

Annual Report 24/25

Wessex Trauma Network



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Foreword

As we write this year's annual report, we find the NHS in the most turbulent of times. It is good to reflect on the past 12 months and what has been achieved through the Wessex Trauma Network. As a Network we are reliant on all the constituent parts, we cannot deliver the care to our critically ill patients without all members of the network functioning as one. We suspect there will be rough waters to navigate in the coming months, but together we can maintain the excellent levels of care. The role of the Trauma Network is to focus on the most critically ill patients, and to ensure that this care is delivered in the most appropriate location for the patient. That the patient is moved from the acute / tertiary provider closer to home as soon as possible, and that moving forward, digital technologies support our patients wherever they are being cared for. We look forward to working within the network and with our partners to deliver some of these aspirations.

The Wessex Trauma Network has made significant progress this year with the ongoing objective of delivering exceptional care to trauma patients within our Network. In November, a WTN Strategy Day was convened, supported by an experienced external facilitator. The event brought together senior decision-makers, clinicians from across the Trauma Network, and patient representatives. The purpose of the day was to identify current successes, areas for improvement from all stakeholders, and how we might shape care as a Network moving forward. The findings from the day will help establish the strategic direction for the Wessex Trauma Network for the next 5 to 10 years.

The National Major Trauma Registry has continued to progress throughout the year 2024/25, following its launch in April 2024. All units across Wessex are now contributing patient data to the database. Although it initially faced significant challenges, these issues have been largely resolved. With the further developments planned, we anticipate regaining full visibility of our patient outcomes, enabling us to empirically measure our performance. Furthermore, this data will help ensure that we provide services in the most effective manner possible.

The past 12 months has seen significant collaboration with the Wessex Paediatric Major Trauma Network. Efforts were made alongside colleagues at University Hospital Sussex to clarify the paediatric Major Trauma pathway from the eastern part of our Paediatric Network to ensure these patients receive equitable care for their injuries.

Additionally, under the leadership of Dr Clarissa Chase (MTC Paediatric Major Trauma lead), the paediatric secondary trauma transfer pathway has been introduced to facilitate swift access to MTC care for children whose needs exceed the capabilities of the hospital they presented to. Dr Chase has also maintained the comprehensive paediatric education programme that includes regional conferences, education days, and regional governance meetings.

Claire Jackson, the Clinical Governance Lead for WTN and a long-standing member of the WTN senior leadership team, resigned in June 2024. Although sad to see her go, we had the opportunity to acknowledge her input to the network at our conference and wish her well in her new adventures. In appointing her replacement, we were fortunate to have a strong pool of candidates to choose from, and Miss Toni Ardolino joined the WTN senior leadership team on 1st February as Deputy Clinical Director and WTN Clinical Governance Lead. Miss Ardolino is a Trauma and Orthopaedic Surgeon at HHFT, and we anticipate that her surgical perspective will be a valuable addition to the team.

We had a very successful Conference in September 2024 entitled "Survive to Thrive - Exploring the Challenges within Major Trauma". Preparations are also well under way for our next Annual Conference in September this year, "They think it's all over; it isn't now; Trauma in sports and leisure. The small committee have confirmed topics including medicine at Motor sport and equestrian events, psychological care following sports injury and presentation from the "good Grief Trust". 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 playing an important role in reconnecting 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, serving a population of approximately 3.3 million. University Hospital Southampton (UHS) is the designated major trauma center (MTC) for both adults and paediatrics in the Wessex region (Figure 1). The paediatric catchment area extends beyond the Wessex “adult” region, as two neighbouring MTCs (Plymouth and Brighton) are not designated paediatric major trauma cases. Consequently, the Wessex Paediatric Major Trauma Network stretches further east to include University Hospital Sussex, allowing children from outside the Wessex region to be transferred directly from these areas to UHS. Additionally, trauma units in Sussex may request secondary transfers to UHS.

