Scottish Trauma Network
ANNUAL REPORT 2017/18

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Executive summary
It feels like no time at all since the Scottish Trauma Network (STN) team convened in June 2017. It has been inspiring to witness the expertise, dynamism and passion of the wide and varied community of NHS Scotland’s trauma care professionals, and their commitment to the Network’s successful delivery.

I commend and thank all colleagues for their contributions of time, knowledge and energy to this national endeavour.

Following representation and negotiation, the Scottish Government’s December 2017 budget committed its support giving the green light for the four regional networks and the Scottish Ambulance Service (SAS), and in particular the North and East, to begin the implementation of their capital projects, recruitment plans and operational developments in order to establish and open the Aberdeen and Dundee Major Trauma Centres (MTCs) later this year. Similar major work continues in the regional networks in the South East and West of Scotland. SAS has led the way in improving pre-hospital trauma care in Scotland with significant investment in 2017 in the trauma desk and new equipment for ambulances.

In January 2018, the Cabinet Secretary for Health and Sport, and the Chief Medical Officer for Scotland, attended and supported our ambitious STN launch event over two days at Murrayfield Stadium. This proved highly successful in bringing us all together to air and discuss, to support each other, to plan and collaborate. The crucial and important roles of the Scottish Trauma Audit Group (STAG), a coordinated, expanded and responsive Rehabilitation model, an opportunity for Scotland to lead in developing the use of technology in the form of a Trauma App, and the forensic benefits of an inclusive Public Health approach, were all highlights among several others.

Over recent months, we have engaged and embarked upon detailed programmes of planning, work and development across the Network’s working groups; Prevention, Pre-Hospital, Acute, Rehabilitation, Major Incidents with Mass Casualties Planning, and Education and Workforce. This work spans across Paediatric to Adult to Silver Trauma. Scotland’s special challenges of geography and meteorology have demonstrated beyond doubt the requirement for us all in the Network to focus on a flexible, responsive and pragmatic approach to delivering a service with equality of access for all our patients. With this in mind, the progress also being made towards delivery of a Scottish Specialist Transport and Retrieval (ScotSTAR) North hub in 2019 is very exciting.

As the STN momentum builds in and across these groups, I am struck by the spirit of broad and deep collaboration, and supportive cross-fertilisation of ideas. This augurs well for the integrated and coordinated Network both now and in the future.

Martin McKechnie
National Clinical Lead
Introduction
The STN was designated in December 2016 through the National Trauma Network Implementation Group and Scottish Government. The STN was established to support each of the four regional networks (North, East, South East and West), SAS and STAG to work together to establish a trauma network across Scotland that supports the Network’s aim of “Saving lives and giving life back”.

The Network team has been in place since June 2017, and since its inception, significant progress has been made by the whole of the STN, including regional network teams and SAS. This is described in further detail in the following report.

Aim/ Purpose/ Mission Statement of Network
The Network was established with the aim of Saving Lives, Giving Life Back.

Following the establishment of the STN team and governance structure, the following mission statement was developed:

“To improve and optimise the health and wellbeing of the seriously injured. Helping them, their families, each other and our nation. Pioneering clinical excellence, health intelligence, innovation, education and research.”

Figure 1 - Sub Groups of the STN
Report against Workplan

Since its first Steering Group meeting in April 2017, the Network has undertaken a number of activities both to support networking of services across Scotland, and to support the development of an integrated trauma care system.

One of the initial tasks of the Network team was to establish Network governance. The first step was to develop a Core Group consisting of planning and clinical leadership from each of the regional networks, SAS, STAG and national network teams. This group assigns and agrees tasks for the working groups of the Network, providing a reporting and recommendation line to the Network Steering Group.

STAG is a well established team that has been gathering data on trauma across Scotland since 2011 to inform the development of trauma services across the country. An annual report of the data collected by STAG is published on their website www.stag.scot.nhs.uk. The launch of a bespoke electronic data collection system (eSTAG) in November 2017, allows STAG to monitor the full patient journey including pre-hospital, which may start in hospitals or health centres without Emergency Departments (EDs) in some cases, especially in more rural parts of Scotland. Improved reporting capabilities using Tableau reports will allow hospitals to report on local data more timely. The launch of eSTAG has also provided access for all hospitals across Scotland to the reporting tool, and it is anticipated that all hospitals in Scotland will report trauma patients on eSTAG in 2018/19.

