



North West Children's Major Trauma Network
Always Children First



North West Children's Major Trauma Specialised Services Clinical Network Operational Policy

Organisation	North West Children's Major Trauma Specialised Services Clinical Network
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Author	Helen Blakesley
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Description	This document outlines the key operating principles of the Children's Major Trauma Centres in the North West Children's Major Trauma Networks
Points of Contact	Helen.blakesley@mft.nhs.uk

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Glossary

AHCH	Alder Hey Children's Hospital
BOAST Open Fractures	British Orthopaedic Association Open Fracture Pathway, setting out key markers for care of patients with high energy open lower limb fractures
CYP	Child/Young Person
ED	Emergency Department
EPRR	Emergency Preparedness Resilience and Response
ICB	Integrated Care Boards (ICB's)
LEH	Local emergency hospital
MI	Major Incident
MTC	Major trauma centre
MT	Major trauma
NMTR	National Major Trauma Registry
NW	North West
NWAA	North West Air Ambulance Service
NWAS	North West Ambulance Service
NWTS	North West Paediatric Transport Service
SSCN	Specialised Services Clinical Network
IDACI	Income Deprivation Affecting Children Index
ISS	Injury Severity Score is a score ranging from 1, indicating minor injuries to 75, indicating very severe injuries that are very likely to result in death. An ISS between 9 and 15 is considered moderate. An ISS of 16 or more is considered severe. ISS is calculated using the Abbreviated Injury Scale (AIS). The AIS is a value between 1 (minor) and 6 (very severe) which can be assigned to each injury. TARN currently uses the AIS 2005 system, the most recent available.
PCC	Paediatric Critical Care
PCC SIC LTV ODN	Paediatric Critical Care, Surgery in Children and Long-Term Ventilation Operational Delivery Network
PPV	Patient and Public Voice
RMCH	Royal Manchester Children's Hospital
SSCN	Specialised Services Clinical Network
TARN	Trauma Audit Research Network
TTL	Trauma Team Leader
TU	Trauma Unit
W	W-Variable shows hospital outcome performance. W represents excess deaths or survivors per 100 patients. This is calculated using observed and expected survivors and the total number of patients in the hospital's rate of survival dataset.
Ws	Ws Excess deaths or survivors (W) standardised according to hospital case mix using the NMTR fraction. A hospital with the same case mix as the overall NMTR population will have identical W and Ws values. A hospital whose case mix differs from the overall NMTR population will have different W and Ws values.

1.0 Introduction

This document is the Operational Policy of the North West Children's Major Trauma Specialised Services Clinical Network (NWChMTN). The document should be read in conjunction with NWChMTN Annual Report, Work Plan, network guidelines and local policies where applicable.

The role of major trauma networks is to support the delivery of high-quality care for patients with major trauma injuries. The network covers the patient's whole pathway from the point of injury to discharge, including rehabilitation.

Injury severity data nationally demonstrates a consistently low incidence of severely injured children annually due to major trauma compared with adult data. As a result, organisation of trauma networks for children requires a different approach. Maintenance of high-quality paediatric trauma resuscitation, imaging, and emergency decision-making and surgical skills specific to trauma must not be compromised. While expertise is concentrated in the Children's Major Trauma Centres, skills need to be maintained throughout the network. On-going education and support for practitioners to maintain skills in the management of children's major trauma is vital.

The Network works closely with the regional All Age MT Specialised Services Clinical Networks (GM, L&SC, C&M).

2.0 Purpose

The purpose of the Operational Policy is to provide a summary of the management of children with major trauma or those triaged onto the major trauma pathway within the NWChMTN. This document sets out the Network protocols and policies which provide a framework within which the major trauma system operates. It aims to provide:

- Guidance to all those involved in the care of paediatric major trauma patients within the NW region
- Standardisation of the patient journey
- A system which enables equal, timely access to paediatric major trauma services across the NW.

3.0 Network Governance

3.1 Purpose of the Network

The Network's aim is to support the delivery of a safe, effective and equitable system approach to the management of children who have suffered serious injuries, often multiple, where there is a strong possibility of death or disability.

The Network ensures quality standards and networked patient pathways are in place. They support the management of capacity and demand, improvement and delivery of a commissioned pathway, with a key focus on the quality and equity of access to service provision. The Network brings together providers, commissioners, public health and other stakeholders to assess the needs of the population and plan the provision of trauma care.

In addition to ensuring that the pathway for major trauma in children is supported the Network is also committed to supporting injury prevention for children. This includes working with partner agencies to support local and national initiatives.

The Network aligns with the NHS England Major Trauma Clinical Network Specification which highlights seven key areas of network functionality.

- Service Delivery: Planning and managing capacity, patient flow and pathways, escalation and response to major incidents.

