Foreword

As the NHS has celebrated its 75th anniversary, it is facing some of its greatest challenges. The past year has seen further evidence of demand outstripping capacity in primary care, the ambulance service and emergency departments; mounting waiting lists for outpatient appointments and elective procedures and industrial action from a number of clinical staff groups.

Throughout all of this, the Wessex Trauma Network has continued to ensure great care to those unfortunate enough to suffer a traumatic injury within its borders. The clinical teams have maintained a better-than-expected excess rate of survival, maintaining our position in the top performing trauma networks on a national scale.¹ This has occurred alongside the development of new training schemes for nursing teams in both the Emergency Departments and In-Patient areas and redevelopment works at several the Trauma Units.

Some of the greatest developments over the past year have centred around rehabilitation. The team have been successful in securing funding to enable early spinal rehabilitation within the MTC and the prevention of admission to the specialist spinal rehabilitation unit. This has seen a massive overall cost saving but more importantly, the earlier discharge of patients to their home rather than another medical facility. Funding has also been realised for the provision of psychology support for trauma patients in the MTC which has been a long-held desire. Alongside all this, the Regional Rehabilitation Centre is presently being constructed which will massively augment what rehabilitation can occur within the region rather than having to transfer patients out to other centres.

We had a very successful conference in September 2022 which relaunched what previously was an annual offering. It was a great opportunity to reflect on the 1st ten years of the Trauma Network, where we have come from and the opportunities for the future. The title of the 2023 Conference "Trauma Tech 2023" was a natural progression as so many of the speakers discussed the role of robots and artificial intelligence in future developments. But thankfully they still require the help of us humans.

Having had changes to the Trauma Network Management team last year we have had a period of stability which has certainly been beneficial. However, we have welcomed new Clinical Leads from the Trauma Units and representatives from the ICBs to our Trauma Network Board meetings.

We go into the next year with enthusiasm and look forward to the both the conference in a few weeks and the launch of Onward (Annex A - [Onward.org.uk](https://www.onward.org.uk)) - the patient support service in conjunction with Stewarts Law. This will augment the already excellent clinical care and ensure patients have access to all the other necessary support services when they need it the most.



Dr Bryan Macleod
Chairing Clinical Director
Wessex Trauma Network



Emma Bowyer
Manager
Wessex Trauma Network

¹ Trauma Audit & Research Network Clinical Report May 2023 for 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). 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.