STAG data is presented throughout the report, this is from 2016, 2017 data will be published by STAG in November 2018.

A number of working groups have been established throughout the first year of the Network, with the Pre-Hospital and Paediatric working groups being the first established, followed by the Rehabilitation Group, Major Incident with Mass Casualties group and the Education Group.

The Pre-Hospital group has developed an agreed model of pre-hospital care, including three tiers of response from “green” (standard ambulance response), “yellow” (advanced care from advanced critical care practitioners and pre-hospital response through the British Association of Immediate Care (BASICS) responders) to “red” (pre-hospital critical care practitioners responding, for example through ScotSTAR, Medic One and Tayside Trauma). This model of care includes minimum requirements expected of each tier of response.
The Paediatric Group have developed minimum requirements for a paediatric MTC, which are due to be approved by the Core Group and Steering Group early 2018/19. Following review, it was agreed that the pre-hospital triage tool would not work for paediatrics, and members of the group revised the tool to develop a triage tool for children in Scotland. A workshop at the STN Event in January 2018 was set aside to allow attendees from around the country to test the tool against a number of scenarios. The triage tool has been further tested against other historic paediatric cases, with a positive outcome.

The Rehabilitation Group are looking at the draft rehabilitation plan developed by the North of Scotland (NoS) region to develop a tool that can be used to support the management of patients across Scotland.

Regions are active in producing their own rehabilitation plans with some advice and interjection of UK wide experts such as Col Etherington who spoke at the STN annual conference in January.

The Major Incident with Mass Casualties group met once in 2017/18 with a workplan agreed to develop an updated national plan for managing major incidents with mass casualties by the end of October 2018. Update bulletins are produced after each meeting to communicate the progress to stakeholders.

Members of the group consist of specialists in their area from all over the country and the group is chaired by Angiolina Foster, CEO NHS 24.

The first meeting of the Education Group was scheduled for 30th April 2018 (and had happened prior to the completion of this report), with an objective to consider what training could be supported on a national level for trauma care in Scotland. This will be further developed over the next 12 months.

Discussions have been taking place regarding clinical governance (CG) and how, through the STN, we can ensure best practice, shared learning and improvement take places. It is perceived that local CG should remain with the regions and their Health Boards, however larger national CG events should sit under the responsibility of the STN. The annual Pre-Hospital CG event will be held by the STN and the five regions will feed in case studies to be shared and discussed at a wider national event which will be open to all who would benefit.
Over the course of the past year a Public Health perspective has been brought to the table. An increasingly integrated approach will ensure that the challenges of an ageing population demographic and of the injury and violence prevention agenda already at work across Scotland will contribute to an evidence-based framework for the Network. A report of the work carried out will be produced in 2018.

**Development of Plans and progress**

The first key task undertaken was supporting the regional networks and SAS to develop phased implementation plans. The Core Group developed minimum requirements for MTCs and Trauma Units (TUs) to support the development of implementation plans. The regions and SAS submitted bids in September 2017, with funding announced in the Scottish Government draft budget in December 2017.

Following the development and approval of the regional and SAS plans, a national implementation plan was published in January 2018, providing an update on progress with implementation following initial investment in 2017/18 financial year, and timelines for implementation over the following five years.

Through the agreement of the STN implementation plans, a number of increases in staff numbers across NHS Scotland are planned; these will improve access and co-ordination of care for people who have suffered serious injury. The following infographic shows some of the significant staffing increases anticipated over the next four years, with some other increases spread across the patient pathway.
A number of new systems are now in place to improve the patient pathway for those who have suffered a serious injury.

SAS has been developing their responses to trauma, in particular through the procurement of improved trauma packs, which will allow paramedics to provide better initial care to patients who have severe bleeding, fractured pelvis or limbs. Since October 2017 the Trauma Desk has been screening calls to the Ambulance Control Centre 24 hours per day to ensure that any trauma calls are recognised and appropriate tasking is made to any serious injuries. The benefit of this has been seen in a number of incidents, with improved tasking of air ambulance and pre-hospital critical care teams.

To enhance the pre-hospital response SAS has been testing the introduction of a team of Advanced Critical Care Paramedics, these will bring a greater capability in delivering extended medical interventions. The first team has been working in the West of Scotland since December 2017, with plans to expand the pilot in the South East region in 2018/19.