- Resources: Working with commissioners to support clinical stewardship of resources across the whole pathway and minimising unwarranted variation.
- Workforce: Ensuring flexible, skilled and resilient staffing, including training and education needs.
- Quality: Monitoring and improving quality, safety, experience and outcomes.
- Collaboration: Promotion of cross-working between organisations at local, system and national level.
- Transformation: Planning sustainable services that meet the needs of all patients including developing pathways, protocols and procedures and implementation of nationally agreed commissioning policies and products.
- Population Health: Supporting assessment of need, improving inequalities in health access, experience and outcomes.

The Network also aligns with the NHSE service specification (2013) d15-major-trauma quality indicators that networks are required to meet, as follows:

- A network governance group
- A network agreed transfer and repatriation protocol
- Network agreed pathways in place
- An emergency preparedness plan
- A network clinical lead for rehabilitation

3.2 Governance Structure

The Network has an established governance structure with good stakeholder engagement at the quarterly Network Clinical Effectiveness Group Meeting (CEG). The Network also has a Governance Board which meets twice a year. The Network is accountable to the NW NHSE Specialised Commissioners and has established strong links with the regional all age MT SSCNs and the Paediatric Critical Care, Surgery in Children and Long-Term Ventilation ODN (PCC SiC LTV ODN).

The Network leads nationally on the Children's MT National Network and National Children's MT Rehabilitation Network. These networks are unfunded and feed into the mandated Trauma and Burns Programme of Care Clinical Reference Group.

The Network also feeds into the National MT Nursing Group and National MT Rehabilitation Group. These groups lead on trauma education and standards of care and are non-mandated.

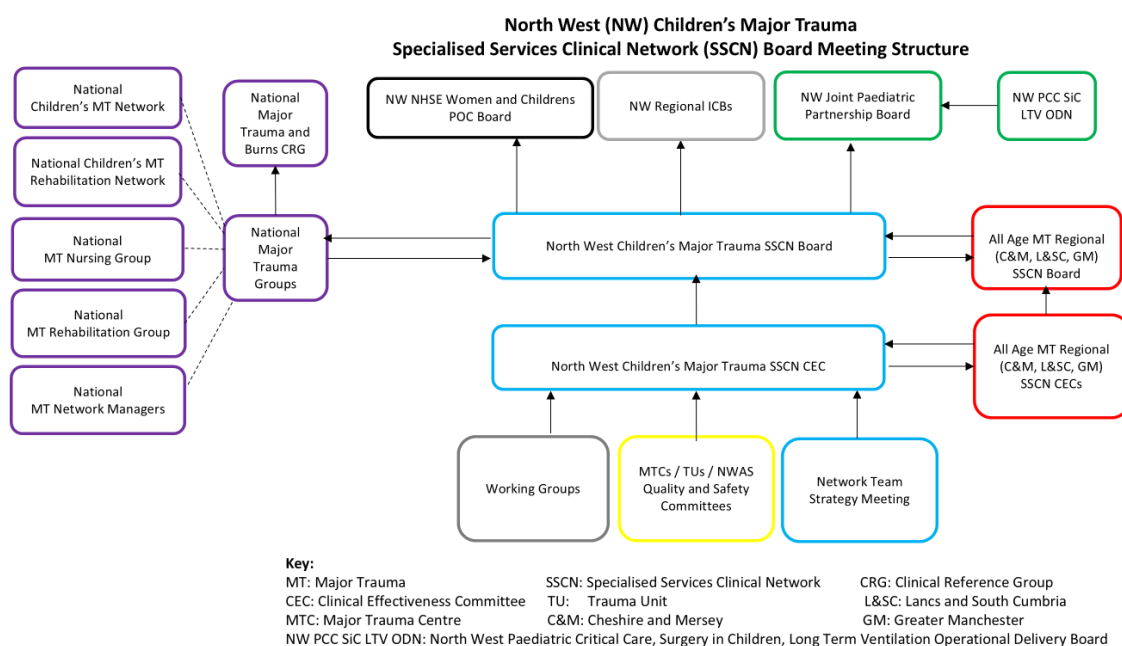


Figure 2: Diagrammatic representation of Clinical Governance Arrangements for the North West Children's Major Trauma Network

3.3 Network Leadership Team

Role	WTE	AFC Band
Network Manager	0.5 WTE	8a
Lead Nurse	0.5 WTE	8a
Clinical Lead	0.5 PA	Consultant
Clinical Lead	0.5 PA	Consultant
Project Support	0.4 WTE	4

3.4 Population

The Network provides a service to the conurbations of Merseyside, Greater Manchester, Cheshire, Lancashire and South Cumbria, North Wales and the Isle of Man.

The approximate current population for children aged less than 16 years served by the Network is 1.4 million. North Wales and the Isle of Man have a separate health system to NHS England and have separate commissioning arrangements.

