



**Cheshire & Merseyside**  
Major Trauma Network

# Annual Report 2025-26





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# Foreword



*This annual report reflects my first full year as Medical Lead for the Cheshire & Mersey Major Trauma Network, and it has been a privilege to support and contribute to the work of a system that is defined by collaboration, professionalism and a shared commitment to delivering high-quality care for seriously injured patients. While the Network has a small, core, management team that leads, coordinates and supports its work, it is important to recognise that the true strength of the Network lies far beyond this. The Network exists because of the collective commitment, expertise and dedication of those involved in major trauma care across Cheshire and Merseyside – from the pre-hospital services, Major Trauma Centres and Trauma Units, to rehabilitation, education, audit and governance teams. Without the daily efforts of these individuals and services, the Network could not function, nor achieve the outcomes set out in this report. Most importantly, it allows the system to provide exceptional care for our community and patients.*

*This past year has taken place against a challenging backdrop. The sustained pressures facing the NHS, particularly across Urgent and Emergency Care, have continued to test capacity, resilience and workforce across the trauma pathway. Alongside this, we are operating within a period of significant transition, with national changes to NHS England structures and arrangements creating a degree of uncertainty about the future landscape for specialised services, including Major Trauma. These challenges underline the importance of strong clinical networks that can provide consistency, shared standards and collective leadership during times of change.*

*Data from the National Major Trauma Registry remains central to understanding performance and outcomes across the Network. Encouraging improvements are evident, but it is also clear that this remains a work in progress. Continued focus on data quality, submission and meaningful use of information is essential if we are to fully realise the potential of the Registry as a tool for learning and improvement rather than assurance alone.*

*Despite these pressures, this year has also seen some outstanding work delivered across the Network. The breadth and quality of activity described within this annual report is a testament not only to the core network team, but to provider organisations, clinical groups and partners who have led, participated in and sustained this work. In many respects, this report is as much a record of the achievements of our provider services as it is an account of Network-led activity. The high levels of attendance, engagement and contribution seen across clinical groups and network-led working groups are clear indicators of a system that is invested in collective improvement and shared learning.*

*As we look ahead, the challenges facing Major Trauma Services are complex and evolving. However, the foundations across Cheshire and Merseyside are strong. By continuing to work together as a true clinical network, I am confident we can continue to improve care, outcomes and experience for major trauma patients.*

*I would like to close by sincerely thanking colleagues across the wider Network for their ongoing commitment, expertise and engagement. It is only through this collective effort that the Cheshire & Mersey Major Trauma Network continues to be effective, resilient and ambitious in the care it provides.*

*David Wilson*

Cheshire & Mersey Major Trauma Network Medical Lead

# The Network Team

The core team of the **Cheshire and Mersey Major Trauma Network (CMMTN)** comprises of sessional input from a **Medical Lead**, **Major Trauma Quality Improvement Lead**, as well as the **Specialised Services Clinical Network (SSCN) Director** and the **Administration and Project Support Officer**, both of whom also support the activities of the Cheshire and Mersey Critical Care Network (CMCCN).

You can read more about the core network team via 'The Network Team' pages of the Cheshire & Mersey Major Trauma Website

<https://www.cheshireandmerseyccmtnetworks.nhs.uk/the-network-team-cmmtn>

The Network team leads, coordinates, and supports activities and developments, engaging clinicians and other stakeholders from the Adult and Children's Major Trauma Centres (MTC) and Trauma Units (TUs), who are pivotal to the delivery of a networked approach to implementing a cross-region major trauma clinical pathway and maintains good working relationships with our neighbouring North West and wider SSCN colleagues.

**The work highlighted within this Annual Report could not be achieved without the commitment and support from wider network colleagues from all the provider organisations who form the true Clinical Network membership.**



# The Network

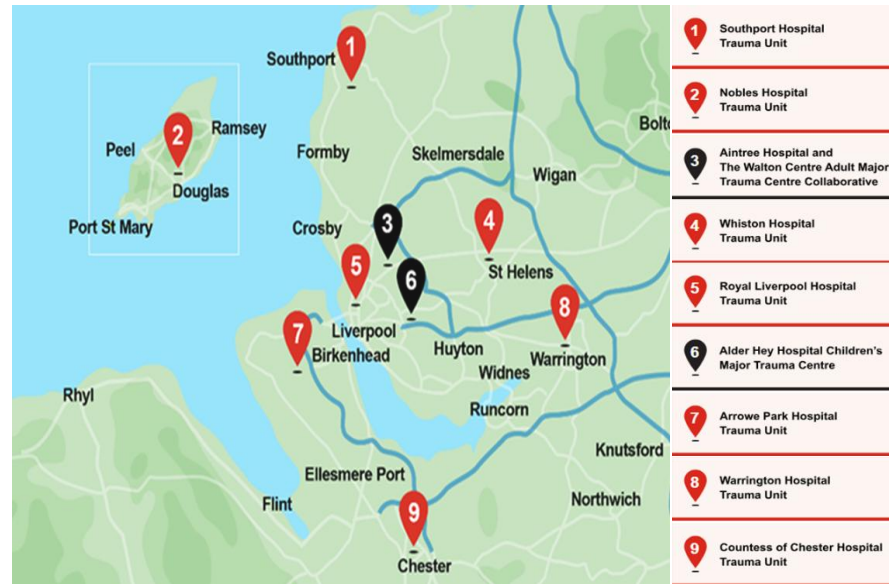
## The Network Geography

The Network covers **Cheshire, Merseyside, and the Isle of Man**, as shown in the Network Map, and includes an **Adult Major Trauma Centre Collaborative**, a **Children’s Major Trauma Centre**, and **seven Trauma Units**.

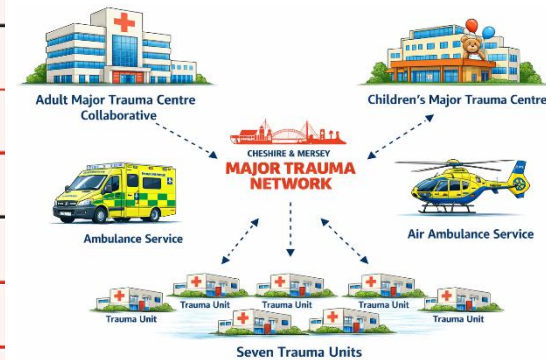
It borders Greater Manchester, Lancashire, the West Midlands, and North Wales, **servicing a population of around 2.2 million**.

**Pre-hospital care** is primarily provided by the **North West Ambulance Service (NWAS)** and **North West Air Ambulance (NWAA)**. An SLA between the Great North Air Ambulance and Manx Care supports enhanced HEMS provision on the Isle of Man, enabling some patients to be flown directly to mainland Major Trauma Centres.

Due to its location, the Network also receives patients from North Wales, either via the Countess of Chester Hospital or directly from the scene when landing at Stoke (the designated MTC for North Wales) is not possible.



## Network Provider Organisations

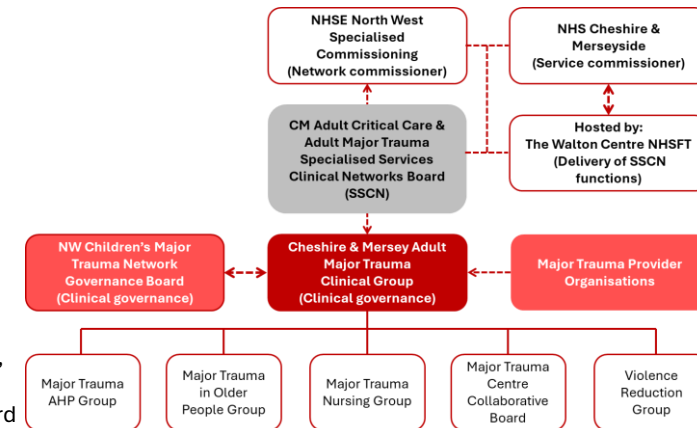


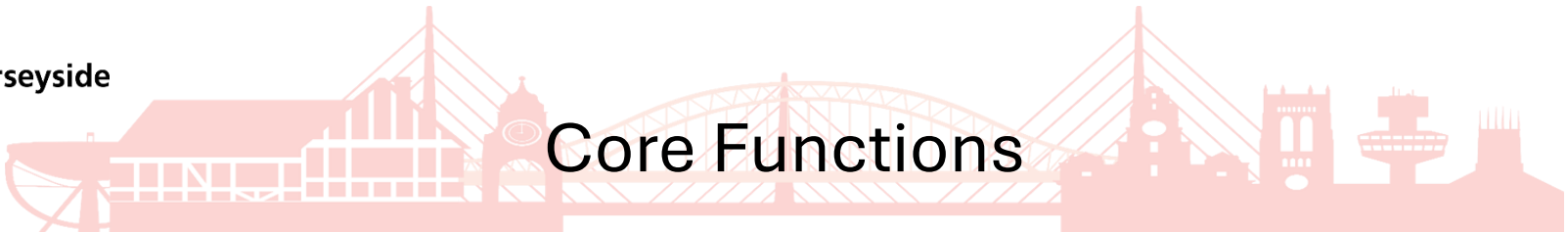
## Major Trauma Network Governance

The Specialised Services Clinical Network for Major Trauma and Major Trauma Centre are currently commissioned by NHSE. There is currently no direct commissioning for Trauma Units.

