

Annual Report 2024

Wessex Trauma Network



Classification: General

Organisation	Operational Delivery Network
Document Purpose	Information
Title	Wessex Trauma Network Annual Report
Author	Bryan Macleod and Emma Bowyer
Date	June 2024
Version	1.0
Linkages	Network Operational Policy Network Objectives Network Work Plan
Circulation	Providers - Acute Trusts and Pre-Hospital Trusts Integrated Care Boards NHS England – South East and South West Operational Delivery Network Oversight Board NHS England South East Public and Patients
Description	This report provides a summary of network activity and achievements during the last year.
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Foreword

Each year seems to have an anniversary at present, last year it was the NHS' 75th and this year we have recently remembered the 80th anniversary of the D-Day Landings in Normandy during World War II. Growing up in a military town and subsequently serving in the British Army, meant that I have had the honour of speaking with a number of people who stood up to be counted when it mattered during those very challenging days. We have been reminded with the anniversary of the acts of heroism but maybe more importantly, the sacrifice that so many made. We owe the generation that made those sacrifices so much, and the best way I know to repay that, is to continue their example of service for others.

In this vein, the Wessex Trauma Network has continued to develop during this year, with the constant aim of providing the best possible care to trauma patients within our boundaries. We lost a very important part of our Governance framework during 2023 being unable to access data from our previous years of activity, nor having the ability record and upload new data. With the advent of the National Major Trauma Registry (NMTR), we look forward to regaining at least part of this resource during 2024 and into 2025, so that we can both measure our performance empirically as well as use the data to help ensure we are providing the services needed in the best way possible.

We had a very successful Trauma Tech Conference in September 2023 and preparations are well under way for our next Annual Conference in September this year, entitled "Survive to Thrive - Exploring the Challenges within Major Trauma". This very grand title has allowed us to cover a broad church of topics including Effective Pain Management in Trauma, Challenges around Haemostasis in Trauma, Human Factors in Trauma, and hearing about the challenges another Trauma Network has had to address since inception. We will also have the opportunity to hear about research around trauma that is happening locally in the poster presentations as they vie for the Crouch Award for the best research project presentation. We hope that our excitement carries through to the day and is shared by the delegates who attend as it is such a good day for learning as well as the important role of reconnecting with colleagues in different hospitals around the Network. This "networking" is central to our strength as a collegiate and supportive organisation and long may it continue.



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). 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.