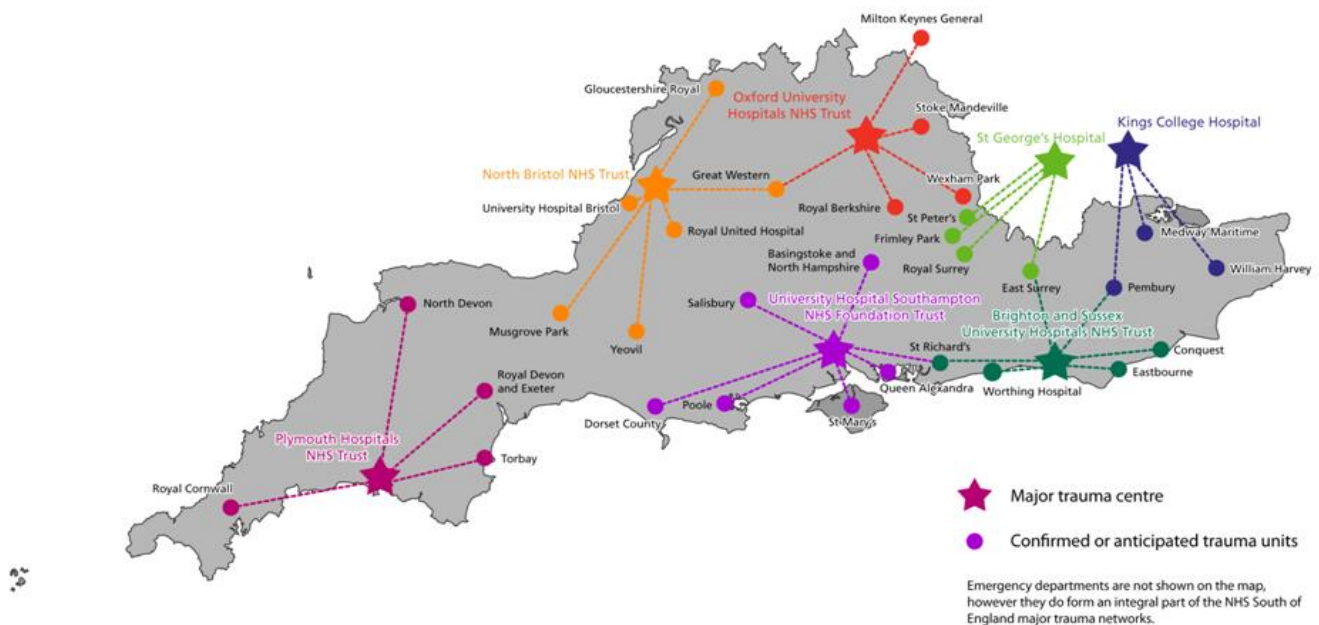


Figure 1 Trauma Networks of the South of England

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 HIOWAA, DSAA and TVCAA.

The WTN operates within an Operational Delivery Network (ODN) model². 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 resources.
- 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, skills, and best practice for the benefit of all patients requiring trauma care within the Network region.

² 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:

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 NHSFT |
| MTC and WTN Manager | Mrs Emma Bowyer | University Hospital Southampton NHSFT |
| MTC Director of Major Trauma | Dr Mark Baxter, Consultant Orthopaedic Geriatrician | University Hospital Southampton NHSFT |
| MTC Director of Paediatric Major Trauma | Dr Clarissa Chase, Consultant in Paediatric EM | University Hospital Southampton NHSFT |
| MTC Deputy Director of Major Trauma | Dr Chris Hill, Consultant in Emergency Medicine | University Hospital Southampton NHSFT |
| WTN Director of Major Trauma Rehabilitation | Dr Jonathan Mamo, Consultant in Rehabilitation Medicine | University Hospital Southampton NHSFT / Solent NHS 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 NHSFT |
| SWAST Clinical Lead | Mr Owen Hammett | South West Ambulance Service NHSFT |
| TU Clinical Lead for North Hampshire Hospitals NHS Trust | Miss Toni Ardolino Consultant in Trauma and Orthopaedics. | North Hampshire Hospitals NHSFT |
| 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 | Ms Nola Lloyd - Consultant in Plastics and Burns | Salisbury Hospital NHSFT |
| TU Clinical Lead for University Hospital Dorset NHS Trust (Poole and Bournemouth) | Dr Ben Elkins Consultant in Emergency Medicine | University Hospitals Dorset NHSFT |
| TU Clinical Lead for Dorset County Hospital NHS Trust | Dr Kevin Samarasingha, Consultant in Emergency Medicine | Dorset County Hospital NHSFT |

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 generally occur 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 Management Team 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 perform exceptionally well 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 report issued in May 2023³.

The Ws has risen from 0.97 to 1.07 since last year with a 95% CI 0.63 to 1.52. This means that the WTN has more patients surviving than would be expected and is performing exceptionally well when compared with other Trauma Networks nationally (Figure 2).

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

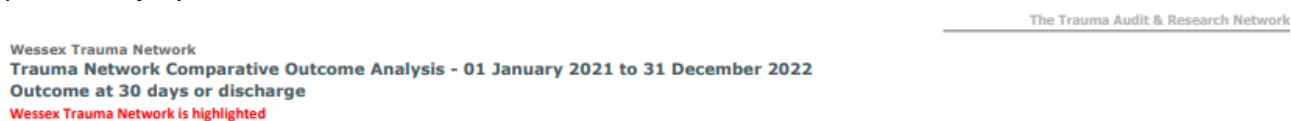


Figure 2 Comparison of Trauma Network Survival Performance

Other Activity

Great clinical care does not exist in a vacuum and multiple other work streams throughout the network have facilitated this level of care. Some highlights of this include:

- Peer Review Process
- Nursing Education
- Development of the Major Trauma Academy
- Trauma Coordinator Roles in the Trauma Units.
- Rehabilitation Services development.
- Development of Onward

³ Trauma Audit & Research Network Clinical Report May 2023 for Wessex Trauma Network

Peer Review Process

The Trauma Unit and Pre-Hospital peer reviews occurred in November 2022 and enabled not only the opportunity for the Network team to review developments against the yearly work plans but also a great forum for the presentation of success stories and innovation that was shared with the rest of the network. This collaborative working prevents each unit trying to reinvent the wheel when it comes to local development of services.