CMMTN is hosted by The Walton Centre NHS Foundation Trust.

The current governance structure of CMMTN is shown in the diagram on the right. The main governance group of the network is the Major Trauma Clinical Group (MTCG) that meets bi-monthly, this feeds up to the Joint Board. In 2025 / 26 there were four groups that fed into the MTCG, the Allied Health Professionals (AHPs), Major Trauma in Older People Group, Major Trauma Nursing Group, and the Violence Reduction Group. Additionally, CMMTN attend the Major Trauma Centre Collaborative Board meeting on a quarterly basis along with the North West Children’s Major Trauma Network Board and Clinical Effectiveness Group meetings.



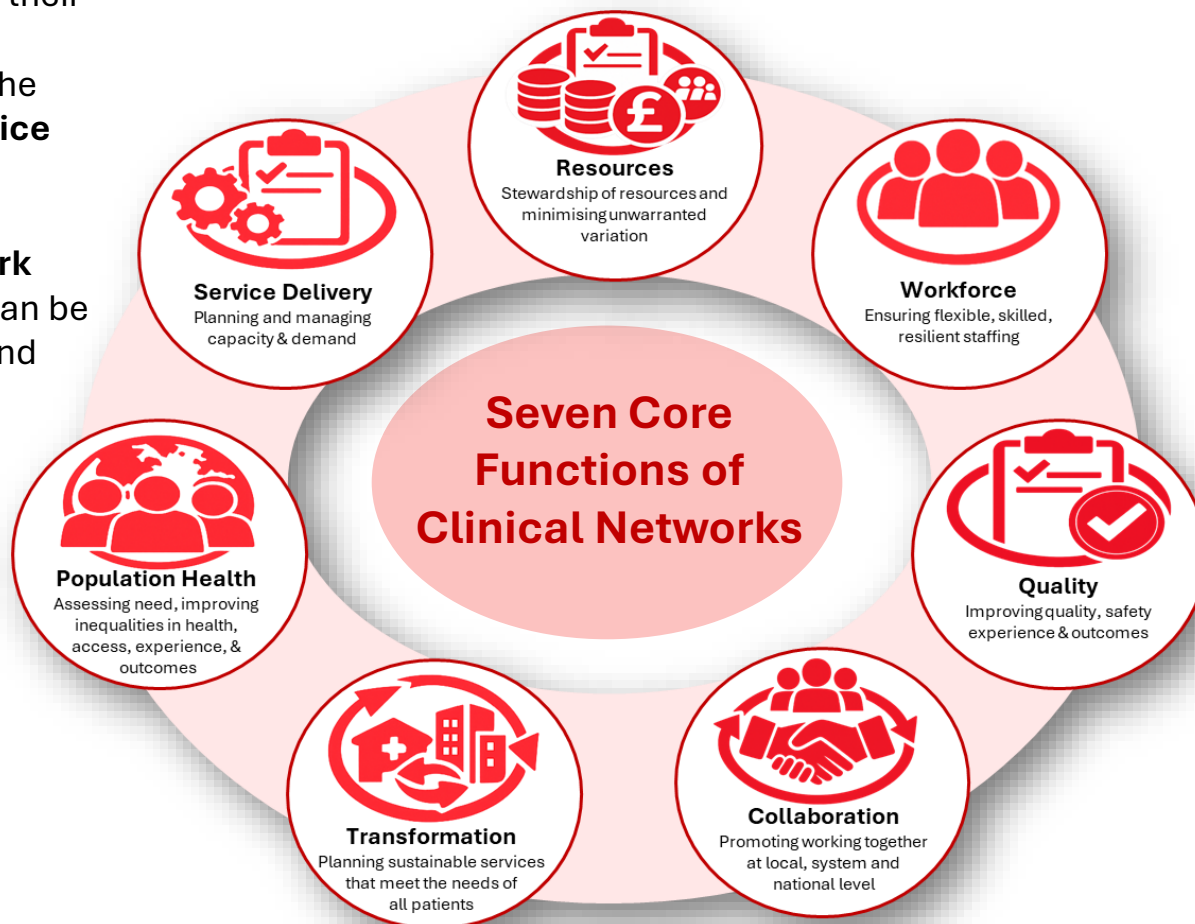


# Core Functions

## Specialised Services

**Clinical Networks** align their work to the **seven core functions** as set out in the **Clinical Networks Service Specification**.

Full details of the **Major Trauma Clinical Network Service Specification** can be found on the NHS England website [here](#).



It should be noted that much of the **Network's work spans multiple functions**. For the purposes of this Annual Report, **activity has been aligned to the top 3 functions** that best reflects the area of focus, with emphasis placed on **key high-impact areas** rather than providing an exhaustive account of all work undertaken.

# Network Achievements



**Service Delivery**  
 Planning and managing capacity & demand



**Collaboration**  
 Promoting working together at local, system and national level



**Population Health**  
 Assessing need, improving inequalities in health, access, experience, & outcomes

## Emergency Preparedness Resilience & Response

### Network assurance of Major Incident and Mass Casualty preparedness

The Network has completed assurance of Major Incident and Mass Casualty Event preparedness across all provider organisations. All Trusts submitted up-to-date Major Incident / Mass Casualty Plans as part of the peer review evidential requirements.

In addition, all organisations have participated in **system-led mass casualty exercises**, with **Network involvement in both ICB-led and Trust-led simulation activity** and are actively working with Regional EPRR colleagues in supporting work to **review the Mass Casualty Distribution Plans**

#### Deliverables achieved

- Submission of Major Incident / Mass Casualty Plans from all Trusts
- Network involvement in system-wide tabletop and live exercises and future planning

#### Impact and benefits

- Increased system readiness to manage surges in major trauma activity
- Assurance of compliance with Civil Contingencies Act requirements
- Improved consistency of emergency response capability across providers



**Service Delivery**  
 Planning and managing capacity & demand



**Workforce**  
 Ensuring flexible, skilled, resilient staffing



**Quality**  
 Improving quality, safety experience & outcomes

## National Major Trauma Registry Support

### National Major Trauma Registry (NMTR) implementation

The Network has supported the national implementation of the NMTR through ongoing representation on the NMTR Advisory Group, ensuring provider and network perspectives shape national development. This has included work to reduce the data burden for Trust-level data inputters and the Arden & GEM team, support to the NMTR team in addressing clinical and operational queries, and review and agreement of revised service level agreements aligned to the expectations of both acute Trusts and the NMTR. Over the last 12 months, NMTR has continued to mature, with significant developments in reporting described later in this Annual Report.

#### Deliverables achieved

- Regular attendance and contribution to NMTR Advisory Group
- Network feedback provided on NMTR usability and development

#### Impact and benefits

- Strengthened national and local data infrastructure
- Improved future capability for benchmarking, performance monitoring and QI
- Supports reduction in unwarranted variation across the network



**Service Delivery**  
 Planning and managing capacity & demand



**Quality**  
 Improving quality, safety experience & outcomes



**Collaboration**  
 Promoting working together at local, system and national level

## Repatriation & Reverse Transfer Support

### Network support for repatriations & reverse Transfers

The Network continues to support the repatriation and reverse transfer process from Major Trauma Centre sites, most frequently affecting Aintree Major Trauma Centre as the single receiving site within the collaborative. Over the last 12 months, internal escalation processes have been strengthened, with delays now escalated via the regional System Control Centre meetings, resulting in a significant reduction in delays at Aintree. Where delays persist, the Network acts as a broker between organisations and has successfully supported more than 15 repatriations and reverse transfers across Cheshire & Merseyside and regional boundaries.