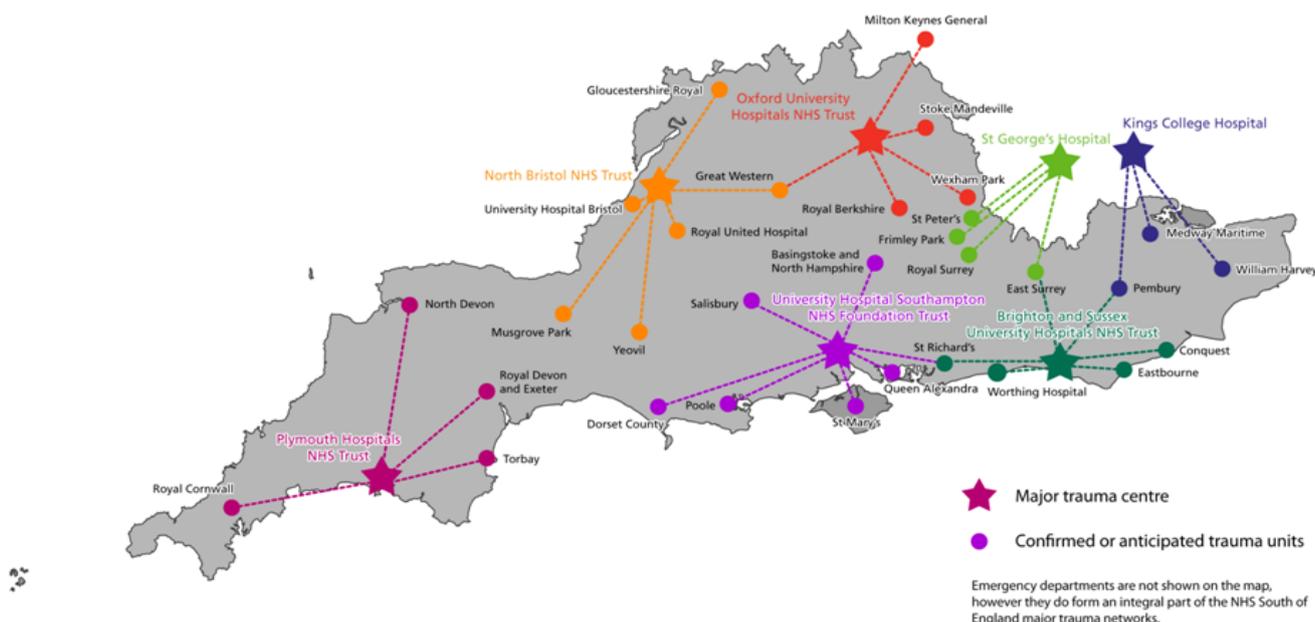


Figure 1 Trauma Networks of the South of England

Within the Wessex major trauma network there are trauma units at Basingstoke, Salisbury, Poole, Dorchester, Portsmouth, and the Isle of Wight (Figure 1). In addition, the Wessex Paediatric Trauma Network includes trauma units in University Hospital Sussex, Brighton, Chichester and Worthing. 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 as a Clinical Network¹. In summary these are a vehicle for specialty level collaboration between patients, providers and commissioners and to drive forward improvements and integration.

They should have a clear line of accountability to Integrated Care Boards (ICBs), and NHS England (NHSE) Regional Teams, to ensure local ownership, alignment and a local mandate.

All networks have an important role in delivering the triple aim, supporting:

- better health and wellbeing of everyone,
- the quality of care for all patients, and
- the sustainable use of NHS resources

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. Regional Trauma Networks were established across England in April 2012.

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.

Network Objectives

The WTN has several objectives which are outlined below:

- To improve outcomes, reducing avoidable deaths and improving the quality of life and return to functioning for patients surviving their Trauma.
- Improve the quality of care and patient and family experience
- Ensure that services meet the service specification and standards
- Ensure common referral care and transfer pathways and other policies, protocols and procedures are used across the network
- Ensure that as much care and treatment is provided as close as possible to home
- Ensure robust collection, analysis and reporting of data on outcomes, quality of care and patient and family experience
- Ensure efficient and appropriate flow of patients along the pathway, managing system capacity
- Improve equity of access to Trauma services
- Improve productivity and efficiency across the network
- Improve service resilience and ability to respond to incidents

Network Function

Service delivery

- Efficient and appropriate flow of patients along agreed pathways if care through clinical collaboration.

¹ Major Trauma Clinical Network specification 2023 [Major Trauma Clinical Network Specification](#)

- Support the planning and coordination of a comprehensive system of specialist care, including response to major incidents and mass casualty incidents
- Coordinate patient pathways across the whole network from the pre hospital phase including rehabilitation and return to socio-economic functioning
- Work with other networks and regional teams to develop mutual aid and escalation pathways in times of crisis

Resources

- Support improved productivity and increasing resources across the network
- Reduce unwarranted variation in pathways and processes that lead to inefficiencies
- Work with other related networks and teams, to find efficiencies and share insight and experience