	Population under 16 years old
North West England (including North Wales)	1,360,482
Betsy Cadwaladar University Board Area	118,100
Isle of Man (predicted 2024)	13,648
Total	1,492,230

The North West region has some of the highest rates of deprivation in England. The North West has 4 local authorities in the top 10 most deprived areas for Income Deprivation Affecting Children Index (IDACI) and a high proportion of children in relative low-income families.

4.0 Network Configuration

4.1 Network Providers



Figure 1: Map of ChMTCs and Trauma Units in North West England

4.2 Pre Hospital Services

Pre-Hospital Care is provided by the North West Ambulance (NWS) and the North West Air Ambulance Service (NWSA). In addition, on the borders of the NW region there are the East Midlands Ambulance Service, The Royal Air Force, Welsh Ambulance Service and the Great North Air Ambulance. The service also works with North West Paediatric Transport Service (NPTS) to provide advice and support for the transfer of critically injured children across the region. Voluntary services working within the Greater Manchester area include Hatzola which is a charity-based service for the local Jewish community, with links to NWS and their Advanced Clinical Paramedics for advice. All the volunteers are trained in Emergency Medical Technician Level 2.

4.3 Children's Major Trauma Centres

There are two Children's Major Trauma Centres (MTC) in the Network:

- Alder Hey Children's Hospital
- Royal Manchester Children's Hospital

Major Trauma Centres provide immediate treatment to people with the most serious injuries 24 hours a day, seven days a week. They have the equipment, facilities and teams of trauma experts to ensure effective diagnosis and early treatment of seriously injured patients. The optimal destination for patients with suspected major trauma is usually a Major Trauma Centre. Pre-hospital services should bypass non-MTC sites if they are able to reach an MTC within 60 minutes.

4.4 Children's Trauma Units

There are 17 Trauma Units (TU's) for children which transfer to either Alder Hey or Royal Manchester Children's Hospital. Each TU has a designated Major Trauma Centre. This is shown in the charts below.

TUs treat people with less severe injuries who do not require the input of a major trauma centre. They provide high-quality, ongoing treatment and rehabilitation for all patients. For major trauma patients who may self-present or require lifesaving resuscitation and are unable to travel direct to an MTC, TUs will receive and resuscitate the injured patient and provide expert triage so that where necessary patients can safely transfer rapidly to the MTC for definitive care.

4.5 Local Emergency Hospitals

There are 11 Local Emergency Hospitals (LEHs) who do on occasion have children presenting to them with Major Trauma. LEHs provide general accident and emergency services for their local population and provide basic trauma care for those who do not need the input of a TU or MTC. While they would normally be by-passed by ambulance services, if they do receive injured patients (e.g. self-presenting / brought in by parents or guardians), they provide expert triage for patients who are then transferred safely and rapidly to the TU or MTC for definitive care. Each LEH has a designated MTC. This is shown in the charts below.

Area	Hospital Transferring to Alder Hey Children's Hospital Major Trauma Centre
Cheshire and Mersey and Isle of Man	<ol style="list-style-type: none"> 1. Countess of Chester (TU) 2. Southport and Ormskirk (TU) 3. Whiston Hospital (TU) 4. Warrington Hospital (TU) 5. Wirral Hospital (TU) 6. Nobles Hospital, Isle of Man (LEH)
North West Midland and North Wales	<ol style="list-style-type: none"> 1. Leighton Hospital (Mid Cheshire NHS Trust) (TU) 2. Royal Stoke Hospital (North Staffordshire Only) (TU) 3. Wrexham Maelor Hospital (LEH) 4. Ysbyty Gwynedd, Bangor (LEH) 5. Glan Clwyd Hospital, Rhyl (LEH)

Lancashire and South Cumbria	<ol style="list-style-type: none"> 1. Furness General, Barrow (TU) 2. Royal Lancaster Infirmary (TU) 3. Blackpool Victoria Hospital (TU)
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Table 1 : Designated Trauma Units and local Emergency Hospitals feeding into AHCH

Area	Hospital Transferring to Royal Manchester Children's Hospital Major Trauma Centre
Lancashire and South Cumbria	<ol style="list-style-type: none"> 1. Royal Preston Hospital (TU/Adult MTC) 2. Blackburn Royal Infirmary (TU) 3. Chorley and South Ribble Hospital (LEH) 4. Burnley General Hospital (LEH)
Greater Manchester	<ol style="list-style-type: none"> 1. Stockport NHS Trust (TU) 2. Royal Oldham (TU) 3. Royal Albert and Edward (TU) 4. Salford Royal FT Trust (TU/Adult MTC) 5. Wythenshawe Hospital (TU) 6. Fairfield Hospital, Bury (LEH) 7. North Manchester General Hospital (LEH) 8. Royal Bolton Hospital (LEH) 9. Tameside Hospital, Ashton under Lyne (LEH) 10. Macclesfield General Hospital (LEH)

Table 2: Designated Trauma Units and local Emergency Hospitals feeding into RMCH

4.6 North West and North Wales Children's Transport Service (NWTS)

NWTS is a collaborative venture between Royal Manchester Children's Hospital and Alder Hey Children's Hospital and has been commissioned by the Specialist Commissioning Team in the North West to transfer critically ill children from Regional Hospitals to one of the two Paediatric Critical Care Units within the North West and North Wales area.