#### Deliverables achieved

- Strengthened internal escalation processes for repatriation and reverse transfers
- Active brokerage role between organisations where delays persist

#### Impact and benefits

- Significant reduction in repatriation and reverse transfer delays at Aintree MTC
- Improved system-wide coordination and communication between organisations
- Faster patient flow and reduced operational pressure on the Major Trauma Centre

# Network Achievements



**Service Delivery**  
Planning and managing capacity & demand



**Collaboration**  
Promoting working together at local, system and national level



**Population Health**  
Assessing need, improving inequalities in health, access, experience, & outcomes

## Imaging & Diagnostics Improvements

### Collaboration with Cheshire & Merseyside Radiology Imaging Network

The Network worked in close partnership with the Cheshire & Merseyside Radiology Imaging Network (CAMRIN) to progress two critical workstreams aimed at improving timely access to CT imaging and rapid (“hot”) reporting for major trauma patients presenting to Trauma Units. This programme of work was dependent on, and strengthened by, enhanced collaborative working between the two networks and the regional Radiology Hub.

### Deliverables achieved

- Radiographer-led CT vetting for Trauma Team Activation cases implemented in 5 of 7 Trauma Units.
- Standardised out-of-hours hot reporting for major trauma CT scans progressed with support from the Regional Radiology Hub.

### Impact and benefits

- Faster access to imaging and reporting supports timely diagnosis and earlier clinical decision-making for major trauma patients.
- Greater consistency across Trauma Units, reducing unwarranted variation and strengthening system resilience, particularly out of hours.

**Work is ongoing to implement these arrangements in the remaining two Trauma Units.**



**Service Delivery**  
Planning and managing capacity & demand



**Collaboration**  
Promoting working together at local, system and national level



**Quality**  
Improving quality, safety experience & outcomes

## Cheshire & Mersey Major Trauma Network Groups

**Network Groups have continued to progress during 2025/26.**

**The Major Trauma Nursing Group**, for which the frequency has changed to a monthly meeting to provide a regular forum for key updates and peer support for this vital workforce.

**The Therapy Forum** has delivered a series of educational events over the past 12 months, with a particular focus on Spinal Cord Injury management.

**The Violence Reduction meeting** delivered a highly engaging and informative session exploring the links between the autistic community and radicalisation, including online grooming movements, warning signs, and the evolving landscape of online hatred.

**The Trauma in Older People group** has developed a one-page guidance document to support the recognition of trauma in older people, alongside a draft Older Person’s Trauma Survey.

### Impact and benefits:

- Improved consistency of communication, peer support, and professional connection across the major trauma nursing workforce
- Increased clinical knowledge and confidence in spinal cord injury management for therapy staff
- Enhanced awareness of violence reduction risks, supporting earlier recognition and safeguarding
- Strengthened early identification and system response to trauma in older people, enabling more age-appropriate care



**Workforce**  
Ensuring flexible, skilled, resilient staffing



**Quality**  
Improving quality, safety experience & outcomes



**Collaboration**  
Promoting working together at local, system and national level

## Staff Support - Key Achievements

**Staff support, areas of success but more still to achieve.**

Considerable work has been undertaken across Network providers to address the ongoing challenge of supporting staff following significant events. The Southport Major Incident brought this into sharp focus and, while notable challenges remain, several examples of good practice have emerged. These include increased:

- Clinical Psychology provision at Alder Hey Children’s MTC to support both patients & staff
- University Hospitals Liverpool Group EPRR team arranging post-incident debriefs with stronger links to wellbeing services
- Whiston Hospital Emergency Department Post-Incident Reflective Session (PIRS) protocol, which remains an excellent resource.

Encouragingly, there is growing evidence of debrief processes being implemented across Network providers, particularly in the context of limited Clinical Psychology capacity to support staff involved in major trauma care.

### Deliverables achieved:

Stronger, more consistent post-incident staff support arrangements, including expanded psychology input, debriefs, and reflective practice.

### Impact and benefits:

Improved support for staff following significant events, with increasing uptake of debrief processes despite limited Clinical Psychology capacity.

# Network Achievements

**Service Delivery**  
 Planning and managing capacity & demand

**Quality**  
 Improving quality, safety experience & outcomes

**Transformation**  
 Planning sustainable services that meet the needs of all patients

**Resources**  
 Stewardship of resources and minimising unwarranted variation

**Collaboration**  
 Promoting working together at local, system and national level

**Quality**  
 Improving quality, safety experience & outcomes

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 Planning sustainable services that meet the needs of all patients

## Network Audits & Surveys

### Clinical Pathway Improvement

The Network has delivered two Network-led audits and quality improvement projects (QIPs), which have been presented and reviewed through the Network Clinical Group. These focused on key areas of clinical practice and system performance, including:

- **Barriers to Trauma Team Activation at Trauma Units**, exploring factors contributing to missed or delayed activations and opportunities to improve consistency of response.
- **Rib fracture analgesia**, through a Network-wide survey identifying variation in access to patient-controlled analgesia (PCA) and regional nerve block provision across emergency departments.

While the findings from both workstreams are still being fully evaluated, **engagement was strong across all Network providers**, with high levels of multidisciplinary participation and constructive feedback. **Initial findings have already informed next steps**, including agreement to establish a Network Task and Finish Group in early 2026/27 to develop standardised network guidance for the management of acute rib fracture pain in emergency departments.

This work will support greater consistency of care, reduce unwarranted variation, and improve patient experience and outcomes for a high-risk and frequently presenting trauma cohort.

## Incident Governance & Learning

### Network Incident Reporting Process Changes

The Network has continued to strengthen its incident governance and learning arrangements, with a focus on improving oversight, consistency and system-wide learning from major trauma incidents. This work has been underpinned by the establishment of robust Network-level governance structures, improved reporting mechanisms and regular multidisciplinary review, ensuring learning is translated into tangible improvement actions across provider organisations. Learning from incidents has identified common themes, areas of system risk and opportunities to reduce unwarranted variation. A full summary of incidents from 2025/26 is set out later in this report.

### Deliverables achieved

- Network-level incident governance arrangements established, including regular multidisciplinary incident review meetings.
- Online Network incident reporting implemented, with routine thematic review and learning shared through the Clinical Group.

### Impact and benefits

- More consistent and transparent incident reviews across the Network.
- Earlier identification of common risks and themes, supporting focused, system-wide improvement and shared learning.

## Southport Response - Key Achievements

### The Southport Major Incident has been an ongoing focus for 2025-26.

In collaboration with colleagues from the North West Children's Major Trauma Network, the Joint Network Response has been presented at several national and regional forums, including the:

- East Midlands Major Trauma Conference,
- Northern Major Trauma Conference, and the
- National Major Trauma Systems Conference.

Presentations provided an overview of the processes established to deliver the Clinical Review Meeting and demonstrated how learning has been effectively shared across networks.

In addition to national presentations, the CMMTN Major Incident Clinical Review Guidance Document for Network Staff has been successfully submitted and accepted as a poster for presentation at the Royal College of Emergency Medicine Annual Conference later in 2026. This work has been described as exemplary by the National Programme of Care Lead and the National Specialty Advisor.

### Deliverables achieved

National presentation of the Joint Network Clinical Review process and successful acceptance of guidance as a poster at a professional conference.

### Impact and benefits

Raised national profile of the Network, with external recognition of good practice and dissemination of learning to support consistent approaches across major trauma systems.

# Network Achievements

**Service Delivery**  
Planning and managing capacity & demand

**Collaboration**  
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**Transformation**  
Planning sustainable services that meet the needs of all patients

**Resources**  
Stewardship of resources and minimising unwarranted variation

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**Quality**  
Improving quality, safety experience & outcomes

**Transformation**  
Planning sustainable services that meet the needs of all patients

## Regional and National Engagement

The Network has maintained a strong and influential presence at both regional and national levels, with a particular emphasis on collaborative working across the North West Major Trauma Networks. This collective approach has been central to addressing shared challenges, aligning approaches and reducing duplication, particularly in areas such as education, audit activity, and emergency preparedness.

This has been complemented by continued engagement through regular attendance at the National Major Trauma Network Managers Group and the National Major Trauma Systems Meetings.

### Deliverables achieved

- Active collaboration across the North West Major Trauma Networks, including joint work on education and audits.
- Regular engagement with national forums, including the National Major Trauma Network Managers Group and National Major Trauma Systems Meetings.

### Impact and benefits

- Improved alignment and shared approaches across the North West, reducing duplication and unwarranted variation.
- Stronger national visibility and influence, ensuring Cheshire & Merseyside learning informs regional and national priorities.