This year, the Network Management Board with external representation from the NHS SE team undertook a review of the Major Trauma Centre. This was the first review since 2018 and it was wonderful to hear how the issues identified in 2018 such as development of a Major Trauma Unit Ward and the provision of plastics cover at the MTC have been addressed. There was also great honesty about where challenges still lie and the work that is happening to meet them. In a similar manner to the Trauma Units, the engagement of the Hospital's senior management was wonderful and this is essential in the development and maintenance of a high performing service.

To reduce some of the burden on the teams, it is planned that this year's review will take the form of a self-declaration with supporting evidence returning to a formal review by panel next year.

Nursing Education

The team at the MTC have been developing a course (Trauma Advanced Life Support -TALS) to meet the requirements of the Level 2 nursing competencies as stipulated by the Major Trauma National Nursing Group (MTNNG). This has required a lot of hard work by a number of people. The first course was planned for May of this year but unfortunately that had to be cancelled but the inaugural course should now occur in October and it will be wonderful to be able to offer this level of training and development to both our MTC nursing team and the teams throughout the network.

Whilst this development has been happening other units in the region have developed and undertaken other courses to meet the nursing training requirement. Notably, Dorchester County Hospital ran their first ATNC course in Nov/Dec 2022 which produced 8 Level 2 nurses for their unit. It is their intention to run this course annually which will give the WTN 2 streams to help all units achieve and maintain the required Level 2 Nursing training.

Our inpatient nursing colleagues have also benefitted from trauma specific training this year with attendance on the Trauma Care after Resuscitation (TCAR) and Paediatric (Trauma) Care after Resuscitation. Several places were funded by the Trauma Network and open to nursing staff across the network to apply for. Such investment is essential to ensure excellent trauma care continues throughout the patient journey and not just at the front door which is often where the focus can appear to be.

Development of the Major Trauma Academy

Numerous courses around trauma are run by the MTC but until now they have not been centrally coordinated. The development of the Major Trauma Academy brings them together and facilitates both mutual support and the benefit of cost saving. This cost saving is being reinvested in the academy in appointing of a European Trauma Course (ETC) director and administration support staff. This develops the present faculty within the region with the intention of being predominantly self-sufficient and able to robustly provide more courses.

Trauma Coordinator Roles in the Trauma Units

Trauma Coordinators have been in place in the MTC for many years and they have increased in number to provide a robust service supporting the care of trauma patients by coordinating teams, resources, and procedures.

Until now, they have not been in place in the majority of our Trauma Units, but this year has seen the appointment of Trauma Coordinators to a number of the Trauma Units. This is a wonderful development and is a direct output from the involvement of Trust executives in the Peer Review process and will benefit both the flow in the hospital and most importantly, the patients.

Rehabilitation Services Development

Similarly, the area of rehabilitation can often be side-lined whilst acute services are developed. This has certainly not been the case in Wessex over the past year.

Dr Mamo joined the team as the Director of Rehabilitation in 2021 and he has been instrumental in revolutionising the provision of rehabilitation care in the MTC by means of successful application for funding for an Enhanced Spinal Treatment Trauma Rehabilitation (ESTRE) Project. This is a pilot project for a year and a business case is being developed to support ESTRE permanently. In addition to the ESTRE pilot Wessex has subsequently managed to gain an ongoing work force budget for increased rehabilitation consultant time, part time B7 Spinal Cord Injury Outreach role as well as the long wanted clinical psychologist.

The initial review of the ESTRE project after 3 months demonstrated that 60 days are saved on average per patient which equates to £2.1 million per year. This investment in services at the point of requirement has the potential to have a significant cost saving but more importantly has the benefit of ensuring patients spend less time in hospital and can return home sooner without the need for transfer to different health care facilities.

Alongside this work, Solent NHS Trust which provides the majority of rehabilitation services locally are building a new Regional Rehabilitation Centre which will provide a mixture of Level 1, 2 and 3 rehabilitation beds. This is a wonderful development of services and will provide Level 1 Neurorehabilitation beds locally for the first time.

Development of Onward (Annex A)

Onward ([Onward.org.uk](https://onward.org.uk)) has been developed by the MTC (University Hospital Southampton) in collaboration with Stewarts Law to offer support services to trauma patients in the Wessex Trauma Network.