Workforce

- Support providers to develop and implement innovative and extended roles for non-medical staff groups, through training and development and network wide policies.
- Assess training needs of the network
- Develop and agree a Network training plan
- Agree with commissioners and providers how the planned training will be resourced and delivered
- Monitor delivery
- Promote workforce resilience through:
 - Mutual aid agreements
 - Staff Passporting
 - Health and wellbeing support

Quality

- Ensure services meet the service specification and national standards
- Participate in comparative benchmarking and audit across the network through the National Major Trauma Registry (NMTR)
- Improve the collection, analysis and reporting of data on outcomes, quality of care and patient and family experience, including NMTR data collection (including case-mix standardised outcomes linked to outcomes framework).
- Use data to improve outcomes, experience and quality of care for patients.
- Manage risks to the delivery of the network's annual work programme.
- Identify service issues and risks and ensure they are managed through regional and system quality structures following agreed escalation processes. Providers or commissioners may ask networks to facilitate the response to risks, but providers and commissioners remain accountable for their services' risks.
- Ensure the provision of high-quality information for patients, families, staff and commissioners, standardised across the network.

Collaboration

- Work collaboratively to share learning, experiences, knowledge, skills and best practice for the benefit of all within the network.
- Share best practice with the other Major Trauma Clinical Networks.
- Work collaboratively with all other Major Trauma Clinical Networks to agree and achieve national goals.

- Participate in the national Major Trauma Network group
- Link into Local Resilience Fora to ensure effective Emergency Preparedness, Resilience and Response (EPRR) arrangements.

Transformation

- Develop, agree and implement common referral, care and transfer pathways and other policies, protocols, and procedures across the whole pathway, to reduce variation in service delivery
- Regularly review network compliance with standards, advising and agreeing a plan with commissioners to assure sustainable services that meet the needs of all patients.
- Facilitate and promote trauma research and development initiatives undertaken by trauma professionals across the Trauma Clinical Network.
- Support the early and systematic adoption of innovation and research across the network.
- Implement nationally agreed commissioning policies and products.

Population Health

- Improve access and equity of access to trauma services
- Development and involvement in injury prevention programmes.
- Work with commissioners to understand the needs of the population for trauma services.
- Review service delivery across network against need and identify gaps and variation in services – gaps in overall provision, quality, geographical distribution - and deliver improvements to network services to address these issues.
- Develop specific proposals which mitigate inequalities for the vulnerable groups identified.
- Develop and implement a Public and Patient Engagement strategy.

The WTN Board holds overarching responsibility for delivering the objectives and functions outlined above and in the Major Trauma Clinical Network Service Specification. This responsibility is shared in close collaboration with our many provider organisations.

Achieving the network’s goals is not possible in isolation—collaborative working is central to everything we do. The Board provides strategic leadership, guidance, and oversight, and deeply values the ongoing commitment and partnership of all providers within the WTN.

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	Miss Toni Ardolino Consultant Orthopaedic Surgeon	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	TBC	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.

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 2024, entitled “Survive to Thrive - Exploring the Challenges within Major Trauma”. 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.

8 respondents (23%) answered Thanks for this question.



We aim to continue our reinvigorated annual conference by hosting They think its all over it isn't now; Trauma in Sports and Leisure 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 services, pathways and educational programmes to support the team. Over the last 12 months, in addition to those already highlighted, the following pieces of work have been delivered:

- Major Trauma considerations in escalation
- South East specialised services escalation plan
- Trauma Unit and Pre-Hospital Peer Review 2024
- WTN Repatriation Directory of Services
- Ward nursing Education
- Rehabilitation Services development.

Major Trauma considerations in escalation events

This document was developed to replace the WTN incident response plan. Major Trauma Networks are required to “ensure services are able to respond to incidents involving injured patients” (Major Trauma Network specification 2023). This document has been developed and signed off by the WTN Board. All the WTN providers have well developed incident response plans, this “considerations” document is designed to support command teams make decisions around the flow of Major Trauma patients during an escalation incident. This has been shared and adopted by the MTC, TUs and ICS.

South East specialised services escalation plan

This has been in development since the pandemic. The initial plan began life as a Pan South Major Trauma escalation document, however the implementation and operationalisation of the document took different paths across the South West and the South East and resulted in the need for slightly different documents.

The Wessex Trauma Network took a lead role in developing this document with region, ensuring it was fit for purpose and met the needs and abilities of the provider Trusts without duplication of roles during any escalation or mutual aid event.

This plan applies to all hospitals across the South East should escalation be needed and is supported by “Major Trauma considerations in escalation events” ensuring commanders have information to rapidly escalate and make decisions.