## Improved Collaboration with Regional Specialist Services

The Network has strengthened its collaborative working with key regional specialist partners, notably the **North West Regional Spinal Injury Centre** and the **Cheshire & Merseyside Rehabilitation Network**, to improve system alignment and shared understanding of specialist service capacity and pressures. Creating more regular, structured engagement through formal Network governance forums, supporting earlier visibility of challenges and more joined-up problem-solving across the major trauma pathway. Improved representation at the MTCC Board and Network Clinical Group has enabled more open dialogue, shared learning and closer integration between acute major trauma services and regional specialist providers.

### Deliverables achieved:

- North West Regional Spinal Injury Centre engagement established, including attendance at the MTCC Board.
- Improved collaboration with the Cheshire & Merseyside Rehabilitation Network, with attendance agreed at the Network Clinical Group and representation facilitated at the MTCC Board.

### Impact and benefits:

Improved shared understanding of specialist capacity and challenges, supporting more informed system-wide decision-making

## Spine Fracture & Neurotrauma Pathways

With thanks to the teams at **The Walton Centre**, the Network has facilitated the development of an updated **Spinal Fracture Pathway**, in response to several incidents relating to the management of spinal injuries at Trauma Units. This work represents a significant piece of system-level learning translated into practical pathway improvement.

The updated pathway provides **clearer and more consistent guidance for Trauma Units**, including explicit descriptors to support the identification of potentially stable versus unstable spinal injuries, alongside imaging guidance, immediate clinical interventions and clear referral advice.

The pathway has been reviewed by Network clinical representatives and **subsequently shared with the National Major Trauma Network Managers Group as an example of best practice that may be adopted by other networks.**

In parallel, the Network has commenced work to review and update the Rapid Access process for patients with significant Traumatic Brain Injury, ensuring alignment with emerging learning, pathway changes and specialist service capacity.

**This could not have been achieved without the leadership and support of the Trauma Lead at The Walton Centre.**



# Network Achievements

**Collaboration**  
 Promoting working together at local, system and national level

**Resources**  
 Stewardship of resources and minimising unwarranted variation

**Transformation**  
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**Population Health**  
 Assessing need, improving inequalities in health, access, experience, & outcomes

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**Quality**  
 Improving quality, safety experience & outcomes

**Workforce**  
 Ensuring flexible, skilled, resilient staffing

## Emergency Department Education

With support from the Greater Manchester Major Trauma Network, a **standardised Level 1 Emergency Nurse Course** has been developed to reflect the needs of the Cheshire & Mersey trauma system. **Course availability has increased significantly**, with delivery now taking place across Network provider organisations, **made possible through the commitment and expertise of the Major Trauma Nurse cohort.**

**Simulation activity has increased across the Network**, with regular major trauma simulation events embedded within local simulation calendars along with unique training experiences developed by Countess of Chester Hospital, taking trauma education out of the classroom/hospital setting. Additionally, the **MTC Trauma Team Leader Course** has continued throughout the year.

Further progress has also been made in **Paediatric Major Trauma education**, with Alder Hey supporting progression towards a Level 2 course.

There has been an increase in **bite-size learning at Trauma Units**, with drop-in sessions delivered across several sites to support specific clinical skills. **Impact and benefits:** Standardised, network-wide trauma education and expanded simulation have strengthened workforce capability, consistency, and preparedness across adult and paediatric major trauma services.

## Regional and National Conferences

**The Network has demonstrated a strong regional and national profile through sharing learning and innovation at major trauma conferences.**

**The Southport Response** was presented at the **East Midlands Major Trauma Network Conference** by the CMMTN QI Lead and the Medical Lead for the North West Children's Major Trauma Network, and again at the **North of England Major Trauma Conference** by the CMMTN Medical Lead and the Network Manager for the North West Children's Major Trauma Network. Additionally, Network-linked presentations showcased system innovation and specialist practice, including **KnifeSavers (Aintree MTC Trauma Surgery Clinical Director and Director of the KnifeSavers initiative)** and **Major Trauma in an Island Setting (Noble's Hospital Emergency Department Clinical Director and Associate Director of Nursing).**

**National dissemination of learning** continued through presentation of the Southport Response by the CMMTN QI and Medical Leads at the **National Major Trauma Systems Meeting.**

**Impact and benefits:** Cross-network presentations at regional and national conferences have strengthened the Network's reputation, shared system-wide learning, and influenced trauma practice beyond Cheshire & Mersey through dissemination of innovation and quality improvement.

## Major Trauma Centre Delivered Education

The Adult Major Trauma Centre Collaborative delivered its inaugural **Major Trauma Centre Clinical Education Event**, opened to wider Network colleagues and led by subject matter experts sharing current clinical practices.

The Walton Centre delivered an education event focusing on the **essentials of spine trauma**. This event was open to wider Network providers and was well attended by Emergency Medicine consultants, nurses, AHPs, and neurosurgical teams.

The Network has also facilitated **bite-size Spinal Cord Injury education** sessions delivered by AHP & Nursing teams from The Walton Centre, open to Major Trauma and Critical Care AHPs and wider MDT members across Cheshire & Merseyside.

**Damage Control Surgery Roadshows** delivered by the Adult and Children's Major Trauma Centres have taken place across five of the seven Trauma Units, strengthening local capability, clinical decision-making, and preparedness to undertake Damage Control Surgery when required.

The Network supported the **first learning session** led by the **Children's Major Trauma Centre**, focusing on the management of handlebar injuries.

# Key Achievements: Major Trauma Centres



## Adult Major Trauma Centre Collaborative: Aintree Hospital & The Walton Centre

- **NMTR resilience strengthened**, including additional data administrator capacity at Aintree and agreed cross-cover arrangements at The Walton Centre, with full submission of 2024/25 patient-level data.
- **Repatriation and escalation processes improved**, including reduced average transfer delays and consistent escalation pathways across both MTCC sites.
- **Formal debrief processes embedded across the system**, with structured incident and exercise debriefing now routinely applied following significant events and major exercises
- **Two mass casualty tabletop exercises completed**, fully meeting MTCC requirements and strengthening multi-agency preparedness.
- **Expansion of education and shared learning**, including multi-specialty mortality reviews, network-wide education events, and delivery of specialist trauma teaching across the region.
- **Frailty and older trauma care strengthened**, with high compliance in frailty assessment at The Walton Centre and development of standardised pathways and tools.
- **Critical care and diagnostics pathways improved**, including streamlined access to GA MRI and agreed pathways for TBI repatriation decisions.
- **Strong regional contribution and leadership**, with clinical teams delivering national training, contributing to major research studies, and leading violence reduction and public bleeding control initiatives.



## Children's Major Trauma Centre Alder Hey Children's Hospital

- **NMTR Data and Assurance:** All historical NMTR submissions for 2024/25 completed, with prospective submissions now achieved within 30 days and ongoing system innovation through the trauma app.
- **Audit, Governance and Learning:** Established audit cycles across key trauma standards, with Trauma Triage Score completion improved to 100% prior to discharge.
- **Executive Oversight:** Strengthened governance through executive-level trauma committee oversight, local and regional morbidity and mortality processes.
- **Workforce Competence:** Delivery of Level 1 and Level 2 trauma nursing competencies for ED nurses, with named trauma coordinators supporting regional Trauma Units.
- **Psychology Provision:** Introduction of a dedicated paediatric trauma psychology service providing formal screening, specialist patient input and staff psychological support.
- **Rehabilitation and Therapy:** Expanded therapy involvement regardless of injury pattern, supported by structured STAMP assessment and dietetic input where indicated.
- **Safeguarding and Reintegration:** Dedicated safeguarding support for trauma patients and a well-established schools reintegration service with positive feedback.
- **Infrastructure and Equipment:** Investment in theatres, equipment and imaging, including Belmont infusers, thoracotomy training equipment and expanded CT scanner capacity with resilience plans in place.

# Key Achievements: Trauma Units

**Cheshire & Mersey Major Trauma Network undertook a series of interim peer review meetings with all Trauma Units during Q3 of 2025–2026.**

These sessions were designed to provide each provider with an opportunity to present their progress since the last formal peer review, **including highlighting key achievements, service developments, and improvements** made in response to previously identified recommendations.

The meetings also created a structured forum for open discussion around **ongoing challenges**, enabling providers to outline areas where progress had been limited or where barriers to implementation remained. In addition, Trauma Units were encouraged to identify **specific areas where further support from the Network would be beneficial**, including the need for external expertise, facilitation, or system-wide collaboration to help drive improvement.