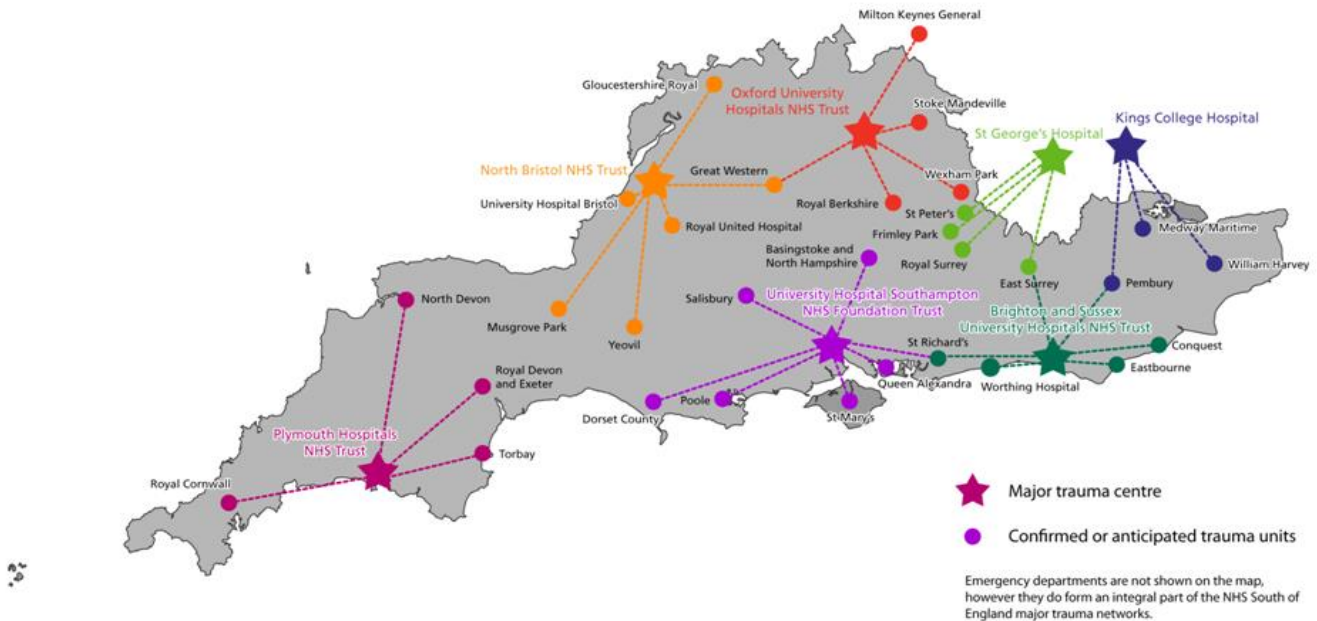


Figure 1 Trauma Networks of the South of England

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 Air 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. It also receives casualties transported by His Majesty's Coast Guard (HMCG) SAR aircraft.

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 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 drive quality throughout the patient pathway.
- To commission network programmes of work to improve quality, to make more effective use of resources and to review existing pathways of care to ensure they remain appropriate.
- 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.

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:

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	Dr Sara Assheton Consultant in Emergency Medicine	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. However, we ensure we have at least one Face to Face meeting per year as well as the Annual Conference.

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.

The Trauma Network Board will bring together key stakeholders for major trauma care provision within the Wessex Trauma Network to collaboratively focus on constantly improving trauma care within the region, to reduce mortality and morbidity, ensure equitable access to specialist services

and ensure the highest quality standards are applied by all involved providers from prevention through to rehabilitation.

Summary of Activity, Performance and Key Achievements

Performance and Key Achievement

Unfortunately, the previously published survival and performance figures published by Trauma Audit and Research Network (TARN) are not available for the past year. The MTC and TUs have just started to upload data to the new National Major Trauma Registry (NMTR) and it is hoped that we will have similar data to present next year.

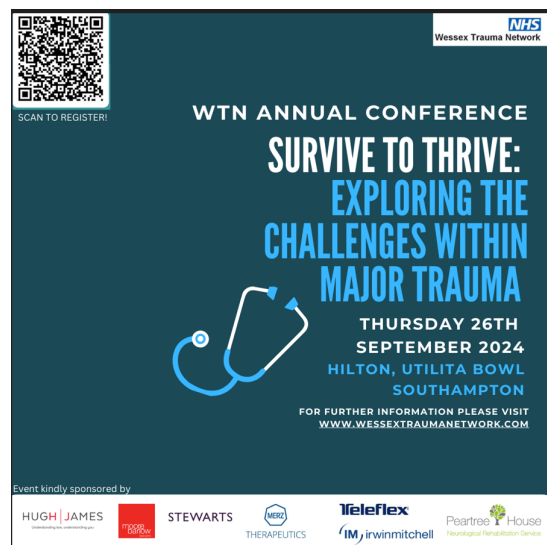
Using the submission of Governance Cases and a regular review of the outcomes of our Major Trauma patients, we believe that the WTN has continued to perform exceptionally well. We look forward to being able to judge ourselves against others nationally but have found alternative methods of continuing to ensure we are providing the best care possible within the Network.

Network Conference

The Wessex Trauma Network held a very successful conference in September 2023 under the title Trauma Tech 2023. Speakers came from outside and within the Network and covered a large amount of information in a very short time. Due to the sponsorship gained, led by Dr Mamo, we were able to keep the cost to individuals low and we had 250 delegates from all areas and roles in the Network in attendance. This word cloud was generated from the feedback we received.



We aim to continue our reinvigorated annual conference by hosting Survive to Thrive - Exploring the Challenges within Major Trauma in September this year. This will again be a mixture of podium and breakout sessions.



Other Activity

The care provided by our clinical teams is constantly evolving and hopefully improving. As a Network we are committed to a rolling Peer Review of the Provider Trusts alongside the development of educational programmes to support the team performance

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

Terms of Reference Review

During this year, we have reviewed our Terms of Reference as there have been significant changes in the NHS landscape over the past few years. This has taken some time and thought to ensure that we have representation from all appropriate stakeholders and that our reporting is via the correct pathways. This ensure that we continue to provide an accountable system of care in the best interests of all our patients.