Although NWTS do not complete major trauma time critical transfers they are available to be contacted for advice around stabilisation and transfer into the MTC.

4.7 Rehabilitation Services

Hyperacute rehabilitation after major trauma is available in both children's MTCs. Rehabilitation is directed by either the MT Rehabilitation Consultant or the child's lead consultant supported by a full range of therapy services including physiotherapy, occupational therapy, speech and language, psychology, play services, dieticians and education.

The MT Rehabilitation Co-ordinators in both MTCs provide a key role in ensuring that the rehabilitation of children is planned by implementing the use of a rehabilitation prescription.

The rehabilitation prescription is a holistic assessment of preinjury and post injury needs of the child and family. This is used to ensure that a co-ordinated plan is in place while the child is in the hospital and to support discharge with comprehensive arrangements for the continuation of care in the community. Reintegration into education is facilitated by the Rehabilitation Co-ordinators, School Reintegration Services and wider MDT.

4.8 Spinal Cord Injury Centre

The regional spinal cord injury centre is Southport Spinal Cord Injury Centre. Southport does not provide paediatric inpatient rehabilitation however they do offer outreach support into the children's MTCs. Stoke

Mandeville and Oswestry also support NW CYP following a spinal cord injury offering inpatient and outpatient support. The Network works closely with the SCI centres and are currently reviewing a regional pathway.

4.9 Limb Specialist Services

There are 3 regional limb orthotic services across the North West these are:

- L&SC -Preston Disablement Services Centre
- GM-University Hospital South Manchester Disablement Services Centre
- C&M- The Donald Todd Rehabilitation Centre, Liverpool

5.0 Pre Hospital / Transfer in Pathways

5.1 Prehospital MT Pathway

NWAS have developed the NW Paramedic Pathfinder-Major Trauma in Children. This identifies children at risk of MT injuries at the scene of the accident and supports transfer to their designated children's MTC or if outside of the 60 minutes isochrone to their local TU. If the child has an unmanageable airway, breathing or catastrophic haemorrhage they will stop at their nearest TU for resuscitation and stabilisation.