**The key achievements of each provider organisation are detailed in the following pages along with common challenges identified.**



## Arrowse Park Hospital

- **Governance:** Mortality reviews embedded within Major Trauma Groups with routine network reporting.
- **Major Incident Preparedness:** Participation in an ICB-led mass casualty exercise strengthened multidisciplinary readiness.
- **ED Nurse Education:** Increased Level 1 and Level 2 training, addressing gaps identified at formal peer review.
- **ED Medical Education:** Expanded thoracotomy training has strengthened ED consultant capability.
- **Surgical Engagement:** Strong multidisciplinary participation in the Damage Control Surgery Roadshow.
- **Radiology:** Improved time to CT and reporting, with clearer processes for escalation of urgent findings.
- **Quality Improvement:** NMTR data and TTA audits actively informing targeted quality improvement activity.
- **Network Engagement:** Therapy teams contributing consistently through Network forums.
- **Patient Support:** Established links with Day One Trauma Support and ward-based link nurse roles.



## Countess of Chester Hospital

- **Simulation:** Ongoing ED-based multidisciplinary simulation supporting trauma skills and competency maintenance.
- **Prevention:** Active community engagement through KnifeSavers and violence reduction initiatives, aligned with network priorities.
- **Radiology:** Significant improvement in time to CT performance, achieving 94% compliance.
- **Trauma Activations:** Increased trauma call activation rates, the highest since 2017, reflecting improved recognition.
- **ED Capacity:** Expansion of resuscitation capacity with an additional bay and plans for dedicated paediatric resuscitation.
- **Surgical Engagement:** Strong multidisciplinary attendance at the Damage Control Surgery Roadshow.
- **Education:** Continued delivery of external trauma education and in-house Level 2 nurse training aligned to national standards.
- **Thoracic Pathway:** Chest injury pathway delivering improved length of stay, referrals and earlier specialist input

# Key Achievements: Trauma Units



## Nobles Hospital Isle of Man

- **Governance:** Major Trauma Committee re-established with clear executive oversight.
- **Major Haemorrhage:** Improved access to blood products, ED BloodTrack fridge, FFP availability and aligned equipment.
- **Level 1 Education:** Significant increase in multidisciplinary Level 1 trained staff, recognised through local award success.
- **HALO Training:** Delivery of high-acuity low-occurrence training
- **Simulation:** Strong MDT simulation programme, with enhanced frequency during high-risk periods.
- **MTNC Development:** Interim MTNC completion of Level 2 ATNC
- **EPRR:** Appointment of a dedicated EPRR Lead improving major incident planning and resilience.
- **Data Collection:** Development of an NMTR-aligned local database supporting audit and service improvement.
- **Trauma in Older People:** Plans to establish a local Silver Trauma group, aligned with network priorities.
- **Paediatric Trauma:** Progression of local paediatric trauma pathways and training.



## Royal Liverpool Hospital

- **Trauma Team Activations:** Sustained increase in TTAs with improved surgical specialty attendance and radiographer-led CT vetting.
- **NMTR Compliance:** No backlog with consistent achievement of 30-day submission standards.
- **Chest Injury Pathway:** Implementation of a comprehensive rib fracture pathway, including PCA in ED, improving patient experience and outcomes.
- **Nurse Education:** High engagement in trauma training, with strong Level 2 coverage and improving Level 1 competency sign-off.
- **Frailty Pathways:** Improved collaboration with Frailty services supporting safer identification of injured older patients.
- **Referral Processes:** Enhanced electronic referral system improving MDT communication.
- **Major Haemorrhage:** Streamlined MHP activation through dedicated phone line and clear prompts.
- **Therapy and Spinal Care:** Improved support to ward-based teams and MDT electronic referral processes embedded



## Southport Hospital

- **Multidisciplinary Working:** Improved collaboration across Paediatrics, Orthopaedics and Frailty.
- **Chest Injury Pathway:** Updated blunt chest injury pathway improving analgesia and patient care.
- **NMTR Performance:** Sustained improvement in NMTR submissions, now consistently completed within national timeframes.
- **Trauma Team Activations:** Increased TTA rates with a reduction in missed trauma calls, supported by ongoing education.
- **Radiology:** Improved out-of-hours reporting and good time-to-CT performance, with further resilience planned.
- **CT Capacity:** Progress towards a second CT scanner, improving resilience and contingency arrangements.
- **Simulation and Training:** Established monthly simulations and whole-hospital exercises supported by a dedicated faculty.
- **Education:** Strong consultant engagement with high levels of APLS and anaesthetic trauma training uptake.
- **Governance:** Robust governance arrangements with improved referral processes and visibility of trauma activity

# Key Achievements: Trauma Units



## Warrington Hospital

- **Trauma Team Activations:** Increased TTA rates reflecting improved awareness and coordinated trauma response.
- **Trauma Governance:** Improved engagement with the Major Trauma Group, with all meetings quorate and strong paediatric involvement.
- **Staff Wellbeing:** Delivery of Critical Incident Debrief training, strengthening local post-incident support.
- **Referral Processes:** Fully embedded electronic referral system improving MDT communication and pathway oversight.
- **Major Haemorrhage:** Installation of an ED blood fridge, improving timely access to blood products.
- **Surgical Engagement:** Hosting of the Damage Control Surgery Roadshow with strong multidisciplinary attendance
- **Anaesthetic Support:** 24/7 anaesthetic provision in line with national recommendations, supporting safe trauma care.
- **Rehabilitation:** Progress towards a local Rehabilitation Prescription.
- **Major Incident Preparedness:** Ongoing progress against the Southport Major Incident Action Plan



## Whiston Hospital

- **Major Trauma Nurse Coordination:** Introduction of a protected MTNC role, providing improved coordination, education and audit activity.
- **Multidisciplinary Engagement:** Improved MDT involvement, including ITU clinical leadership and theatre ODP participation in trauma forums.
- **ED Nurse Education:** Significant improvement in Level 1 competency sign-off and education attendance following MTNC implementation.
- **Trauma Education Beyond ED:** Expanded trauma education programme, including simulation, spinal care, log-rolling and anaesthetic-led training.
- **Damage Control Surgery:** Successful delivery of the DCS Roadshow with strong multidisciplinary attendance.
- **Quality Improvement:** Active engagement in audit and QI activity, including frailty, time to CT and rib fracture audits.
- **Staff Wellbeing:** Introduction of structured cold debriefs supporting staff following traumatic incidents.
- **Collaborative Working:** Strong engagement in trust-wide and network forums, including spinal working groups and major incident exercises.

## Overall Summary



- ✓ **Strong progress demonstrated across Trauma Units following formal peer review**
- ✓ **Improvements in governance, education, MDT engagement and NMTR performance**
- ✓ **MTNC roles delivering clear value where capacity is protected**

## Common Challenges



- ⚠ **Emergency Department capacity and flow pressures**
- ⚠ **Workforce sustainability and variable MTNC cover**
- ⚠ **NMTR capacity and legal compliance risks**
- ⚠ **Limited clinical psychology and staff wellbeing support**
- ⚠ **Variation in pathways and standards across providers**

# Network Data – Reports Available

## Reports available via the Athena Reporting platform in 2025/26:

The screenshot displays a grid of report cards on the Athena Reporting platform. Each card includes a title, a brief description, and a 'View report' link. The reports are categorized as 'Local' and include:

- NMTR Outcome Reporting (Ws):** The Ws statistic compares actual and predicted outcomes within NMTR data.
- NMTR Hospital Data Download:** Regularly requested data points within NMTR.
- NMTR Hospital Indicators - patient level:** These trauma indicators provide an overview of patient demographics, along with key measures and indicators.
- NMTR Case Summary Overview:** Summary report displaying cases by status within NMTR.
- NMTR Outcome Reporting (VLAD):** The Variable Life Adjusted Display (VLAD) chart shows the difference between expected mortality and the deaths that actually occurred of each individual patient.
- Case Dispatches into NMTR:** Cases dispatched into National Major Trauma Registry (NMTR), days from patient discharge to case dispatch.

## NMTR Reporting – 2025/26 Overview:

During 2025/26, a growing suite of National Major Trauma Registry (NMTR) reports became available to the Network, including outcome reporting (Ws and VLAD), hospital-level indicators, case summary overviews, dispatch metrics, and routine hospital data downloads. These reports represent a significant step forward in re-establishing national trauma intelligence following the transition from TARN, and have enabled early insight into activity, outcomes, case mix, and variation across the Network.

However, the NMTR reporting offer is not yet at the level of maturity previously provided by TARN. Key components, including fully functional dashboards and detailed clinical reports, remain in development, limiting the depth of analysis and comparability currently possible. In addition, the quality, completeness, and timeliness of NMTR data remain variable and are heavily dependent on local data submission practices, meaning findings must continue to be interpreted with appropriate caution.