To support the transport of patients to the correct hospital, a trauma triage tool has been developed; an initial pilot was carried out in north Fife with positive results. Further testing will be carried out prior to implementation with the opening of the East and North MTCs in Dundee and Aberdeen in the autumn of 2018.

During the course of 2017/18, work has progressed with ED clinicians from Queen Elizabeth University Hospital (QEUH) and other hospitals across Scotland in developing a Trauma App which has been tested locally. The app was presented and well received at the national STN event in January 2018 and will now
be further developed to allow a Scottish network approach to its development and use. A working group is being established to support the further development of the app including testing the app in simulated scenarios in different parts of the country.

In January 2018, the inaugural STN event was held, with over 200 NHS staff from across Scotland attending the two day event at Murrayfield in Edinburgh. The event was well received, with presentations about each stage of the patient pathway, including two particularly poignant presentations on the rehabilitation stage of the patient pathway – highlighting both clinical and economic benefits of early targeted rehabilitation. Further detail about the event can be seen in the event evaluation, available from the Network team.

A communications strategy and plan has been developed for the Network, and will continue to operate as a working document, with further additions made as work continues. The STN team has worked with colleagues from the regions, SAS and the appointed website developer, DaySix, to develop a website for the Network that will help to meet the needs of Network stakeholders. The website will be launched in June 2018.

Regional Highlights
Each of the regions and SAS have produced individual reports, full details are available from the STN, with highlights below.

Each of the regions appointed to a number of project posts in 2017/18, including project management and clinical lead roles. These appointments have supported the development of plans and progressing implementation around Scotland.

North of Scotland
The NoS region centres around the MTC in Aberdeen. The MTC in Aberdeen is scheduled to open in autumn 2018, and is on track for the targeted opening time.

The NoS Trauma Network benefited from local investment prior to the implementation of the STN, with a project team and various expert groups in place to develop plans across the region. In 2017/18, the NoS appointed to the NoS network clinical lead, MTC clinical/operational leads and education leads. In addition to formally appointed roles, they have a number of colleagues/experts who are providing leadership locally, regionally and nationally around a number of areas such as pre-hospital care, rehabilitation and paediatrics.

The NoS has invested significantly in education, including both specific skills courses as well as monthly clinical education sessions.

As a result of the early investment, the NoS have made a number of improvements within existing resources and also carried out a number of tests of change across the region, which will benefit the wider national network. These include testing of a rehabilitation plan document, which will follow a patient from their initial review by a rehabilitation specialist through to their return home and local rehabilitation. The NoS also took the lead in testing the implementation of a communication process to reach the single point of contact at MTCs via a trauma telephone number at the SAS Special Services Desk. This will make it easier for local hospital teams to contact MTCs and the SAS, to arrange the secondary transfer of the patient, coordinate the appropriate transfer arrangement and receive support and advice until the patient is transferred. Both of these changes have shown to improve the process of patient management, and further pilots will be carried out across the country to ensure the changes work in other regions.

Due to the geographic spread of the NoS region, significant work has been undertaken to consider pre-hospital solutions for the area, this includes a pre-hospital team working out of Raigmore Hospital, Inverness. Investment through the Scottish Trauma Network has also been agreed to develop a ScotSTAR North base. A process is being taken forward to confirm the optimal location and detailed plan for the base to be implemented in early 2019/10.
The NoS Network has seen good progress across the various nodes of the network in implementing the NoS Network Plan which will support the delivery of the agreed milestones for 2018/19.

**East of Scotland**

The East of Scotland (EoS) region centres around the MTC in Dundee. The MTC in Dundee is scheduled to open in autumn 2018, with good progress made against their implementation plan to date.

The region has appointed an Improvement Advisor for Rehabilitation, recognising the key issues around rehabilitation for survivors of major trauma. The Improvement Advisor has become a member of the STN Rehabilitation and Education Groups.

**South East of Scotland**

Much has been achieved in the South East of Scotland (SEoS) in the two years since the commitment to proceed with a National Major Trauma system. The overall focus of the programme remains building on existing networks and specifically those areas where improvements can be achieved within existing resources and reinforcing the network links with the regional TUs and Local Emergency Hospital (LEH).

The SEoS have developed a phased plan over the next four years, recognising that there are more significant changes required to allow them to meet the increased service demand at the MTC (Royal Infirmary of Edinburgh (RIE)) opening in 2021/22. The SEoS Network is well established with representatives from each of the NHS Boards in Lothian, Fife, Borders and Forth Valley. The SEoS Network has appropriate links to the Health and Social Care Partnerships. While individual units retain responsibility for their CG, members of the network collaborate in a quality driven improvement programme.