Peer Review Process

This is a rolling process using alternate years reviews by self-assessment and in person. 2023 was the self-assessment year and each unit was able to demonstrate improvement from 2022. Reviews against each unit's work plans are a standing item on the Network Board Meetings to ensure ongoing development and have continued since. Looking forward, the dates for the November 2023 "in person" Peer Reviews are now confirmed. This will entail formal grading against the Standards set out by the National Major Trauma Clinical Reference Group with an expected attendance of clinical and management teams from each unit, ideally led by a member of the Trust Executive team. There will be representation from the associated ICS and hopefully NHS SE Specialist Commissioning as well as an external Trauma Network representative. We have found that the attendance of a member of Trust Executive team has been very beneficial in both developing their understanding of the issues with their organisation and the Network as a whole and thereby supporting needed changes.

Nursing Education

The Nursing TALS (Trauma Advanced Life Support) Course as developed by the team at the MTC and supported by our Deputy Clinical Director has now been running for almost a year. This course was decided to meet the requirement of the Level 2 nursing competencies as stipulated by the Major Trauma National Nursing Group (MTNNG). This took tremendous work from a large number of people and although initially focussing on the MTC team, will enable the teams from the TUs to upskill more readily.

We have continued to support the inpatient nursing education by funding places on the Trauma care after Resuscitation (TCAR) and Paediatric (Trauma) Care after Resuscitation (PCAR) courses. We hope to continue this going forward depending on available finances.

Trauma Coordinator Roles in the Trauma Units

We now have Trauma Coordinators in more of our TUs taking on the role of supporting the care of trauma patients by helping to coordinate teams, resources and procedures. They also have a pivotal role of communication between the MTC and TU leading up and after secondary transfer or repatriation. This has been a wonderful development and has certainly been supported by the Peer Reviews where their absence has been highlighted.

Rehabilitation Services Development

From our Network Major Trauma Rehabilitation Director, Dr Jonathon Mamo.

The past year has been an exciting time for rehabilitation in the region. We are moving closer to opening our regional rehabilitation unit in Southampton. This will encompass all of Southampton's rehabilitation in-patient services on one site facilitating clinical management in the longer term. The South East Rehabilitation Centre (SERC) is planned to be completed by the end of July 2024 and will be functioning from Autumn 2024.

This should happen as a number of community Trusts including Solent NHS Trust, Southern Health NHS Trust and the IOW Community Trust merge into one super-regional Trust - The Hampshire and IOW Healthcare NHS Foundation Trust. The amalgamation will undoubtedly come with its own challenges but also provides the Rehabilitation and Community Services with the potential benefits of fluidity which should counteract the issues experienced with the previous fragmentation.

The Spinal Service in the MTC will continue with new roles working towards supporting our Trauma Units in the region, assisting in facilitating patient flow and staff training / support. We continue our discussions with the ICB on provision of services and there is a plan to review Acute-to-Community Pathways in due course to marry in with the planned Trust amalgamation.

Trauma Rehabilitation is now a formal rotation for all trainees in Rehabilitation Medicine Training programmes and this is currently based within Southampton. These six-month rotations should provide us with future Rehabilitation Specialists who have been exposed and trained in Trauma Rehabilitation.

It has been an exciting time for Rehabilitation and there is undoubtedly more to come with new rehabilitation beds and specialist expansion in the region.

Summary and Way Forward

I write this as we approach a General Election in July, knowing that the NHS will be central to many of election promises we hear. The NHS continues to function albeit with lots of challenges and will do so whichever party wins. This continuation of care, no matter what else is happening, is typified by the outstanding clinicians from all professional groups that make up the Wessex Trauma Network.

As part of that, plans are well underway for what we are calling the Wessex Trauma Network Strategy Day. We have an ongoing work programme that is based in the short to medium term, but we need to plan for the next 10+ years and it is essential that we develop in a synergistic way with our component parts. We have invited the Chief Operating Officers / Medical Directors and Clinical leads from the acute Trusts, Ambulance Trusts and ICSs that make up the WTN and hope that we can create a road map to the future of what the network needs to be,

We know that each member of the teams looking after patients in the Wessex Trauma Network is focused on patient centred care and we thank them for that. Our job is to continue to provide the support for development of services within units, reducing blocks to movement around the network and ensuring that when issues do occur, we are open, non-judgemental and focused on trying to prevent repeats.

This will help the Network get stronger and enable each part of it to provide the best trauma care possible.

A handwritten signature in black ink, consisting of a stylized 'B' followed by the name 'Macleod'.

Dr Bryan Macleod
Clinical Director
Wessex Trauma Network