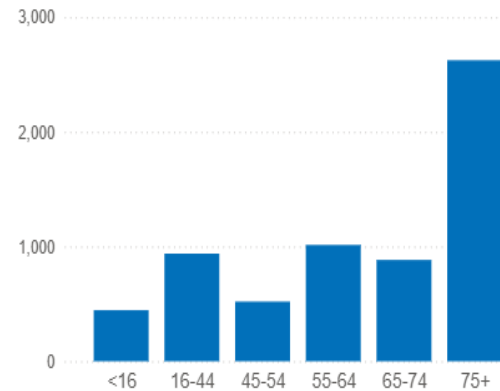
It is also important to note that changes to NMTR inclusion criteria may impact future reporting and trend analysis, reducing the ability to make direct “like-for-like” comparisons with historical TARN data or earlier reporting periods. Ongoing focus is therefore being maintained on data quality improvement, assurance, and transparent communication of caveats, to ensure NMTR outputs are used appropriately to support governance, learning, and service improvement as the national reporting framework continues to mature.

# Network Data- All Network Providers

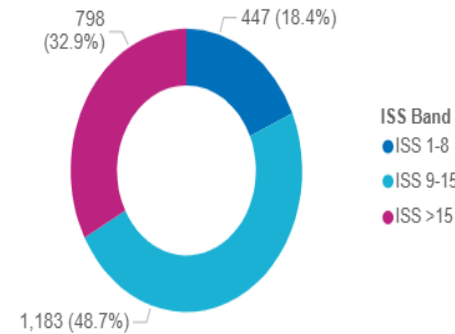
The data presented comes from the National Major Trauma Registry (NMTR) Athena Hospital Trauma Indicators Report and reflects all combined **Network submissions since NMTR went live**. At present, **most cases (4,011 of 6,431) are yet to be approved**; therefore, a proportion of submitted cases may not ultimately meet NMTR eligibility criteria. As such, **caution is required when interpreting the current data**. Notwithstanding this limitation, the submissions indicate that major trauma predominantly affects an older population, with patients aged 65 years and over accounting for 3,510 cases to date.

Of all cases submitted to date, the most common mechanism of injury is “falls from less than two metres”, accounting for 4,099 cases (63.7%). For cases that have undergone NMTR approval, an Injury Severity Score (ISS) band can be applied, where 1–8 represents minor trauma, 9–15 moderate trauma, and >15 severe trauma. Based on the available approved data, **the largest proportion of patients (48.7%) fall within the moderate trauma category**.

**Age Categories**  
 Total number of cases by age category

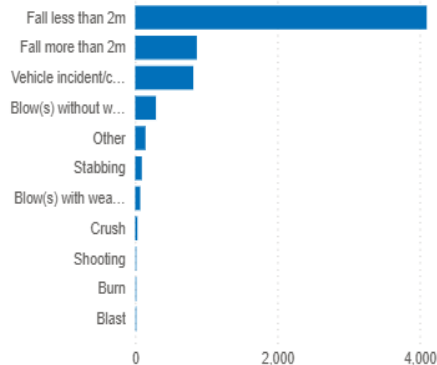


**ISS Bandings**  
 Total number of cases by ISS band



Data provided from NMTR Athena Report – Accessed April 2026

**Injury Mechanism**  
 Total number of cases by injury mechanism



**Mode of Arrival**  
 Total number of cases by mode of arrival



## CHESHIRE & MERSEY MAJOR TRAUMA NETWORK

### Provider Submissions



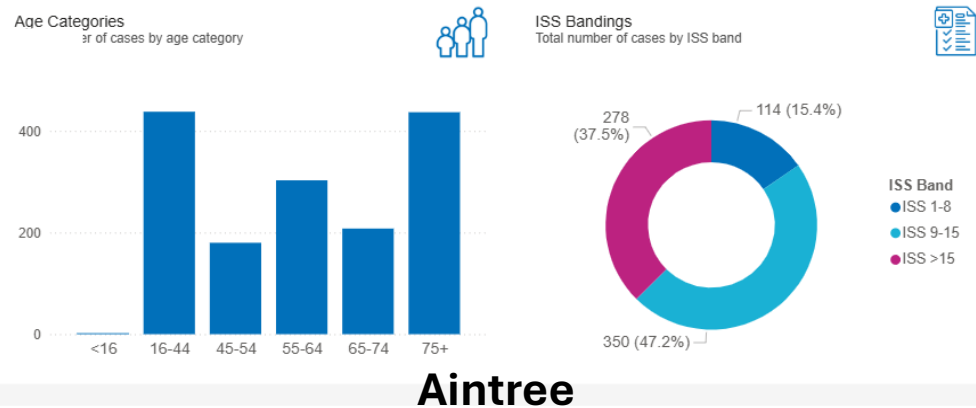
### Approved Cases



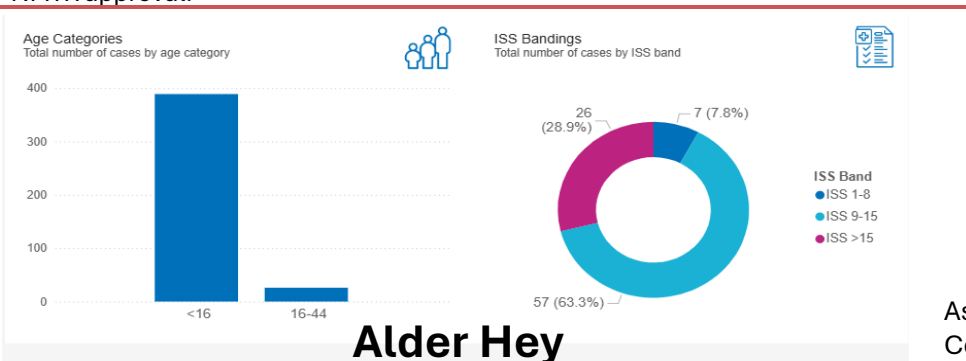
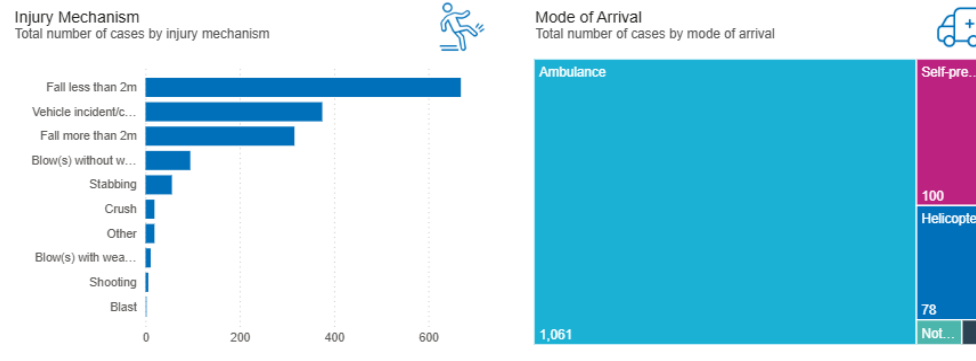
Nobles Hospital does not yet have access to the ORP and NMTR submission platforms; resolution work is currently underway with the Arden and GEM teams.

# Network Data – Major Trauma Centres

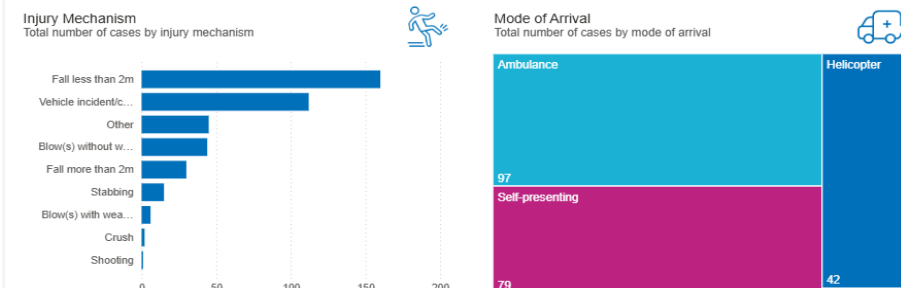
Of the 6,431 Network submissions to the National Major Trauma Registry (NMTR) to date, **1,568** relate to patients treated at the Adult Major Trauma Centre (MTC) at Aintree University Hospital. As with Network-level data, **caution is required when interpreting these findings due to the proportion of cases that are yet to undergo NMTR approval.** Notwithstanding this, the trend observed across the Network, of older adults representing the largest cohort of major trauma presentations, is consistently reflected at the **Adult MTC, with patients aged 65 years and over accounting for 41% of all trauma admissions.** Falls from less than two metres remain the most common mechanism of injury at the Adult MTC, representing **42% of all NMTR-submitted attendances.** Based on Injury Severity Score (ISS) banding for NMTR-approved cases, **minor trauma (ISS 1–8) represents the smallest proportion of submissions from the Adult Major Trauma Centre, accounting for 15.4% of approved cases.** This is consistent with expectations for an MTC setting, where a proportion of patients will originate from the hospital’s local catchment area. However, continued monitoring and more detailed analysis will be required once a greater volume of cases has undergone NMTR approval.