The WTN looks forward to working with EPRR teams across the WTN to embed these documents within their incident response plans.

Trauma Unit and Pre Hospital Peer Review 2024

This process operates on a biennial cycle, alternating between self-assessment and in-person reviews. In 2024, an "in person" review was conducted where each unit demonstrated improvements from the years 2022 and 2023. The reviews involved evaluations and discussions based on the standards set by the National Major Trauma Clinical Reference Group, utilizing the 2021 Trauma Unit and the 2022 Pre-Hospital Quality Indicators. Attendance varied among providers, with some having diverse clinical and executive representation, while others had only their Major Trauma Lead Clinician present. The WTN senior leadership team provided detailed written feedback to each provider, addressing concerns as well as giving positive remarks. Each provider is then expected to develop an action plan to address the concerns. These plans will be regularly reviewed by the WTN Board.

Looking ahead, the dates for the November 2025 "self-assessment" Peer Reviews are currently being scheduled.

WTN Repatriation directory of services

This document was developed to address the inefficiencies often encountered by Trusts, such as being redirected between various specialties while attempting to determine the appropriate team for a patient with a specific injury and the correct procedure for arranging a bed. Each Trust has its own intricacies regarding the transfer process. The aim of this document was to clarify which specialties handle which injuries in each Trauma Unit, and the escalation routes if challenges arise during any transfer processes. It includes all bleep and contact numbers for the various specialties and for the operations centres/bed managers who play a crucial role in facilitating these cross-network transfers. This document has been ratified by all WTN Trauma Units.

Ward Nursing Education

The MTC/WTN nursing and AHP education lead has been working with Trauma Units to embed national major trauma nursing education standards. Trauma Units are mapping these standards to their clinical areas, identifying existing education and gaps, and planning educational opportunities to ensure nursing staff are equipped to care for complex trauma patients.

Rehabilitation Services Development

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

There have been exciting developments with Rehabilitation Services in the region over the past year. The South of England Rehabilitation Centre based in Southampton opened officially in October 2024 and this has expanded our provision of rehabilitation for patients within Southampton. The simultaneous fusion of a number of community Trusts across the Hampshire area also means that the provision of Level 2 Neurorehabilitation services has expanded to be eligible to these areas as well. Therefore patients experiencing neurological injuries across a larger geographical area have access to more complex rehabilitation.

We continue to develop our acute rehabilitation service within UHS, Southampton, to ensure better outcomes following spinal cord injury and we have extended this to include outreach services and psychology to best support patient needs. Our outreach service now works alongside the South West Spinal Network's services to ensure ongoing input and advice to ensure better support to patients and staff for improved outcomes.

Multiple services in rehabilitation across Wessex have continued to develop improved links across the network and there are multiple new projects which will hopefully come to fruition over the coming year. These projects include new rehabilitation centre, expansion of consultant / specialist cover, and improvement of in-patient services. More information on these will be made available in due course.

Summary and Way Forward

The NHS is undergoing changes. Since the establishment of the Major Trauma Networks in 2012, the incidence of major trauma has increased annually, with the Wessex Trauma Network performing well among its peers in terms of survival rates and outcomes. Although we currently do not have access to this data, there is no indication that this trend has changed. Major trauma care will continue to be essential, and the coordination of care and governance will remain, but adaptations must also be made.

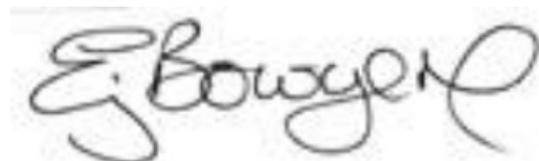
The Secretary of State for Health and Social Care has outlined three strategic aims for the NHS, and the Wessex Trauma Network anticipates developing pathways that align with these goals. IT infrastructure to support networked care was identified as a key theme during the Strategy Day. Implementing this across two regions and three Integrated Care Systems will be challenging, but successful execution will benefit both clinicians and patients by enabling treatment closer to home and reducing unnecessary transfers and extended hospital stays.

Providing early specialist support to critically ill patients has been shown to improve outcomes and reduce the length of stay throughout the care episode. The WTN looks forward to collaborating with the MTC, regional authorities, and ICS to achieve these benefits for patients and the local health economy.

As the NHS continues to transform services, the Wessex Trauma Network aims to support all providers in delivering and enhancing patient-focused services. We will maintain oversight of the Network, reviewing pathways in an open and transparent manner to prevent recurrence of issues. This approach will strengthen the Network and ensure each component provides optimal trauma care.



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