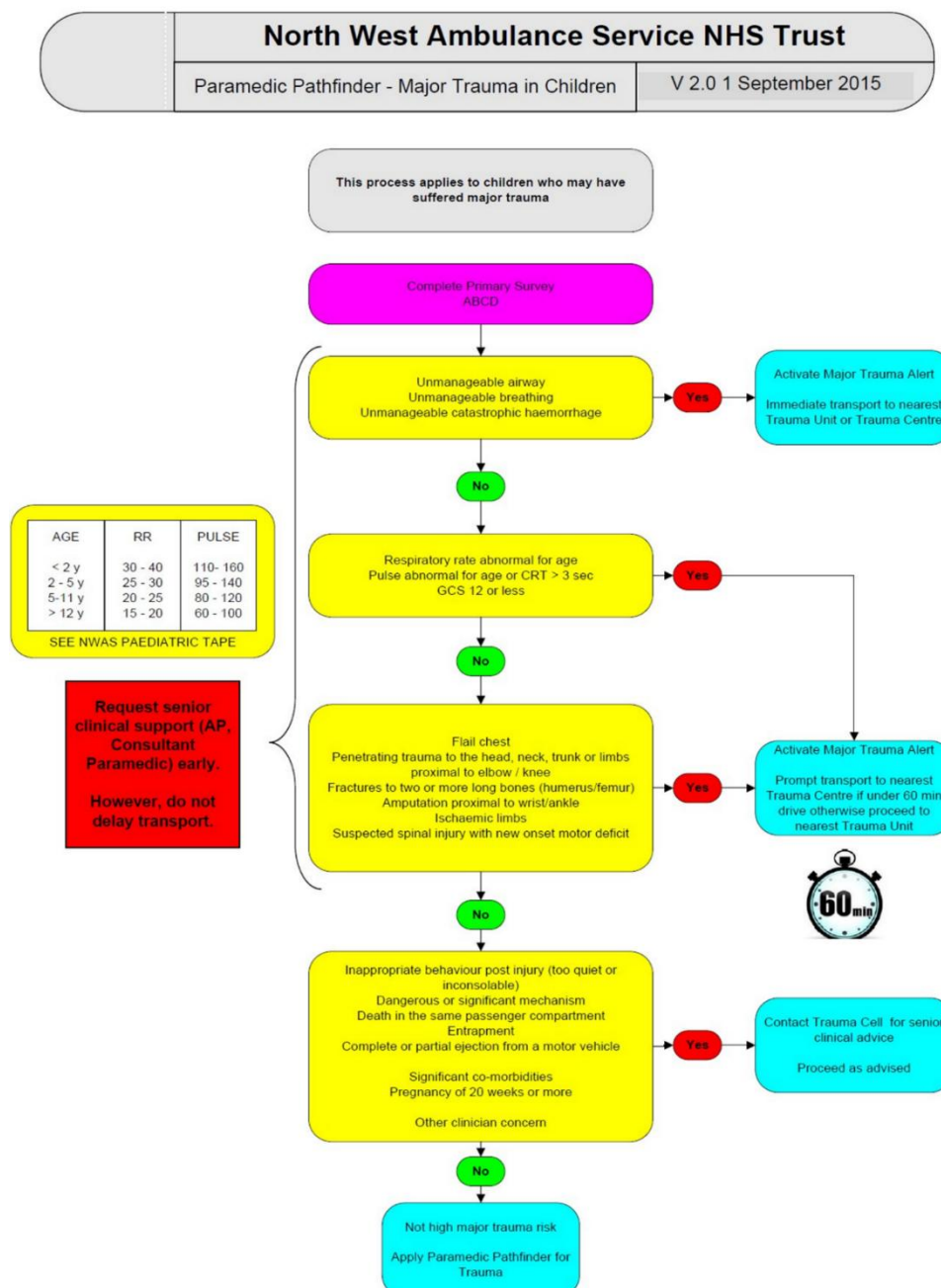


Figure 3: NWS Paramedic Pathfinder-Major Trauma in Children

5.2 Network Protocol for Transfer from LEHs / TUs to the Children's MTC

Secondary transfer into the children's MTC may be necessary when a patient has been conveyed to a TU/LEH this may be due to a number of factors:

- The Major Trauma paramedic pathfinder has not been triggered at the scene (triage 'negative' patients)
- The patient has required urgent resuscitation and stabilisation
- The patients' injuries have occurred outside of the 60-minute isochrone
- The patient has self-presented at a TU/LEH.

Once a MT injury has been identified the TU/LEHs should follow the Network Transfer in Pathway to stabilise the child and arrange transfer into their designated children's MTC.

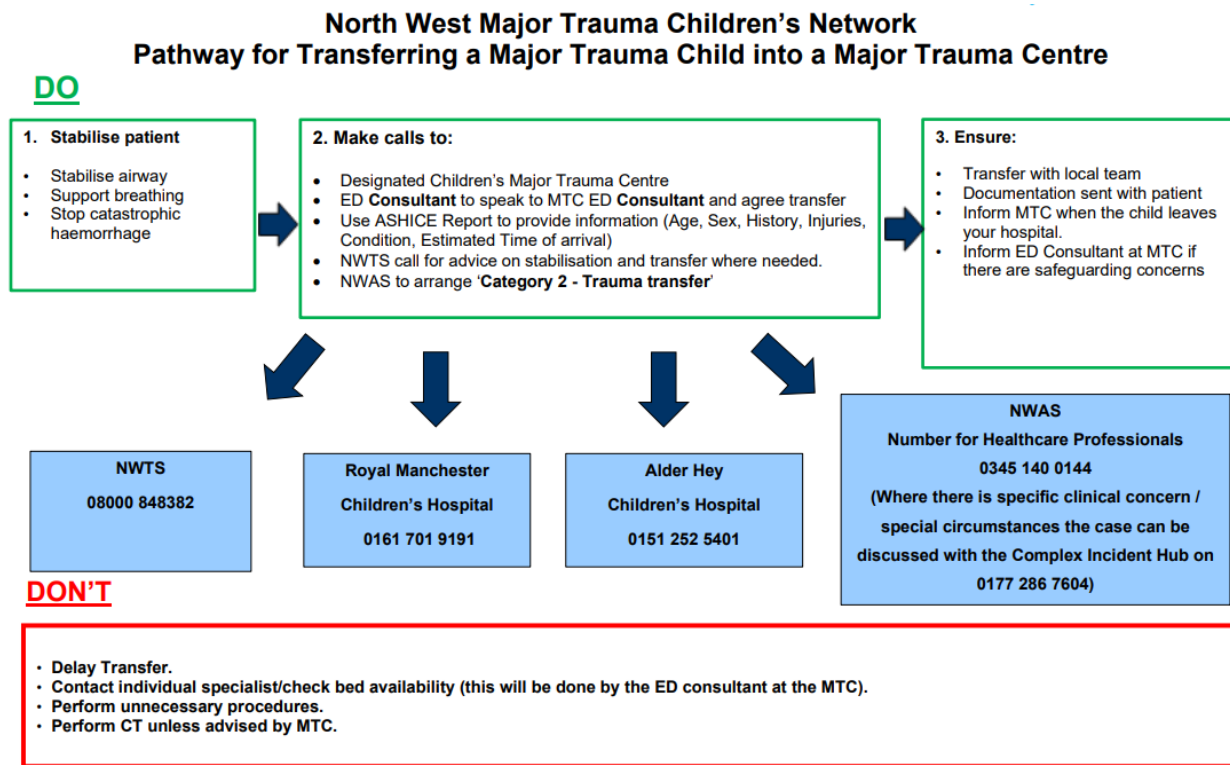


Figure 4: NWCHMTN Transfer in Pathway

This pathway includes guidance on minimum requirements, assessment, initial investigation, essential contact numbers and onward transfer and should be reviewed with the Network Clinical Guidelines found on the Network website: <https://nwchildrenstrauma.nhs.uk/pathways-and-guidelines>