## Aintree



## Alder Hey



As anticipated, the volume of major trauma admissions at the Children’s Major Trauma Centre is considerably lower than that of the Adult MTC. Of the 6,431 Network submissions to the National Major Trauma Registry (NMTR) to date, **389** relate to children and young people aged under 16 years. The proportion of self-presenting major trauma cases is higher at the Children’s MTC, which is likely attributable to the relative ease of transporting injured children compared with adults. However, the pattern observed at Network level and within the Adult MTC persists, with **falls from less than two metres remaining the predominant mechanism of injury among children and young people presenting with major trauma.** Helicopter arrivals are proportionally higher at the Children’s MTC, reflecting its wider regional catchment.

# Network Data – Trauma Units Combined

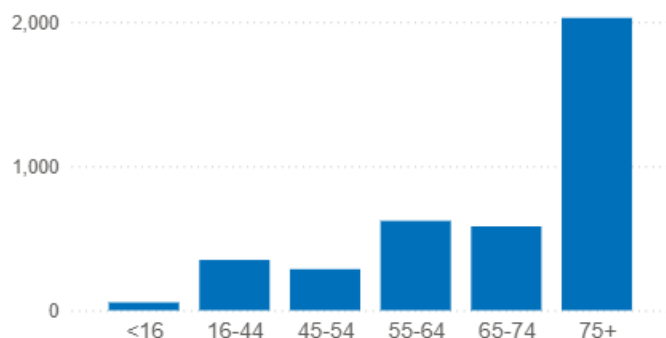
## Trauma Units within Cheshire & Merseyside

(excluding the Isle of Man, which does not yet have access to the National Major Trauma Registry) are collectively managing 3,924 of all Network major trauma cases submitted to date. However, interpretation of **Trauma Unit data must be undertaken with caution.** Unlike the Major Trauma Centres, **Trauma Units have variable dedicated data coordination capacity** and rely heavily on Major Trauma Nurse Coordinators who balance submission requirements alongside other clinical and operational responsibilities. This has resulted in submission backlogs at a number of sites, meaning current

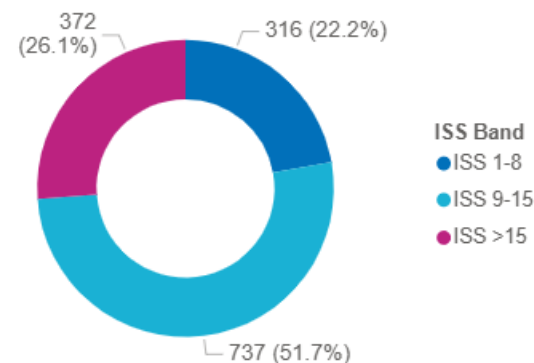
## NMTR data does not yet provide a fully accurate reflection of overall Trauma Unit workload.

Further detailed analysis will be required to understand how many Trauma Unit patients complete their full major trauma care locally versus those who are subsequently transferred to Major Trauma Centre sites, once data completeness and approval rates improve.

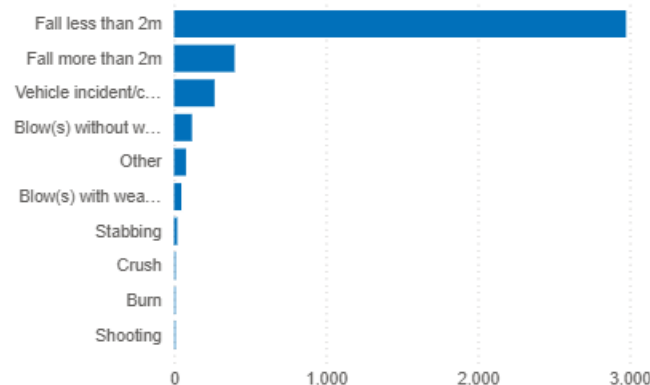
**Age Categories**  
Total number of cases by age category



**ISS Bandings**  
Total number of cases by ISS band



**Injury Mechanism**  
Total number of cases by injury mechanism

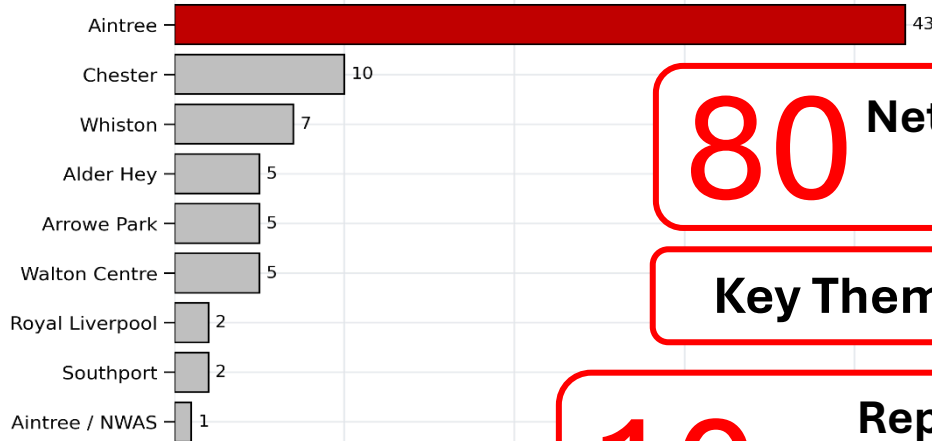


**Mode of Arrival**  
Total number of cases by mode of arrival

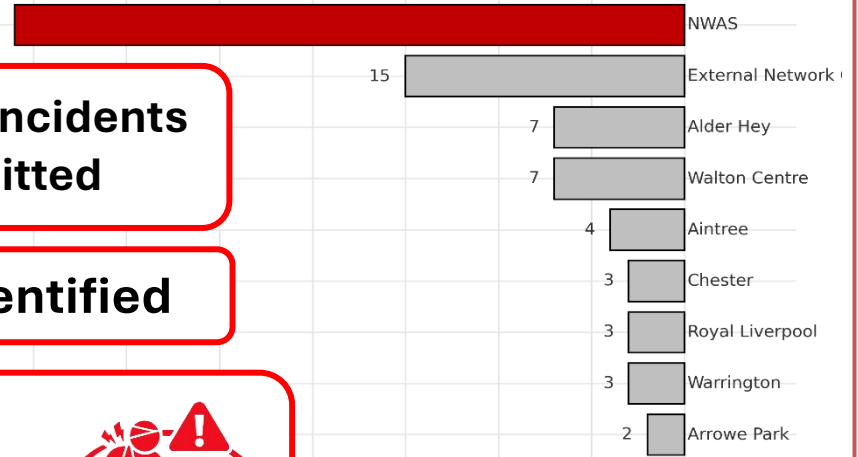


# Network Incident Summary

## Who Submitted Incidents?



## Who Required Responses?



**80** Network Incidents Submitted

## Key Themes Identified

**10** Reported Incidents of Patient Harm



**22**

Relate to Bypass or Prehospital Pathfinder



Identified theme relating to Chest Drain insertion, plan in place for education event

**10**

Relate to pre-alert issues



**7**

Relate to Children & Young People <16 years old



**91%**

Trust Trauma Lead Informed



# Network Risks



## Pregnant Major Trauma Presentations

**Risk:**

Care for pregnant major trauma patients may be delayed because Liverpool Women's Hospital cannot be quickly accessed for specialist obstetric support when it is not already available at the same hospital.

**Contributing Factors:**

- Staffing
- Location of services
- Low occurrence



## Access to Spinal Cord Injury Rehabilitation

**Risk:**

Due to demand at the North West Regional Spinal Injuries Centre (NWRNIC) the major trauma pathway and patient care may be compromised for patients with traumatic spinal cord injury (tSCI).