Improvement in trauma rehabilitation has been an integral component of the network that will benefit patients, returning them to independent living and employment far sooner, more effectively. A key area of focus over recent months has been the regional rehabilitation network. This work is being progressed by the Clinical Lead for Acute Trauma Rehabilitation and the Regional Rehabilitation Lead. The leads are in the process of mapping the SEoS’s existing pathways with musculoskeletal team leads from the RIE and Western General Hospital sites. The pathway will be looked at from an acute into community approach highlighting the gaps from the point of discharge from a MTC and then into community services or rehabilitation setting.

Within the adult and paediatric MTC and TUs in the SEoS, several cost-free changes have already been implemented to improve the patient pathway on arrival at hospital, these include the development of trauma booklets to ensure that all documentation is consistent and incorporates STAG data. Departmental protocols have been re-written including pre-alert handover system, set up of multi-speciality governance meetings and creation of a Major Trauma Implementation group including a number of quality improvements.

**West of Scotland**

At the heart of the West of Scotland (WoS) regional network, is the MTC which will be sited at the QEUH in Glasgow which will provide care for around 450-550 critically and severely injured patients per annum. During 2017/18 the key focus of work has been on developing the plan outlining the five year phased approach to implementation of the network and the funding for the establishment of the MTC.

The WoS Rehabilitation Group has been re-established with good representation from all Board areas. The group have reviewed models of care across England and proposed models across other regions in Scotland. This learning has helped to inform the development of an outline model which supports delivery of the standards outlined for major trauma and during the course of 2018/19 this will be further developed.
A Steering Group has been established to oversee the work programme for the establishment of the MTC at QEUH. A five year phased approach to funding for the MTC has been committed to and a draft Operational Policy for the MTC has been developed. A number of sub groups have been established to further develop this i.e. MTC Ward Group; Education and Training Group; Acute Rehabilitation Group and Clinical Governance Group.

Scottish Ambulance Service

SAS received the greatest investment in 2017/18, and this is reflected in their progress during the year. Three of these, the Trauma Desk, Advanced Critical Care Paramedics and Trauma Triage tool have already been described in this report. Further investment included the procurement of specialist trauma kit and training in its use, the benefit of which has already been recognised in the management of incidents in Scotland.

SAS has also been involved in all of the governance groups across the Network, with considerations of how patients will be transferred into hospital as well as repatriation requirements for patients following initial treatment in a MTC or TU which is not their local hospital, and also major incident planning. The integral nature of SAS across the trauma pathway is recognised by the Network, and their collaboration in all of the groups, as well as across regional networks, is appreciated.

Plans for the year ahead

The Scottish Government priority for 2018/19 is the opening of the MTCs in Dundee and Aberdeen. These are expected to open in autumn 2018. There are some risks in relation to the appointment to vacancies in these regions, although this is expected to be minimal with the appeal of the MTC helping to attract candidates to the posts.

The Rehabilitation Group is developing an agreed national rehabilitation plan, which will be completed for each patient with a major trauma injury. This has initially been developed by the NoS, and work is underway to ensure that it is useable for all of Scotland.

The Major Incident with Mass Casualties Group is reviewing the Major Incidents with Mass Casualty plan for Scotland, considering updated patient pathways and resources. This is expected to be completed in October 2018.

The Education and Workforce Group held their first meeting in April 2018 and over the next 12 months will develop education standards for Scotland to support local delivery of education for all clinical staff.

STAG will complete roll-out of eSTAG in 2018. The implementation of Patient Related Outcome Measures (PROMS) is also scheduled for 2018/19. This will be carried out over a four year period, with data collected from 1,000 patients per year who have suffered major or moderate trauma on their experience of care following injury. These 1,000 patients will receive three questionnaires over a period of 12 months following injury. The first will be issued during their stay in hospital, the second six months after date of injury, and the third 12 months after date of injury.

Within the next 12 months, a decision will have been made in relation to the location of the ScotSTAR North base, and implementation will have started for the base. This will extend the capacity of SAS to provide a “red” response to trauma, as well as increasing capacity to manage emergency medical retrievals across Scotland.