Procedures to facilitate timely forward transfers are co-ordinated via NWAS and where there is specific clinical concern / special circumstances the case can be discussed with the NWAS Complex Incident Hub.

Children requiring secondary transfer from a TU to the MTC are transported quickly by a Category 2 - Trauma Transfer call. The TU/LEH is responsible for providing an appropriately experienced and trained transfer team for secondary transfer to the MTCs. Advice is available if required 24/7 from the Trauma Team Leader in the MTC and NWTS.

A regional transfer checklist developed by NWTS is used to support safe transfer of patients from the TU/LEH to MTC. https://www.nwts.nhs.uk/file/Xfg7HE7vPO_309678.pdf

6.0 Radiology

6.1 Teleradiology Facilities

Tele-radiology facilities are available throughout the Major Trauma Network via the NHS Image Portal. There are issues in the sharing of images from a small number of hospitals into the MTCs however the network are working with the providers to resolve this issue and it is on the risk register.

6.2 Network Imaging Protocol for Children

The Network has adopted the Royal College of Radiologists Guidelines (2024) Major paediatric trauma radiology guidance. These are referenced in the Network Clinical Guidelines and the Network Website. <https://www.rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/major-paediatric-trauma-radiology-guidance/>

7.0 Data

7.1 Data Sharing Agreement

There is an MOU between NHSE NW Specialised Commissioning and acute providers which includes a section on data sharing. Participating providers agree, in principle, to share data regarding their clinical services with the Network. This includes detailed datasets and the findings of any clinical audit, peer review and network related clinical or operational incidents.

7.2 National Major Trauma Registry (NMTR)

In June 2023 Manchester University, which hosted the Trauma Audit Research Network (TARN) database, sustained a cyber-attack. Since this event, NHSE have worked alongside Arden and GEM to develop a new platform called the National Major Trauma Registry (NMTR) (Arden & GEM are an NHS Commissioning Support Unit that provides services to support the delivery of the NHS Long Term Plan). The transition to the NMTR database has been slow and to date the Network have been unable to access network level data outputs since June 2023. Due to the issues described the Network are unable to reflect the full impact of major trauma injuries on the CYP in the NW Region.

The Network MTCs, TUs and LEHs all submit their data to the National Major Trauma Registry (NMTR). Once available the Network will utilise this data to monitor data completeness and accreditation figures. Locally collected data is currently presented at the Network Clinical Effectiveness Group and presented in the Annual Report.

8.0 Network Trauma Management Guidelines

8.1 Network Trauma Management Guidelines

There are Network guidelines available and shared across the MTC, TUs and LEHs; these include guidelines on

- emergency anaesthesia within the emergency
- emergency surgical airway
- resuscitative thoracotomy
- abdominal injuries
- severe traumatic brain injury
- open fractures
- compartment syndrome

- vascular injuries
- penetrating cardiac injuries
- spinal cord injury
- severe pelvic fractures including urethral injury
- chest drain insertion
- non accidental injury in the child
- femoral fracture

The guidelines are available on the Network website. <https://nwchildrenstrauma.nhs.uk/pathways-and-guidelines>

The Network also utilises the guidelines produced by NWTs which support the stabilisation and transfer of critically ill children across the Network. [Clinical Guidelines | North West & North Wales Paediatric Transport Service](#)

9.0 Network Specialist Pathways

9.1 Management of Severe Head Injury

Both MTCs are designated as neurosciences centres. All children with a severe head injury (AIS3+) are managed in the MTCs according to NICE guidance for Head Injury. At the MTCs acute head resuscitation is dealt with initially in the emergency department. There is 24 hours, 7 days a week cover from on-site paediatric neurosurgical teams in both MTCs.

9.2 Management of Spinal Injuries

Both MTCs are designated as neurosciences centres. At the MTCs acute spinal trauma with resuscitation is dealt with initially in the emergency department. Spinal cord injury guidelines are available covering acute management (Please see Network Clinical Guidelines). There is 24 hours, 7 days a week cover from on-site paediatric neurosurgical, spinal and orthopaedic teams.

Initial management of the patient will be on the paediatric intensive care unit, high dependency unit or neurosurgical ward led by the relevant consultant. Initial contact is made during the acute phase of management with the Northwest Spinal Injuries Centre at Southport and Ormskirk NHS Trust, Oswestry Spinal Injuries Centre or Stoke Mandeville Spinal Injuries Centre depending on the patient's home location and family choice.