**Contributing Factors:**

- Commissioning changes.
- Training issues for Trusts who receive repats.
- Complexity of patients.
- C&M largest referrer.
- System pressures e.g. capacity at MTCC sites
- Patients being repatriated to CC units



## Mass Casualty Distribution Plans

**Risk:**

Patient care could be compromised during a Mass Casualty Event in Cheshire & Merseyside or the wider North West region. This is due to the possibility that receiving units within C&M may be unable to deliver the level of response required under the current Mass Casualty Distribution Plan (MCDP).

**Contributing Factors:**

- Wider system pressures e.g. Capacity & Flow within UEC
- Regional ownership



## NHS England Reorganisation

**Risk:**

The large-scale changes to the NHS will impact on NHSE, Specialised Commissioning and the future of Networks

**Contributing Factors:**

- Available funding
- Strategy changes in the NHS

### Network Budget

**Risk:**

Reduction in the allocation of funding for the Networks, roles within the team will not be fully funded.

**Contributing Factors:**

- Current financial challenge
- Pay awards increases / Increment increases



## Regional Orthoplastics Centre

**Risk:**

The lack of a designated Orthoplastics Centre will mean services will not comply with BOAST 4 Guidance which may impact patient care.

**Contributing Factors:**

- Regional Commissioning
- The MTC currently receives three plastic surgery sessions per week from Whiston (MWL).
- There have been additional sessions provided to Aintree from Whiston at a cost.
- Aintree arrange for additional sessions to mitigate risk for event planning.



## Impact of Ambulance Handover Delays

**Risk:**

Due to potential reductions in NWS capacity including prehospital & Trust transfers, the major trauma pathway or patient care may be compromised.

**Contributing Factors:**

- Increased demand on Urgent & Emergency Care Services
- Capacity & flow at Acute Providers
- Ambulance handover delays.
- Demand on NWS services.



# Network Risks



## Major Trauma Education & Skills

**Risk:**  
 Patient care and / or services may not be compliant with the national major trauma standards because of staff working within Trauma may not have accessed the appropriate training.

**Contributing Factors:**

- Staffing
- Appropriate courses.
- Funding for training.

**Risk:**  
 Clinicians in Trauma Units may lose key skills due to limited experience with adult and paediatric major trauma cases. This could affect their ability to provide specialist care when a critically unstable patient cannot be taken directly to a Major Trauma Centre and needs to be stabilised at the Trauma Unit.

**Contributing Factors:**

- Low occurrence of TTAs at TUs



## Major Trauma Transfers

**Risk:**  
 Patients care and pathway may be compromised because clinical teams do not adhere to CMMTN processes for undertaking time critical transfers to the MTC

**Contributing Factors:**

- Ambulance handover delays.
- Demand on NWS services.
- Awareness of policies and procedures

**Risk:**  
 Capacity within the MTC may be compromised because there are delays in the reverse transfer of patients requiring ongoing management within the Trauma Units.

**Contributing Factors:**

- TU List detailing number of patients from TU in MTC, waiting for repat & delays - discontinued.
- Differing escalation process across both Adult MTCC Sites



## Major Trauma Data

**Risk:**  
 A lack of timely, accurate Trust data limits the Network's ability to analyse, benchmark performance, and inform service development.

**Contributing Factors:**

- Digital Systems
- Staffing / Funding
- NMTR

**Risk:**  
 If Units/Trusts do not submit required data in a timely manner, the true position of services may not be reflected on local and national dashboards, potentially leading to poor service provision.

**Contributing Factors:**

- Staffing
- Digital capability
- NMTR Coordinators



## Major Trauma Patient Engagement

**Risk:**  
 The patient and public voice will not be sufficiently captured to inform changes led by the Networks which may mean changes do not represent what is needed.



## Major Trauma Rehabilitation Prescription

**Risk:**  
 Due to challenges of Trusts completing the Rehabilitation Prescription, it is difficult to accurately understand if patients are receiving appropriate rehabilitation assessments and interventions.

# Network Challenges Overview

Across 2025/26, several national, regional, network, and provider-level challenges have continued to impact the delivery and development of Major Trauma services.

**National level**, delivery of the **Major Trauma Centre Service Specification and the associated Trauma Unit Appendix has been delayed** pending NHS England finance approval. This has required the Cheshire & Merseyside Major Trauma Network (CMMTN) to adapt peer review planning for the coming year to ensure sufficient time to align with newly confirmed quality standards and indicators once approved.

While development of **National Major Trauma Registry (NMTR)** reporting has continued to improve, dashboard functionality remains in development. This has resulted in reduced network-level oversight compared with that previously available through Trauma Audit and Research Network (TARN) reporting.

The planned **dissolution of NHS England has also impacted the network during 2025/26**. Although full implementation is not expected until April 2027, the period has been **characterised by national-level uncertainty**. As part of the reorganisation, the majority of **Clinical Reference Groups (CRGs) have been disbanded**. The **Major Trauma and Burns CRG has been granted an additional year** before it also ceases operation, creating ongoing **uncertainty regarding future national oversight arrangements and the mechanisms for driving improvement at a national level**.

**Cheshire & Merseyside Major Trauma Network (CMMTN) level**, the Network **budget is largely committed to core staffing costs**, limiting the capacity to consistently support network-wide educational events, conference attendance, and the development of extended Network roles that are available within other major trauma networks. In addition, the small **size of the core Network team presents resilience challenges**. This was evident during 2025/26 when the absence of the CMMTN Quality Improvement Lead for approximately two months due to sickness reduced overall delivery capacity. Limited resource has also impacted the **sustainability of some Network Groups**, with occasional meeting cancellations resulting from chair availability, the availability of suitable agenda content, and variable levels of member engagement. Work is underway to review how these essential groups can be better supported during the coming year.

From a **regional perspective**, collaboration with North West Major Trauma Specialised Services Clinical Network colleagues has continued to strengthen, including the establishment of regular North West network meetings. However, progress within the **Mass Casualty Distribution workstream remains ongoing**. While activity commenced during 2025/26, further engagement and meetings will be required before a revised North West / North of England mass casualty distribution framework can be finalised and implemented.

**Provider organisation level**, sustained increases in **Urgent and Emergency Care (UEC) attendances** continue to place significant pressure on major trauma pathways across the Network. **Persistent Emergency Department (ED) overcrowding, coupled with exit-flow challenges** such as delayed discharges and constrained inpatient capacity, has reduced overall system resilience and limited flexibility to protect specialist trauma functions during periods of surge demand.

In this context, there have been occasions where a small number of **Major Trauma Nurse Coordinators (MTNCs)** within Trauma Units have been temporarily **redeployed to support core ED nursing establishments**. While necessary to maintain patient safety within the wider emergency care system, this creates potential risks for major trauma services. These include **delays in the timely submission and validation of National Major Trauma Registry (NMTR) data**, which may impact data completeness and assurance, as well as **reduced capacity for ongoing clinical coordination and oversight of major trauma patients** who remain under Trauma Unit care rather than being transferred to a Major Trauma Centre.

**2026/27 Workplan** developed by the core network team, to be ratified at SSCN Board and shared with CMMTN Clinical Group Members



**WORK PLAN**



**KEY DELIVERABLES**

**31 Key Deliverables identified**

Covering all seven of the core network functions defined by NHS England

**135 Key Milestones identified**

Each Key Deliverable has been broken down into subsequent Key Milestones



**KEY MILESTONES**



**IMPACT & BENEFITS**

Each Key Deliverable has **multiple impacts and benefits identified**, covering all aspects of the Major Trauma Pathway and key clinical groups working within Major trauma

Progress against Work Plan actions will be monitored through quarterly SSCN Board meetings. Updates on key milestone completion (%) & overall deliverables provided to members.



**MONITORING & DEADLINES**

Based on the CMMTN Work Plan, the key deliverables for 2026–27 focus on strengthening network assurance, workforce capability, and system collaboration. Core outputs include delivery of a full peer review programme across the MTC and all Trauma Units, sustained oversight and assurance of NMTR data quality and governance, development and ratification of network-wide operational and clinical policy documents, and delivery of a comprehensive education programme (including accredited nurse training, specialty study days, and a regional trauma conference), alongside targeted workstreams on staff wellbeing, major incident learning, prevention, and collaborative system improvement



**Cheshire & Merseyside**  
Major Trauma Network

**Cheshire & Mersey Major Trauma Network**  
*Annual Report 2025–2026*

This Annual Report has been produced by the **Cheshire & Mersey Major Trauma Network**, part of the **Cheshire & Merseyside Specialised Services Clinical Networks for Adult Critical Care and Major Trauma**.

If you require further information or detail in relation to any aspect of this report, please contact: [wcft.cmodn@nhs.net](mailto:wcft.cmodn@nhs.net)