This support comprises financial and legal advice which is commonly seen in such services but Onward has been developed to take this further, to the direct benefit of the patient. This involves access to psychological support for both patient and relatives as well as partnering with Active Care Group who are a leading provider in complex care and case management and can help patients and relatives navigate what can be a difficult path through the healthcare system. This collaboration will also enable the MTC to directly fund a clinical psychologist for the trauma patients treated in the MTC.

Summary and Way Forward

The NHS is facing some significant challenges at present, yet the constituent parts continue provide amazing care to the population of the UK. Locally, the Wessex Trauma Network is an example of this, and is proud to be recognised as a high performing network, led by clinicians focused on providing the best care possible.

It is recognised that development of our workforce is essential to maintain this performance and we are committed to this exemplified by the TALS course and the Major Trauma Academy development.

The WTN's aim to continue developing, educating and advocating for the best trauma care possible for our patients remains the same, no matter what other challenges we face.

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

Dr Bryan Macleod
Clinical Director
Wessex Trauma Network

ONWARD

NEW PATIENT SUPPORT SERVICE ONWARD LAUNCHED TO HELP SEVERELY INJURED AND SERIOUSLY ILL PATIENTS



Stewarts is proud to launch Onward, the most comprehensive patient support service in the UK. A not-for-profit organisation, Onward is dedicated to supporting people who are in hospital with life-changing injuries or serious illness.

WORKING ALONGSIDE ITS HOSPITAL PARTNERS – THE FIRST BEING UNIVERSITY HOSPITAL SOUTHAMPTON AND THE WESSEX TRAUMA NETWORK – ONWARD'S ROLE IS TO ENSURE PATIENTS AND THEIR FAMILIES RECEIVE THE FINANCIAL, EMOTIONAL, LEGAL AND PRACTICAL SUPPORT THEY NEED, WHEN THEY NEED IT MOST. ONWARD PROVIDES ALL PATIENTS WITH ACCESS TO A VARIETY OF FREE SUPPORT SERVICES DESIGNED TO SUPPLEMENT THEIR HOSPITAL CARE AND ENSURE THE BEST POSSIBLE OUTCOME. ONWARD TOGETHER.

Onward director and Head of Personal Injury at Stewarts Dan Herman said:

"We're delighted to have the opportunity to work with University Hospital Southampton and the Wessex Trauma Network to ensure their severely injured and seriously ill patients receive the support they need, when they need it most. All services provided by Onward – assistance with welfare benefits, clinical issues, financial difficulties, legal problems, together with access to peer support and counselling – are completely free of charge. The aim is to reduce anxiety and stress and to allow patients to focus on their rehabilitation: research has shown that doing so helps recovery and produces better overall clinical outcomes."

Emma Bowyer, Major Trauma Centre Manager at University Hospital Southampton and Wessex Trauma Network Manager said:

"I am really excited to be working with Onward to set up this vital service for patients. As an award-winning Major Trauma Centre and high performing Major Trauma Network this service will ensure that all our severely injured and seriously ill patients benefit from, not only excellent clinical care, but also first-class holistic support to ensure patients can achieve the best recovery possible."

Onward will be supported by the Pro Bono team at Stewarts, one of the UK's leading law firms. They will provide free legal advice to patients on a wide range of issues including debts, powers of attorney, deputyships, insurance contracts, housing, employment, care funding, family problems and compensation claims.

Kara Smith, Head of Pro Bono at Stewarts, said:

"I am delighted that our Pro Bono team will be providing support and assistance to the patients and families at University Hospital Southampton (UHS). Our Pro Bono team, which has been operating since 2012, has helped thousands of patients with their legal and practical issues on a free of charge basis."

"That support has provided much needed reassurance and relief to patients and their families and has enabled them to focus on their recovery. We are excited to work with Onward and are delighted to offer our pro bono services to UHS's patients."

Onward will also be supported by Active Care Group, the UK's leading provider of complex care and case management, which will provide clinical advice and assistance to patients both while they are preparing for discharge and when they are back home.

Janette Wynn of Active Care Group said:

"We are thrilled to be working in partnership with Onward and the team at University Hospital Southampton NHS Foundation Trust and the Wessex Trauma Network. This is an amazing opportunity to ensure that patients and families receive all the elemental support they would need in addition to their hospital care and look to receive the best possible outcomes for all. As a group we can offer an array of support in conjunction with Onward and use our vast experience and expertise to help patients when they need it most."



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