A regional pathway for children's spinal injuries is currently being developed with the regional SCI centre, Network, MTCs and NW NHSE Commissioners.

9.3 Pelvic Services

Pelvic Fractures in Children are relatively rare – accounting for about 5% of Major Trauma injuries. All Orthopaedic Consultant are trained in damage control surgical techniques for emergency external fixation and skeletal traction for unstable pelvic fractures.

Facilities are available at both MTCs which allow early definitive fixation of pelvic and long bone injuries within 24 hours of arrival. For more complex pelvic fracture management, service level agreements are in place in both MTCs to allow adult specialists to support paediatric orthopaedic surgeons.

9.4 Orthoplastic Services

Both MTCs have orthoplastic services onsite. There are combined Consultant led orthopaedic and plastic surgery service who are available within 30 minutes for joint orthoplastic care. This is regularly audited and reviewed by both centres.

Shared operating list are available on a case-by-case basis for the timely management of open fractures including wound excision either immediately, within 12 or within 24 hours of admission.

There is a specialist ward and nursing staff who can care for complex lower limb fractures and flaps and a Trust policy to ensure a patient is allocated to the correct ward area following admission for theatre.

9.5 Emergency Planning

Emergency plans are documented for each of the MTCs, TUs, LEHs in the event of a major incident or mass casualty event. The Network has developed a Response and Escalation Plan which sets out the Networks response and escalation plans to support and escalate any paediatric MT network pressures or service disruptions.

The Network are linking in with the regional EPRR leads to look at the paediatric major incident/mass casualty planning and the Network role.

10.0 Rehabilitation

10.1 The Trauma Network Director of Rehabilitation

Currently there is no Network Director for Rehabilitation and no budget to allow for this role. The Network links in with the rehabilitation services in both MTCs and leads on the National Children's MT Rehabilitation Network. This Network is an unfunded network and brings together MT professionals from across the UK to share best practice for trauma rehabilitation care.

10.2 Network Rehabilitation Guidelines

The Network is utilising the NICE "Rehabilitation after traumatic injury guidance" ([Overview | Rehabilitation after traumatic injury | Guidance | NICE](#)) and the Peer Review Quality Standards to assess the regional children's rehabilitation services. As part of the network workplan the network will develop best practice rehabilitation guidance for the region to support the standardisation of care across the region. The Network are currently developing a femoral fracture rehabilitation guidance and rehabilitation prescription guidance.

10.3 Directory of Rehabilitation Services

Each of the MTCs has a directory of rehabilitation services internally. Most of the rehabilitation occurs inside of the MTCs unless a child requires specialised rehabilitation in a SCI centre. This directory is utilised for community referrals to outpatient services.

10.4 Referral Guidelines to Rehabilitation Services

Referrals to community services are made via referral letter, forms or telephone. Each area has its own form and we cover a large geographical area across 3 ICBs, North Wales and Isle of Man.

Spinal Injuries are referred via the National Spinal Cord Injury Database System.

For children who require specialist commissioning the continuing health care documentation is completed and the case is taken to the local area specialist commissioning panel for health, social and education. Cases for additional therapy support, care package or specialist rehabilitation placement will all go to the specialist commissioning panel.

10.5 Rehabilitation Education Programme

The network has developed a Femoral Fracture Training Day, the aim of this day is to support the regional hospitals to manage femoral fractures locally and reduce the number of paediatric referrals into the MTC.

10.6 Network Patient Repatriation Policy

Reverse transfer of patients from the MTC to their local TU is infrequent, this is in part due to the lack of specialised rehabilitation services at the local hospitals. Therefore, specialist rehabilitation services for injured children are currently mainly provided within the 2 MTCs.

For children who can transfer to their local hospital the main reason for transfer is:

- Safeguarding investigations to be completed.
- For local teams to review patients prior to discharge home and to plan for local service follow up
- Completion of acute, non-specialist treatment.

If a patient can be repatriated back to their local hospital it is essential that reverse transfer arrangements are in place so that the Network can ensure a continuous patient flow and that patients are receiving care as close to home as possible once there is no longer a clinical need to be in an MTC.

The Network has developed a repatriation policy which includes the escalation process for any delays, this is available on the website. <https://nwchildrenstrauma.nhs.uk/pathways-and-guidelines>

11. Quality

One of the key aims of the Network is to monitor quality for paediatric major trauma care across the region.

11.1 Incidents

To support this the Network has developed an Incident Standard Operating Policy (SOP). The aim of the SOP is to ensure effective governance processes are in place to allow opportunities for learning and to maximise the quality of children's major trauma services. To provide quality assurance and improvement, the Network has a responsibility to ensure that lessons are learned from;

- Case reviews of unexpected deaths and unexpected survivors
- Patient Safety Incident Case reviews
- Incident reports
- MTC PROMs reports
- Network National Major Trauma Registry (NMTR) data including clinical reports
- Morbidity and Mortality reviews

The Network communicate themes and incidents through the Clinical Effectiveness Group (CEG) with overall responsibility through the Governance board.