Network governance

Following the first meeting of the Network Steering Group in April 2017, work has been undertaken to ensure that appropriate stakeholders are included in the work of the Network, through the establishment of working groups and appropriate governance across the Network.

Further work is underway with STAG to support the development of a CG process across the regional networks and at a national level.
Scottish Trauma Network (STN): Annual report

Figure 5 - Network Governance Chart
## Detailed Description of Progress over Reporting Period

### Appendix 1 - Workplan – Scottish Trauma Network 2017-18

(workplan key follows)

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Smart Objective</th>
<th>Linked Dimensions of Quality</th>
<th>Planned start/ end dates</th>
<th>Detailed Plan Available / Owner</th>
<th>Description of progress towards meeting objective as at 31/03/2018</th>
<th>Anticipated Outcome</th>
<th>RAGB status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-01</td>
<td>The Scottish Trauma Network will work with regional networks, SAS and STAG to support development of and delivery against their plans</td>
<td>2,3,4,5,6</td>
<td>01/06/2017 to 31/03/2018 (and beyond)</td>
<td>Kate Burley/ Martin McKechnie</td>
<td>The regions have developed plans, which were approved in November 2017, with funding agreed by Scottish Government in December 2017. Good progress is being made against these plans. This objective will be repeated in future workplans, as a key task of the STN.</td>
<td>Agreed objectives for these networks will be delivered, and delivery of the Chief Medical Officer and Cabinet Secretary’s promises will be on target.</td>
<td>B</td>
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<tr>
<td>2017-02</td>
<td>The STN will support the development of paediatric trauma care service requirements and plans in Scotland.</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018</td>
<td>Alison Gilhooly</td>
<td>The Paediatric Working Group has met five times, and has agreed minimum requirements for a Paediatric Major Trauma Centre. These will be presented to the first 2018/19 meeting of the Steering Group for approval.</td>
<td>Standards and guidelines will be produced to improve access to paediatric trauma care in Scotland.</td>
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<td>2017-03</td>
<td>Develop a trauma education strategy and solution for Scotland that will support local and regional training requirements being mindful of workforce implications.</td>
<td>2,3,4,5,6</td>
<td>01/07/2017 to 31/03/2018 31/03/2019</td>
<td>Alison Gilhooly</td>
<td>It was not possible to schedule the first meeting of the Education Group before 31/03/2018. This objective will be carried forward into 2018/19.</td>
<td>Education for clinicians working in trauma care (from pre-hospital to rehab) will be planned on a national basis to ensure best access.</td>
<td>R</td>
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<tr>
<td>2017-04</td>
<td>Work with STAG to ensure that reporting and monitoring against nationally agreed KPIs is achieved</td>
<td>2,3,4,5,6</td>
<td>01/07/2017 to 31/03/2018</td>
<td>Kate Burley / Martin McKechnie / Alison Gilhooly</td>
<td>The STAG annual report was published in October 2017. Agreement on additional data collection requirements has been made with regions, and all hospitals with an ED will be reporting to STAG in 2018/19, this objective will therefore be repeated in 2018/19.</td>
<td>All hospitals in Scotland with an emergency department will be reporting against trauma KPIs to support quality assurance and improvement</td>
<td>B</td>
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<tr>
<td>2017-05</td>
<td>Agree priorities with public health representatives around trauma care in Scotland.</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018 30/06/2018</td>
<td>Kate Burley</td>
<td>A dashboard of metrics will be identified as a consequence of a piece of work being undertaken by PH. These will include – deaths on scene, hours lost to industry, for example. Timeline</td>
<td>This will inform long term workplanning for the STN.</td>
<td>A</td>
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**Scottish Trauma Network (STN): Annual report**

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<tr>
<td>2017-06</td>
<td>Develop an external stakeholder forum where priorities for prevention of trauma will be agreed.</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018</td>
<td>Kate Burley</td>
<td>extended to end June 2018.</td>
<td>A strategy for participation in prevention campaigns will be agreed and data from STAG will be available to support these.</td>
<td>B</td>
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<tr>
<td>2017-07</td>
<td>Carry out a collaborative review of the implementation of the Trauma Desk and Trauma Triage Tool with the Scottish Ambulance Service</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018</td>
<td>Kate Burley</td>
<td>The Trauma Desk moved to 24/7 service from October 2017, and has proven beneficial for tasking resources. The triage tool pilot went well, the tool will be rolled out with the opening of the MTCs in the North and East.</td>
<td>Anticipated benefits of implementing the Trauma Desk and TTT will be realised or managed.</td>
<td>B</td>
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<tr>
<td>Year</td>
<td>Task Description</td>
<td>Reference Numbers</td>
<td>Start Date</td>
<td>End Date</td>
<td>Responsible Person(s)</td>
<td>Summary</td>
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<td>2017-08</td>
<td>Develop standards for the delivery of pre-hospital care for the Scottish Trauma Network</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018</td>
<td>Kate Burley</td>
<td>The pre-hospital group has met four times, pre-hospital standards were agreed, with the proviso that they will be reviewed again as the trauma networks are activated. People in Scotland will receive high-quality pre-hospital care following injury.</td>
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<td>2017-09</td>
<td>Develop a pre-hospital working group</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018</td>
<td>Kate Burley</td>
<td>The pre-hospital group has now met four times, and is working well together in developing plans for pre-hospital care as well as the transfer and retrieval of patients. The working group will bring together pre-hospital care practitioners from across Scotland as well as non-NHS providers.</td>
<td></td>
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<tr>
<td>2017-10</td>
<td>Develop standards for delivery of acute care for patients who have suffered a traumatic injury</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018</td>
<td>Martin McKechnie &amp; Alison Gilhooly</td>
<td>Minimum requirements have been agreed and plans developed to ensure that regions will meet these when MTCs open. Standards were agreed by MTOG prior to the establishment of the network, and timelines for achieving these will be agreed early 2018/19. Patients will be managed according to best practice standards across the Scottish Trauma System.</td>
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<tr>
<td>2017-11</td>
<td>Scope current rehab provision in Scotland</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018</td>
<td>Kate Burley</td>
<td>Work is underway across the regions, however, this activity is not complete – extended to 30/09/2018. A better understanding of current rehab provision is required to support planning</td>
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<td>2017-12</td>
<td>Seek rehabilitation models of excellence for Scotland</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018</td>
<td>Kate Burley</td>
<td>Meetings have been held with the Regional Rehabilitation Unit of the British Army to hear about their rehabilitation model, and consider how it might work for a civilian population. This objective will be repeated in 2018/19 to seek further models.</td>
<td>Potential models of rehab care will be available for consideration in future planning.</td>
<td>B</td>
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<tr>
<td>2017-13</td>
<td>Carry out a capacity and capability review of the provision of trauma services around Scotland to support major incident planning</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018</td>
<td>Lana Peacock</td>
<td>This task has been overtaken by other activities required for resilience planning by Scottish Government, and therefore removed from the workplan.</td>
<td>Major incident planning will be supported by accurate data around current service provision.</td>
<td>No longer applicable</td>
</tr>
<tr>
<td>2017-14</td>
<td>Develop a directory of trauma services in Scotland that can be used to support major incident planning</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 31/03/2018</td>
<td>Lana Peacock</td>
<td>This task has been overtaken by other activities required for resilience planning by Scottish Government, and therefore removed from the workplan.</td>
<td>Major incident planning will be supported by accurate data around current service provision.</td>
<td>No longer applicable</td>
</tr>
</tbody>
</table>
### Appendix 2 - Workplan – Scottish Trauma Network – 2018-19