11.2 Risk Register

The Network has a risk register which is monitored through the Governance Board with risks reported into the CEG, and biannually to NW NHSE via the reporting structure. The network aims to promote consistent, proactive risk management within the Network to:

- Ensure clear governance arrangements for assessing, escalating, and monitoring risks.
- Support appropriate and timely action to reduce or mitigate risk impact.
- Ensure high-scoring risks (≥ 12) are reported and reviewed by the Network Board.

11.3 Peer Review

MT Peer Reviews are a core function of the Networks work programme. The principal aims of peer review are:

- To undertake fair reviews of services to gain assurance that they are as safe and effective as possible.
- Service improvement and the continual improvement of quality and patient care with reviews acting as a catalyst for change.
- To identify gaps and under resourcing, with the aim of prompting organisational prioritisation of major trauma services
- A shared learning experience for both the service being reviewed and the visiting peers.

The Network aims to undertake an assurance process every 1-2 years in collaboration with the all age C&M, GM, L&SC and Midlands MT SSCN.

The reviews utilise the MT Quality Standards and each TU / MTC is asked to complete a self-assessment and evidence in the form of an annual report, work programme and operational policy. A review will take place with a panel of experts. Utilising the evidence the panel will assess the TU/MTC against the quality standards and identify and report to the Trust:

- Good practice
- Concerns
- Serious Concerns
- Immediate risk

The Network will support the writing of the report and any follow up actions to support the Trusts to meet the expected MT standards.

11.4 Work Programme and Reporting

The Network develops a yearly work programme and annual report which is signed off by its Governance Board and NW NHSE. The work programme includes:

- Service planning to address any challenges and concerns, minimise risk and address non-compliance with measures/standards
- Outline of the service's plans for service improvement and development
- Planned participation in audit, patient feedback processes
- Finance
- Risks

12. Communication

The Network's operating procedures are underpinned by a number of communication methods.

12.1 Email

The Network tailor's distribution lists according to the type of communication. The network has formalised links with each MTC, TU and LEH in the region with a named paediatric clinical lead in each trust for paediatric major trauma. The Network also liaises nationally with children's MTC's, charity and third sector organisations in its role as lead for the National Children's MT and Rehabilitation Networks

12.2 Website

The Network has a website [The North West Children's Major Trauma Network](#). The website is available to the public. The website contains up to date clinical guidelines, policies, education resources and governance information.

12.3 NHS Futures

The Network has established a National Children MT NHS Futures Page. The page allows Trusts to share MT information including policies, job plans, business cases to support MT services across organisations.

13. Injury Prevention

Children from the most disadvantaged families are far more likely to be killed or seriously injured due to accidents and have hospital admission rates 45% higher than that for children from the least deprived areas.

The Department of Health and Social Care Child and Maternal Health Profiles show that the NW region is consistently in the top 3 regions for admissions to hospital following unintentional injuries and for children killed or seriously injured on England's roads.

The Network supports a number of injury prevention initiatives including:

- The Network leads on the National Children's Major Trauma Network. This Network has injury prevention as one of its core aims. Nationally, this Network has focused on non-accidental injuries, button battery / magnet ingestions, and crush injuries.
- The Network has been linking in with Manchester Local Care Authority to look at ways they can work with other agencies to promote injury prevention across the region.
- The Network has established links with a number of injury prevention providers including the Child Accident Prevention Trust.
- Across the region the MTCs are seeing an increase in hospital admission for young people affected by violent crimes. A key focus for both MTCs has been to work and support the development of the regional Violence Reduction Units.

14.0 National Children's Major Trauma and Rehabilitation Network

14.1 National Children's Major Trauma Network

The NWChMTN leads on the National Children's Major Trauma Network. The NWChMTN supports the administration of this network and formulates the agenda and chairing of the meeting.

This Network has members from across the national children's major trauma system. It focuses on prehospital to definitive care and injury prevention. The Network feeds into the National Major Trauma and Burns CRG and National Major Trauma Network. This network shares best practice pathways, major trauma themes, injury prevention initiatives, research and audit programmes.

14.2 National Children's Major Trauma Rehabilitation Network

The NWChMTN leads on the National Children's Major Trauma Rehabilitation Network. The Network supports the administration of this network and chairs and formulates the agenda for the meetings.

This Network has members from across the national children's major trauma rehabilitation system including charity and third sector organisations. It focuses on rehabilitation both in and out of hospital alongside return to physical activity and school. The network is developing national guidelines and training packages. The Network feeds into the National MT Rehabilitation Group, National Major Trauma and Burns CRG and National Major Trauma Network.

15.0 References

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