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Smart Objective</th>
<th>Linked Dimensions of Quality</th>
<th>Planned start/ end dates</th>
<th>Detailed Plan Available / Owner</th>
<th>Description of progress towards meeting objective as at 31/03/2018</th>
<th>Anticipated Outcome</th>
<th>RAGB status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-03</td>
<td>Develop a trauma education strategy and solution for Scotland that will support local and regional training requirements being mindful of workforce implications</td>
<td>2,3,4,5,6</td>
<td>01/07/2017 to 31/03/2019</td>
<td>Alison Gilhooly</td>
<td>Education for clinicians working in trauma care (from pre-hospital to rehab) will be planned on a national basis to ensure best access.</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>2017-05</td>
<td>Agree priorities with public health representatives around trauma care in Scotland</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 30/06/2018</td>
<td>Kate Burley</td>
<td>This will inform long term workplanning for the STN.</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>2017-11</td>
<td>Scope current rehab provision in Scotland</td>
<td>1,2,3,4,5,6</td>
<td>01/08/2017 to 30/09/2018</td>
<td>Alison Gilhooly/Rehab Chair</td>
<td>A better understanding of current rehab provision is required to support planning for future potential models.</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>2018-01</td>
<td>The Scottish Trauma Network will work with regional networks, SAS and STAG to support development</td>
<td>2,3,4,5,6</td>
<td>01/04/2018 to 31/03/2019</td>
<td>Kate Burley/Martin McKechni</td>
<td>Agreed objectives for these networks will be delivered, and delivery of the Chief Medical</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>Objective Number</td>
<td>Smart Objective</td>
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</tr>
<tr>
<td>2018-02</td>
<td>of and delivery against their plans</td>
<td>2,3,4,5,6</td>
<td>01/07/2017 to 31/03/2018</td>
<td>e</td>
<td>Officer and Cabinet Secretary’s promises will be on target.</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>2018-03</td>
<td>Work with STAG to ensure that reporting and monitoring against KPIs is achieved</td>
<td>1,2,3,4,5,6</td>
<td>01/04/2018 to 31/03/2019</td>
<td>Alison Gilhooly/Rehab Chair</td>
<td>Potential models of rehab care will be available for consideration in future planning.</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>2018-04</td>
<td>Support the opening of the MTCs in Dundee and Aberdeen</td>
<td>1,2,3,4,5,6</td>
<td>01/04/2018 to 31/12/2018</td>
<td>Kate Burley/Martin McKechnie</td>
<td>This will support the Scottish Government priority to have these MTCs open in Autumn 2018</td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>2018-05</td>
<td>Develop a rehabilitation plan that can be used to support</td>
<td>1,2,3,4,5,6</td>
<td>01/01/2018 to</td>
<td>Alison Gilhooly/Rehab</td>
<td>Seriously injured people across Scotland will</td>
<td></td>
<td>G</td>
</tr>
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<tr>
<td>2018-06</td>
<td>recovery for seriously injured people across Scotland.</td>
<td>1,2,5,6</td>
<td>31/03/2019</td>
<td>Group Chair</td>
<td>rehabilitation group.</td>
<td>receive a standard rehabilitation plan to support their recovery.</td>
<td>G</td>
</tr>
<tr>
<td>2018-07</td>
<td>Develop a national Major Incident Plan for mass casualty incidents.</td>
<td>1,2,3</td>
<td>01/01/2018 to 31/03/2019</td>
<td>Ray de Souza/ MIMC Group Chair</td>
<td>The group has started to meet and consider the requirements of a Major Incident plan.</td>
<td>A plan will be in place to support Scottish resilience in the case of a major incident with mass casualties.</td>
<td>G</td>
</tr>
<tr>
<td>2018-08</td>
<td>Implement education standards that will support the delivery of education for staff working across the trauma care pathway.</td>
<td>1,2,3,4,5,6</td>
<td>01/04/2018 to 31/03/2019</td>
<td>STAG</td>
<td>Patients will have an opportunity to provide formal feedback on their care, supporting quality improvement across the patient pathway.</td>
<td></td>
<td>G</td>
</tr>
</tbody>
</table>
Workplan Key

Please develop and update the table below to include the Network’s designation objectives and related agreed annual objectives. When planning for the year ahead, please consider the standard statements in the guidance section to inform the development of annual network objectives.

RAG status key

<table>
<thead>
<tr>
<th>RAG status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED (R)</td>
<td>The network is unlikely to achieve the objective/standard within the agreed timescale</td>
</tr>
<tr>
<td>AMBER (A)</td>
<td>There is a risk that the network will not achieve the objective/standard within the agreed timescale, however progress has been made</td>
</tr>
<tr>
<td>GREEN (G)</td>
<td>The network is on track to achieve the objective/standard within the agreed timescale</td>
</tr>
<tr>
<td>BLUE (B)</td>
<td>The network has been successful in achieving the network objective/standard to plan</td>
</tr>
</tbody>
</table>

The Institute of Medicine’s six dimensions of quality are central to NHS Scotland’s approach to systems-based healthcare quality improvement; therefore objectives should be linked to these dimensions:

1. **Person-centred**: providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions;
2. **Safe**: avoiding injuries to patients from healthcare that is intended to help them;
3. **Effective**: providing services based on scientific knowledge;
4. **Efficient**: avoiding waste, including waste of equipment, supplies, ideas, and energy;
5. **Equitable**: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status; and
6. **Timely**: reducing waits and sometimes harmful delays for both those who receive care and those who give care.